LDSS-3478 (10/82)

RESTRICTION/EXCEPTION DATA INPUT FORM

	NAME	FOR MEDICAL ASSISTANCE MENU			FOR RESTRICTION/EXCEPTION INPUT SCREEN				
		CLIENT ID.	CASE NUMBER	WORKER ID.	TYPE	PROVIDER ID.	RE/EXC PERIOD		ERRORS
							FROM	THRU	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

SIGNATURES, WITH DATES, AS REQUIRED BY LOCAL DISTRICT

_____ _____ _____ _____ _____ _____ _____ _____