

MEDICAL EXCEPTION REQUEST- Proxy meals

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE)	BENEFIT MONTH AND YEAR
SNP ID NUMBER	HOME SITE

I, _____, (circle one) residing at
NAME (PLEASE PRINT)
 _____, in _____,
ADDRESS CITY
 _____, certify that in the month of _____,
STATE MONTH

the above-named participant is unable to attend the home site listed above due to medical reasons of the participant or an immediate family member of the participant. Because the participant is unwell and unable to attend the Senior Nutrition Program, I am requesting that an exception to the Temp Sick Meal policy be approved for another 5 days.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge, and was executed on the _____ day of _____, _____,
DAY MONTH YEAR
 at _____, California.
CITY

 SIGNATURE

FOR COUNTY USE ONLY

RECEIVED BY (PRINT/SIGN)	DATE
REVIEWED BY (PRINT/SIGN)	DATE
DISPOSITION <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED	REASON