



Electronic Visit Verification (EVV) exemption form  
For CDCS and CSG

This form should only be completed if you live at the same address as the person you support.

Employee Name: \_\_\_\_\_ Employee Number \_\_\_\_\_

Name of Person Receiving Services : \_\_\_\_\_

Managing Party Name: \_\_\_\_\_

Home address of Employee and Person Receiving Services:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this a permanent or temporary living arrangement?

Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

If Temporary, what are the dates of this temporary living arrangement?

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

We attest that the above named employee and person using services live at the same address listed above and information provided is accurate.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Managing Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_