Request for Exemption from Disaster Case Manager Training
For DETCOG, LSSDR & NCI Staff & Subrecipients

Case Manager/Staff Name: _____

Case Manager Phone: _____ Case Manager e-mail: _____

Supervisor Name: _____

Supervisor Phone: _____ Supervisor e-mail: _____

Subgrantee (circle one): DETCOG LSSDR NCI

Subrecipient Agency (if applicable): _____

Have you been employed as a disaster case manager prior to this project? (circle one):

YES NO

***If yes, please provide the following information*:**
Dates you worked as a disaster case manager: _____
Organization for which you worked: _____
Program Name (if applicable): _____
Location (City/State): _____

Have you attended a Disaster Case Manager training in the past 6 months? (circle one):

YES NO

***If yes, please provide the following information*:**
Date(s) of the Training: _____
Individual/Organization that Provided Training: _____
_____
Location (City/State): _____

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I, _____, certify that the information I have provided
(Your name here)
above is true and correct to the best of my recollection.

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please fax this completed and signed document to LSSDR, Attention: Samara Cullinan, at 512-706-7581. A representative from LSSDR will be in touch with you with the decision as to whether or not you qualify for a training exemption.