

**IWD REQUEST FOR REVIEW OF FSET STATUS**  
60-0305 (10-98)

To: **Department of Human Services**

DHS Income Maintenance Worker #:

FSET Participant:	Social Security Number:
FSET Participant's Address:	

FSET Worker Phone Contact #:

The above named FSET participant believes they should be **EXEMPT** from the program because:

Employer's Name:

Employer's Address:

Start Date:                      Wage:

\_\_\_\_\_  
IWD FSET Worker's Signature

\_\_\_\_\_  
Date Signed

**DEPARTMENT OF HUMAN SERVICES (DHS) INCOME MAINTENANCE WORKER'S (IMW) RESPONSE:**

This person is exempt because:

\_\_\_\_\_  
(Note to Income Maintenance Worker - Remember to change the code on the IABC system.)

This person remains a non-exempt mandatory registrant.

IMW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. (include Area Code): \_\_\_\_\_

DISTRIBUTION: Copy 1 - DHS Income Maintenance Worker  
Copy 2 - IWD FSET Participant's File