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| **Office of Early Childhood (OEC)****Arkansas Better Chance / Arkansas Better Chance for School Success****Child Waiver Request Form** |
| **Agency Information** |
| Agency Name: |  |  |
| Site Name: |  |  | Facility #: |  |
| Address: |  |  |
| City: |  |  | ZIP Code: |  |
| Phone # |  |  | Alt Phone #: |  |
| ABC Coordinator Name: |  |
| ABC Coordinator Email: |  |
| **Important Waiver Information** |
| ***\*\*\*Each waiver shall be considered on a case-by-case basis \*\*\*******\*\*\*Programs must submit requested documentation\*\*\**** |
| * **The Child Waiver must be approved by the DESE/OEC/ABC Office prior to enrolling a child in the ABC/ABCSS program. Agencies enrolling children who have not been approved will be cited as being noncompliant with the ABC Rules and Regulations.**
* **All determinations, whether approved or denied, will be made in writing by the DESE/OEC/ABC Office.**

**\*\*\*SUBMISSION OF A CHILD WAIVER REQUEST DOES NOT GUARANTEE APPROVAL OF THE REQUEST\*\*\*** |
| **Child Information** |
| **Child’s Name:** |  | **Date of Birth:** |  |
| **Number in family:****I am requesting a waiver for the following reason (enter reason in box below):** |
|   🞏 Child is kindergarten eligible 🞏 Family is over the 200% FPL limit |

# All Child Waiver Requests must include the following documentation:

* Copy of application listing family members living in the household
* Child’s birth record
* Documentation of Income (regardless of reason for referral)
* Verification that all eligible children are being served (no waiting list)
* Supporting documentation for identified developmental delays at-risk factors

# \*\*\*For privacy reasons and security reasons, please DO NOT send child or parent social security cards\*\*\*

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| **Submission of Waiver Request** |
| Requests MUST be submitted electronically via email to CopaSupport.MailAccount@ade.arkansas.gov with the subject line of “‘Agency Name’ ‘Site Name’ Child Waiver Request”. |

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| *Signature of ABC Coordinator* |  | *Date* |
| **FOR DESE/OEC/ABC USE ONLY:** |
| * Approved ☐ Denied ☐ Incomplete (notes required)
 |
| Notes: |
|  |
| DESE/OEC/ABC Program Administrator Signature | Date |

(Revised 06/2024)