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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](mailto:CopaSupport.MailAccount@ade.arkansas.gov%20) 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)