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| **Office of Early Childhood**  **Arkansas Better Chance/Arkansas Better Chance for School Success**  **Foster Care Waiver Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Purpose of the Foster Care Waiver Form is intended for the temporary approval request to serve a “foster child” when exceeding the awarded ABC slots and/or maximum ABC classroom ratio. When an opening in ABC becomes available, the foster child shall be assigned to the vacant slot.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Agency Name: | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Site Name: | | | | |  | |  | | | | | | | | | | | | | |  | | Facility #: | | |  | | | | | | |  |
|  | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Street Address: | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | City: | |  |  | | | | | | | | | | | | |  | | | State: |  | | |  | |  | Zip: | | |  | |  | | |  |
|  | | | |  | | | | | | | | | | | | |  | | | | | | |  | |  | | | | | |  | | |  |
|  | Telephone #: | | | | | |  | |  | | | | | | | |  | | | Alt Phone #: | |  | |  | | | | | | | | | | |  |
|  | | | | | | | | |  | | | | | | | |  | | |  | | | |  | | | | | | | | | | |  |
|  | ABC Coordinator Name: | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | ABC Coordinator Email: | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Child Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Name: | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Date of Birth: | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Did child previously attend an ABC Program? | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | If yes, list name of previous program: | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  |
| **Classroom Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Maximum Classroom Licensing Capacity: | | | | | | | | | | | | |  |  | | |  | | Current Classroom Enrollment Number: | | | | | | | | | | | | |  |  | |
|  |  | | | | | | | | | | | | |  |  | | | | |  | | | | | | | | |  | | | | | | |
|  | Beginning Date of Attendance: | | | | | | | | | | |  | | | | | | | | Date Child Enrolled in ABC Slot: | | | | | | | | |  | |  | | | | |
|  |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | |
|  | Will foster child put classroom over maximum ABC ratio? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **FOR LOCAL PROGRAM USE - FOSTER CARE VERIFICATION** | | |
| Check all documentation received and ensure foster care verification is maintained on file at ABC site: | | |
| Court Orders |  | ***\*\*DO NOT SUBMIT FOSTER CARE VERIFICATION DOCUMENTATION TO ABC OFFICE\*\**** |
| Medi-Alert |
| Foster Home Agreement Addendum |
| Letter from Family Service Worker |
|  | | |
| **SUBMISSION of Wavier Request** | | |
| Requests MUST be submitted electronically via email to [CopaSupport.MailAccount@ade.arkansas.gov](mailto:CopaSupport.MailAccount@ade.arkansas.gov) with the subject line of: “Agency Site Foster Waiver”. | | |

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| **FOR DESE/OEC/ABC USE ONLY:** | | | | | | | |
| Verified with DCFS | | Verified if child is on CCDF Voucher | Verification Date: |  | | | |
| Required documentation submitted: Yes  No | | | | | | | |
| Notes: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  |  | | | |  |  |  |
|  | DESE/OEC/ABC Program Administrator Signature | | | |  | Date |  |