

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
- ☐ Medi-Alert
- ☐ Foster Home Agreement Addendum
- ☐ Letter from Family Service Worker



****DO NOT SUBMIT FOSTER CARE VERIFICATION DOCUMENTATION TO ABC OFFICE****

SUBMISSION of Wavier Request

Requests **MUST** be submitted electronically via email to CopaSupport.MailAccount@ade.arkansas.gov with the subject line of: "Agency Site Foster Waiver".