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| **Office of Early Childhood**  **Arkansas Better Chance/Arkansas Better Chance for School Success**  **Homeless/In Transition Waiver Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Purpose of this Waiver Form is intended for the temporary approval request to serve a child experiencing “temporary homelessness/in transition housing” when exceeding the awarded ABC slots and/or maximum ABC classroom ratio. When an opening in ABC becomes available, the 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 enrolling child put classroom over maximum ABC ratio? | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |

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| --- |
| **Required Documentation – Local Program** |
| Check all documentation received and ensure verification is maintained on file at ABC site: |
| Residency form signed by the parent and the McKinney-Vento Liaison  Notarized statement that family is living in emergency shelters or transitional living situations  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: “Homeless/In Transition Waiver Form”.**  ***\*\*\*Requests submitted via fax will not be accepted\*\*\**** |

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