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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** **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 |  |