

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

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*****