|  |
| --- |
| **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 with the subject line of: “Agency Site Foster Waiver”. |

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