

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 DCCECE****

SUBMISSION of Wavier Request

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

*****Requests submitted via fax will not be accepted*****

FOR DHS/DCCECE USE ONLY:

<input type="checkbox"/> Verified with DCFS	<input type="checkbox"/> Verified if child is on CCDF Voucher	Verification Date:	
Required documentation submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes:			
_____ DCCECE/ABC Program Administrator Signature			_____ Date