

Arkansas Better Chance Child Waiver Request

Agency Information

Agency Name:					
Site Name:				Facility #:	
Address:					
City:				ZIP	
Phone #			Alt Phone #:		
ABC Coordinator Name:					
ABC Coordinator Email:					

Important Waiver Information

*****Each Child Waiver shall be considered on a case-by-case basis*****

*****Programs must submit supportive documents*****

- The Child Waiver must be approved by DCCECE **prior** to enrolling a child in the ABC/ABCSS program. Agencies enrolling unapproved or ineligible children will be cited as being noncompliant.
- All determinations, whether approved or denied, will be made in writing by the DCCECE.

*****SUBMISSION OF A CHILD WAIVER REQUEST DOES NOT GUARANTEE APPROVAL OF THE REQUEST*****

Child Information

Child's Name:				Date of Birth:	
I am requesting a waiver for the following reason (enter reason in box below):					

All Child Waiver Requests must include the following documentation:

- Child's birth record
- Documentation of Income (regardless of reason for referral)
- Verification that all eligible children are being served (no waiting list)
- Supporting documentation for identified developmental delays at-risk factors

*****For privacy reasons and security reasons, please DO NOT send child or parent social security cards.*****

Submission of Waiver Request

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

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

Signature of ABC Coordinator

Date

FOR DHS/DCCECE USE ONLY:

Approved Denied Incomplete (notes required)

Notes:

Signature of ABC Program Administrator	_____
	Date