

THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

REQUEST FOR WAIVER

AGENCY NAME:			
SERVICE CATEGORY:			
CONTRACT NO:		CONTRACT PERIOD:	

WAIVER REQUEST:

(COMPLETE ONE FORM FOR EACH CLIENT)

ARIES/CPCDMS CODE:			
EFFECTIVE DATE:		END DATE:	

PURPOSE OF THE WAIVER: Provide in detail the justification for the requested waiver and how it will enhance client services.

SUBMITTED BY:

SIGNATURE

DATE

SUBMIT TO FELICIA BOOKER, PROGRAM ASSISTANT, THE RESOURCE GROUP

FOR THE RESOURCE GROUP'S USE ONLY

**DENIED
MODIFICATIONS:**

APPROVED

APPROVED WITH MODIFICATIONS BELOW

TRG STAFF SIGNATURE

DATE