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| The Houston Regional HIV/AIDS Resource Group, Inc.REQUEST FOR WAIVER |
| **Agency Name:** |  |
| **Service Category:** |  |
| **Contract No:** |  | **Contract Period:** |  |

### Waiver Request:

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**(Complete One Form For Each Client)**

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| **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.

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**Submitted by:**

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***Signature*** ***Date***

*Submit to Felicia Booker, Program Assistant, The Resource Group*

*For The Resource Group’s Use Only*

**[ ]  Denied [ ]  Approved [ ]  Approved with modifications below**

**Modifications:**

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***TRG Staff Signature*** ***Date***