

THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

REQUEST FOR WAIVER

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

WAIVER REQUEST:

THIS SECTION DESCRIBES WHAT RESTRICTION OR LIMITATION THE STAFF MEMBER IS REQUESTING TO BE WAIVED.

(COMPLETE ONE FORM FOR EACH CLIENT)

CLIENT 14-CHARACTER CODE:	ENTER THE ARIES 14-CHARACTER CODE (SEE ARIES FAQ SHEET ON TRG WEBSITE FOR DETAILS).		
EFFECTIVE DATE:		END DATE:	

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

THIS SECTION PRESENTS THE REASON(S) WHY THE RESTRICTION OR LIMITATION SHOULD BE WAIVED.

SUBMITTED BY:

SIGNATURE

DATE

SUBMIT TO FELICIA BOOKER, PROGRAM ASSISTANT, THE RESOURCE GROUP

FOR THE RESOURCE GROUP'S USE ONLY

DENIED
 APPROVED
 APPROVED WITH MODIFICATIONS

NO FIELDS SHOULD BE LEFT BLANK ABOVE THIS POINT.

MODIFICATIONS:

IF TRG FEELS ASPECTS OF THE REQUEST SHOULD NOT BE APPROVED, ANY CHANGES TO THE REQUEST WILL BE OUTLINED HERE.

TRG STAFF SIGNATURE

DATE