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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***