**NC DIVISION OF AGING AND ADULT SERVICES**

**FCSP Waiver Request Form**

**\*Form required for OAA Code 862 or ARPA Code 883 S/R/W 862**

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| **Part I** |
| **Date of Request:**  |
| **Area Agency on Aging Name:**       |
| **Provider Name:**       |
| **County:**       |
|  |
| **Part II- Justification**  |
| **Request:**       |
| **Quantity (# of Units):**       |
| **Total Estimated Cost:**       |
| **Funding Source/ARMS Code:** **[ ]  OAA 862** **[ ]  ARPA 883 S/R/W 862** |
| **Why is this purchase needed?**  |
| **Are other funding sources being used for this purchase? If yes, please describe.**       |
| **Do other agencies/programs have funding/capacity to field request? If no, please describe.**       |
|  |
| **Part III-Attestation and Signatures** |
| AAA/Provider attests that the approval of this request will not result in expenditures for an individual caregiver exceeding the combined ARPA cap of $3500 for Category IV & V services, per Administrative Letter 22-02**.** **[ ]  Yes** **[ ] No**  |
| **Provider Signature/Date:** |
| **AAA Signature/Date:**  |
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| **Part IV- DAAS USE ONLY**  |
| **[ ]  Approved****[ ]  Denied****FCSP Consultant Signature/Date:**  |

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