**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:** |
|  |
| |  | | --- | | **Part IV- DAAS USE ONLY** | | **Approved**  **Denied**  **FCSP Consultant Signature/Date:** | |