

# THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

## REQUEST FOR WAIVER

<b>NAME OF SUBGRANTEE:</b>			
<b>SERVICE:</b>			
<b>CONTRACT NO:</b>		<b>CONTRACT PERIOD:</b>	

**WAIVER REQUEST:**

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(ONE FORM PER CLIENT)

<b>CLIENT 14-CHARACTER CODE:</b>			
<b>EFFECTIVE DATE:</b>		<b>END DATE:</b>	

**PURPOSE OF THE WAIVER:** describe in detail how the requested waiver will enhance **client services**.

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**SUBMITTED BY:**

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

*SUBMIT TO PROGRAM DEVELOPMENT DIRECTOR, THE RESOURCE GROUP*

*FOR THE RESOURCE GROUP'S USE ONLY*

**DENIED**
                 
  **APPROVED**
                 
  **APPROVED WITH MODIFICATIONS BELOW**

**MODIFICATIONS:**

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*PROGRAM DEVELOPMENT DIRECTOR*

\_\_\_\_\_  
*DATE*