ROOM AND BOARD WAIVER REQUEST

DATE: _____

CENTER: _____

NAME OF RESIDENT: _____ ID#: _____

DATE OF ENTRY TO CENTER: _____

BALANCE IN RESIDENT'S ACCOUNT: $_____

JUSTIFICATION FOR REQUEST: _____

_____

_____

_____

_____

REQUESTED BY: _____
TITLE

DATE: _____

APPROVED/DISAPPROVED: _____
CENTER SUPERINTENDENT

DATE: _____

APPROVED/DISAPPROVED: _____
Transitional Center Coordinator

DATE: _____

Retention Schedule: Upon completion, this form shall be placed in the resident's institutional file and will be maintained according to the official retention schedule for institutional files.