



**Public Health Management Corporation
Model Adherence Waiver**

Agency: _____ Site: _____ Model: _____

Category of Request (Check the box indicating which action you are requesting): 5th grade youth to participate in middle model program
 6th grade youth to participate in elementary model program 8th grade youth to participate in high model program

Student Name	Grade	School	Rationale Discuss reason for this request.
			Reason: <input type="checkbox"/> Sibling in Program Name of Sibling(s): _____ Date of Birth: _____ <input type="checkbox"/> School Feeder <input type="checkbox"/> Other: _____ Discuss: _____
			Reason: <input type="checkbox"/> Sibling in Program Name of Sibling(s): _____ Date of Birth: _____ <input type="checkbox"/> School Feeder <input type="checkbox"/> Other: _____ Discuss: _____
			Reason: <input type="checkbox"/> Sibling in Program Name of Sibling(s): _____ Date of Birth: _____ <input type="checkbox"/> School Feeder <input type="checkbox"/> Other: _____ Discuss: _____

By signing below, the agency agrees to the following, should this request be approved.

- To have in the youth's client file, written consent by the youth's parent/guardian(s) indicating their child will be participating in a program specifically designed for a different age group.
- That this waiver is in effect only through the end of the current fiscal year.
- That compensation for the youth's participation will be based on the funded model's payment mechanism, regardless of youth's age.

Signature: _____ Print Name: _____ Date: _____
(Agency Executive Director or Agency Designee)

For PHMC use only

Recommended by Program Specialist
Reason: _____

Not Recommended by Program Specialist
Reason: _____

Approved

Not Approved: Reason _____

Program Specialist Signature: _____ Date: _____

Program Specialist Signature: _____ Date: _____

OST Operations Signature: _____ Date: _____