

Initial Fee Waiver Request Pursuant To Act 725 of 2021

I am requesting a waiver of the initial licensing fee based on at least one of the following (check one):

I am receiving assistance through the Arkansas, or current state of residence equivalent, Medicaid Program;

I am receiving assistance through the Arkansas, or current state of residence equivalent, the Supplemental Nutrition Assistance Program;

I am receiving assistance through the Arkansas, or current state of residence equivalent, the Special Supplemental Nutrition Program for Women, Infants, and Children;

I am receiving assistance through the Arkansas, or current state of residence equivalent, the Temporary Assistance for Needy Families Program;

I am receiving assistance through the Arkansas, or current state of residence equivalent, the Lifeline Assistance Program;

I was approved for unemployment within the last twelve (12) months;

I have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

PLEASE ATTACH SUPPORTING DOCUMENTATION.

I hereby swear or affirm the above request is true, including any supporting documentation attached, including any supplemental information provided.

Signature of Individual Applicant