



## DIRECT ASSESSMENT WAIVER REQUEST FORM

Please fill out this form by referring to the eligibility and/or information collection requirements in the Youth Development Credential Assessment System and Competency Standards book.

Candidate for YDC Assessment: (Please Print) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I request a waiver as:  Advisor or  Candidate for YDC Assessment.

**Eligibility or Information Collection Requirement(s) that I do not meet** (Please cite item letter and number from list of requirements):

Qualifications I would like to substitute (You must submit appropriate documentation supporting your waiver request):

Please explain any special conditions:

NAME OF PERSON REQUIRING WAIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE MAILED: \_\_\_\_\_

**\*\*Must be submitted at least one (1) month before Application for Assessment**

**Please return completed form to:** Missouri School Age Community Coalition  
c/o Vicki Stein  
Francis Institute, MCC-Penn Valley  
3201 Southwest Trafficway  
Kansas City MO 64111

For MOSAC<sup>2</sup> Use Only:

Waiver request granted by \_\_\_\_\_ Date \_\_\_\_\_

Waiver valid for the following period: \_\_\_\_\_  Waiver denied: \_\_\_\_\_

12 months from the above date

One-time use, for the Candidate identified above

Other \_\_\_\_\_