

**You must complete ALL sections and sign OR the application will be returned to you.** Today's Date:

**APPLICANTS MAY RECEIVE UP TO FIVE YEARS OF CHILD CARE SERVICES PENDING THE AVAILABILITY OF FUNDS**

**CASEHEAD INFORMATION:** Must be 18 years and over or an emancipated minor and have physical custody of the child/children requiring child care services.

Social Security # (Optional)	First Name MI Last Name	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (see codes):
Mailing Address	City / State	ZIP	U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone /Cell ( ) -	
Street Address	City / State	County	ZIP	Message Phone ( ) -	
Highest Grade Completed	# of Parents in home	Primary Language	Have you ever received TEA or ESS Child Care? Are you currently enrolled in ARKids First? If yes, please select which program enrolled in: If no, do you have private medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> ARKids A <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> ARKids B <input type="checkbox"/> No

**Email Address:**

**EPSDT/WELL CHILD SCREEN NOTIFICATION:** The Division of Child Care and Early Childhood Education which provides assistance to families striving towards self-sufficiency with child care needs requires proof of an age appropriate EPSDT (Well Child Care Screen), for each child receiving child care, in order to receive child care services.

**HOUSEHOLD INFORMATION:** Include information for ALL persons living in household. Do not include yourself. Attach additional sheets if necessary.

Social Security #	First Name MI Last Name	Date of Birth	Gender	Race (see codes)	Citizen/Legal Resident	Relationship to Casehead	Child Care needed?	List any Special Needs
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Use these codes to describe your race(s):**  
 A = Asian  
 I = American Indian or Alaskan Native  
 B = Black/African American  
 S = Hispanic/Latino  
 H = Native Hawaiian/Pacific Islander  
 W = White/Caucasian

**Ethnicity:** Hispanic or Latino  Not Hispanic or Latino

**CHILD CARE INFORMATION:** Complete information below for ALL children who require child care.

Child's Name	Age	Name of Child Care Participant Selected:	Is child now attending?	Is participant a relative?	If yes, list relationship:	List days and hours of care you need for this child	Child Attend ABC or Head Start	List School Attending:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT/SCHOOL:** Adults in the household must be employed 30 hours per week, be enrolled in school full-time or qualify as a working student.

Name:	Career Pathways?	List work/school schedule below (include travel time):							If in school, list major or course of study:
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Information: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Start Date: End Date: Hours Enrolled:							
Name:	Career Pathways?	List work/school schedule below (include travel time):							If in school, list major or course of study:
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Information: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Start Date: End Date: Hours Enrolled:							
Name:	Career Pathways?	List work/school schedule below (include travel time):							If in school, list major or course of study:
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Information: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Start Date: End Date: Hours Enrolled:							

HOUSEHOLD INCOME: Proof of ALL household income must be provided and frequency noted: <b>Weekly, Bi-Weekly, Twice Monthly, Monthly</b>												
Name of Person Receiving	Wages		Child Support		SSI		SSA		TEA/Work Pays		Other	
	Amt	Frequency	Amt	Frequency	Amt	Frequency	Amt	Frequency	Amt	Frequency	Amt	Frequency

**Non-Cash Income:** Please provide the following information

Do you receive SNAP?                    Yes   No    If Yes, What is your monthly benefit? \_\_\_\_\_

Do you receive housing assistance?   Yes   No    If Yes, What is the amount of your monthly housing choice voucher? \_\_\_\_\_

Do you receive utility assistance?     Yes   No    If Yes, What is your monthly benefit? \_\_\_\_\_

**RIGHTS AND RESPONSIBILITIES:** Read carefully and sign at the bottom.

1. You cannot be denied child care assistance on the basis of race, color, sex, age, disability, religion, national origin, political belief. Social Security Numbers for children shall be used for identification purposes and are required for eligibility.
2. You may choose any child care participant that meets the requirements of DHS and the Child Care Assistance Program.
3. Information you provide will not be released without your written consent, except to parties allowed by law. Your name and Social Security Number may be furnished to employers, government agencies, educational institutions or any other party deemed necessary by DHS to determine your eligibility. DHS will cross-reference information provided to other governmental programs.
4. If any adverse action is taken on your application or child care case, excluding overpayment and fraud, you have the right to an Internal Review. You may appeal the decision of the Division Director by sending a written request to: Arkansas Department of Human Services, Office of Appeals and Hearings, P.O. Box 1437, Slot N-401, Little Rock, AR 72203.
5. You must help establish your eligibility by **FULLY** completing this application and providing all information pertaining to your circumstances. Providing false information or withholding information may result in denial or termination of child care assistance.
6. You must report **ALL CHANGES** to your Program Eligibility Specialist (PES) within ten (10) days of the change. These changes include but are not limited to: Address or Telephone, Household Members, Employment, Child Care Needs, Training/Education Hours or Monthly Income. Failure to report changes that affect your eligibility may result in your case being closed and a referral to the Overpayment or Fraud Unit. You are responsible for any overpayments resulting from changes in your eligibility.
7. You understand that DHS will not retroactively pay or reimburse you for child care expenses. DHS will pay for child care the day eligibility requirements have been met and you are approved for services.
8. You agree to cooperate in any DHS investigation concerning your case. You understand that failure to cooperate will result in termination of assistance.
9. You understand that in order to receive child care services, you must provide proof of an age appropriate EPSDT (Well Child Care Screen), every 12 months, for each child(ren) that you are requesting child care assistance.
10. If you wish to change child care participants, you must submit a Child Care Arrangement Verification Form (DCC-552) along with a Change Request Form (DCC-553), to your assigned PES and allow up to 10 days for processing. You should also notify your child care provider of the change. If notification is not given, you will be responsible for any payments to the new child care participant until the change is processed.
11. If you exceed the allowable absentee days within a month/trimester for your child(ren), you will be responsible for payment of child care services due to the child care participant.
12. Low Income eligibility requires adults in the household to be employed 30 hours per week, be enrolled in school full-time or qualify as a working student (See below for student details).
13. ESS eligibility requires the following employment hours per year: 1st year – 20 hours per week, 2nd year – 25 hours per week \*
14. ESS eligibility requires employment to receive child care assistance. An ESS client will be ineligible for child care assistance effective the date the ESS client becomes unemployed.
15. Lifetime limit of services (Low Income) is sixty (60) months per casehead.
16. You understand that in order to receive child care services, you must attend a scheduled (1 time per 365 days) face-to-face meeting and complete a Family Self-Sufficiency Assessment Review.

**\*Verify 3<sup>rd</sup> year ESS eligibility for clients with a break in service.\***

**STUDENTS ONLY:** Students enrolled in education or training programs must maintain full-time status to retain eligibility. Full-time for students is as follows: 12 hours per semester, 9 hours per quarter, 6 hours per Summer Session. Grade reports are checked each term to verify completion of courses. If you reduce your hours, you **MUST** report this to your PES within ten (10) days, and you will be required to obtain work of up to 30 hours per week to remain eligible for assistance. Grades are checked at the end of every full term in which you receive assistance. You must maintain a "C" average (2.00 GPA) in order to continue receiving assistance. If you drop below a 2.00 average, you will be placed on academic probation for one (1) term. If your grades do not meet this requirement the following semester, the case will be closed, unless the student obtains employment at a minimum of 30 hours per week within 30 days.

**CERTIFICATION:** I certify that I have read and understand my Rights and Responsibilities. I authorize DHS to collect information from other sources to determine my eligibility for assistance. I authorize any source DHS deems necessary to determine eligibility to release information concerning me. I certify under penalty of perjury and fraud that all information I have supplied is true and correct. I understand that giving false information or withholding information may result in denial or termination of child care assistance or criminal prosecution, and the repayment of financial assistance made on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date