

*You must complete ALL sections and sign OR the application will be returned to you.*

**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:	Race (see codes):	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Mailing Address	City / State			ZIP	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	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? Do you receive SNAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Email Address:**

**EPSDT/WELL CHILD SCREEN NOTIFICATION:** The Division of Child Care and Early Childhood Education requests proof of an age appropriate EPSDT (Well Child Care Screen), for each child needing 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)	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"/> Male <input type="checkbox"/> Female			<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"/> Male <input type="checkbox"/> Female			<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"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Codes to describe your race(s):** A = Asian B = Black/African American H = Native Hawaiian/Pacific Islander I = American Indian or Alaskan Native S = Hispanic/Latino 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:	Citizen/Legal Resident	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	Tues	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	Tues	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	Tues	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: **Weekly, Bi-Weekly, Twice Monthly, Monthly**

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

**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, political belief. Social Security Numbers for children shall be used for identification purposes but not 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. Parent(s) 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. Parent(s) 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, Email or Telephone Number, Household Members, Child Care Needs.
7. If parent(s) request to change child care participants and/or quality level of care, parent(s) must submit a Child Care Arrangement Verification Form (552) along with a Change Request Form (553), to the assigned PES. Parent should also notify the child care provider of the change. If notification and prior approval is not given, parent(s) will be responsible for any payments to the new child care participant until change is processed.
8. Parent(s) 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.
9. Parent(s) agree to cooperate in any DHS investigation concerning your case. You understand that failure to cooperate will result in termination of assistance.
10. 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.

Trimester	Days Allowed	Not to Exceed
July – October	12*	6 in a given month**
November – February	16*	8 in a given month**
March – June	12*	6 in a given month**

11. 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).  
date the ESS client becomes unemployed.
12. Lifetime limit of services (Low Income) is sixty (60) months per casehead.
13. In order to receive child care services, parent(s) must attend a scheduled face-to-face interview based on quality level of care.

**STUDENTS ONLY:** Students must be enrolled in education or training programs full-time to qualify for child care assistance. Full-time for students is as follows: 12 hours per semester, 9 hours per quarter, 6 hours per Summer Session. Part Time students must attend school and work to remain eligible for child care assistance.

**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

\_\_\_\_\_  
Teen Parent Signature

\_\_\_\_\_  
Teen Parent Print Name

\_\_\_\_\_  
Date