



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Early Childhood Education and Out of School Time Program Assistance
Child Care Arrangement Verification

This is NOT an approval for services.

Name of Casehead/Applicant _____

The CCDF Program Participant (Child Care Provider) must complete the information below

List children of casehead/applicant who are enrolled and complete all applicable information for each child.
 Return form to casehead upon completion.

Child's Name	Age	Starting Date

Signature of Facility Director of Designee		Print Name		
Name of Child Care Facility		Telephone Number		
Mailing Address		City	Zip Code	County
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
License No.	Quality Approved?	Level 1	Level 2	Level 3
Facility Email Address:				

Check Facility type: Child Care Center Licensed Child Care Home Registered Child Care Family Home Out of School Time

For additional information contact:

Family Support Specialist:

Phone:

Fax:

Email: