

Family Support Unit Procedure Manual (Low Income, ESS, TEA)



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**Arkansas Department of Human Services
Division of Child Care and Early Childhood Education
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SECTION 1 - INTRODUCTION TO EARLY CHILDHOOD EDUCATION AND OUT-OF-SCHOOL TIME ASSISTANCE

1.1 MISSION STATEMENT

The mission of the Family Support Unit is to assist families striving towards self-sufficiency by:

- ❖ Providing quality early childhood education and out of school time in a timely and courteous manner
- ❖ Assisting families through case management services and community outreach
- ❖ Encouraging family engagement
- ❖ Maintaining parental choice
- ❖ Promoting continuity of care
- ❖ Being good stewards of the public trust

1.2 PURPOSE OF THE FAMILY SUPPORT UNIT (FSU)

The purpose of the Family Support Unit (FSU) is to increase the availability, affordability, and quality of child care for families in the State of Arkansas. The primary funding source for the FSU comes from the CCDF. CCDF is under the administration of the U.S. Department of Human Services, Administration for Children and Families (ACF). The purpose of the FSU is achieved in the following ways:

- ❖ Assisting families in achieving and maintaining economic self-support and self-sufficiency through case management
- ❖ Reinforcing the idea that the strength of the family is important to the state's and the nation's economy
- ❖ Assisting in the prevention of neglect, abuse, and exploitation of children through child care case management
- ❖ Promoting social and emotional development of children in early education settings to reduce and prevent the unnecessary or inappropriate suspension or expulsion of children
- ❖ Participating in family engagement and community outreach
- ❖ Developing child care procedures that best suit the needs of the children and the parents within the state
- ❖ Promoting parental choice to empower parents to make their own decisions regarding child care
- ❖ Providing consumer education information to help parents make informed choices about child care
- ❖ Encouraging parental and family involvement in the development of their children

1.3 FEDERAL REGULATIONS AND PROGRAM GUIDELINES

1.3.1 DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION (DCCECE)

Act 1132 of 1997 established the Division of Child Care and Early Childhood Education (DCCECE) within the Arkansas Department of Human Services (DHS). The purpose of DCCECE is to enhance coordination of child care and early childhood education programs within the state. This coordination ensures a seamless delivery of service to low-income families and those who are moving from welfare to work.

DCCECE must ensure:

- ❖ Promotion of family engagement through outreach, case management and consumer education
- ❖ Stable Early Childhood and Out-of-School Time program assistance for families

- ❖ Equal access to high quality child care for low-income families
- ❖ The health and safety of child care settings through standards and monitoring processes
- ❖ The recruitment and retention of a qualified and effective child care workforce
- ❖ Continuous quality improvement

DCCECE shall strive to enhance coordination of early childhood and out-of-school time within the standards established in the Child Care and Development Block Grant Act (CCDBG) of 2014. If eligibility requirements are met, Early Childhood and Out-of-School Time program assistance shall be provided (pending the availability of funds).

As the lead agency, DHS is responsible for implementing a program that complies with federal regulations associated with CCDF. Under the regulations, DHS must ensure that:

- ❖ The program is made accessible to all eligible parents (as funding allows)
- ❖ Parents/custodians are given a choice of eligible CCDF Program Participant (provider) and that the requirements of this program shall not significantly restrict parental choice of the types of CCDF Program Participants
- ❖ Parent/custodians shall have unlimited access to their children and to the CCDF Program Participants that are caring for their children during normal hours of operation
- ❖ A record of parental complaints is maintained and made available to the public on request
- ❖ Consumer education information is made available to the public concerning licensing and regulatory requirements, complaint procedures, health and safety information and policies relative to child care services

CCDF funds are categorized in the follow three (3) ways:

- ❖ **Discretionary Funds** – Funds that can be used at the state’s discretion in providing quality early childhood education services. Arkansas chooses to use these funds to support direct child care services for Low-Income, Foster Care, Teen parents, Grants, and Contracts for training and administration. At a minimum, the allotment of discretionary funds must be used to support quality activities and no more than the 5 percent for administrative costs; and spend, from the remainder, at least 70 percent to fund direct services provided by the Lead Agency.
- ❖ **Mandatory Funds** - At least 70% of the mandatory and combined federal and state share of matching funds must be used to meet the child care needs of families who are receiving Temporary Assistance for Needy Families (TANF), making efforts through work activities to transition off of TANF, and at risk of becoming dependent on TANF.
- ❖ **Matching Funds- The** Matching fund is the remaining amount appropriated under section 418(a)(3) of the Social Security Act after the Mandatory Funds are allotted. A State's allocation of the Matching Fund is based on the number of children under age 13 in the State compared with the national total of children under age 13. The Matching Funds must be matched by a State at its applicable Federal Medical Assistance Percentage (FMAP) rate. In order to receive Matching Funds, a State must: (1) obligate all of its Mandatory Funds in the fiscal year in which the Mandatory Funds are awarded; (2) within the same fiscal year, obligate and expend funds equal to its State Maintenance of Effort (MOE) level; and (3) obligate the Federal and State share of Matching Funds in the fiscal year in which the Matching Funds are awarded.

1.3.2 PARENTAL CHOICE

The casehead shall select the CCDF Program Participant for the child, except in Protective Services and/or Foster Care cases. In Protective Services and/or Foster Care cases, the Division of Children and Family Services (DCFS) shall make the final decision concerning the CCDF Program Participant based on the child's needs and the case plan. CCDF Program Participants meeting Arkansas' Quality Rating and Improvement System (QRIS), Better Beginnings, shall be given priority consideration in this selection. Caseheads are encouraged to place children in early childhood and out-of-school time programs who are maintaining Arkansas' highest level of quality.

The term **casehead** refers to the person applying for early childhood and out-of-school time programs on behalf of a child. A casehead must be at least 18 years of age (except in the case of an emancipated minor) and must have physical custody of the child. Teen parents twenty (20) years or younger and completing their GED or high school diploma shall be listed in KidCare as the casehead. For future reference in policy, **casehead** shall be synonymous with parent, custodian, guardian, client, applicant or recipient.

The casehead must select a CCDF Program Participant that:

- ❖ Is licensed or registered and meeting the appropriate Better Beginnings requirements identified by DCCECE
- ❖ Meets the requirements of the State of Arkansas and the Federal Government
- ❖ Has completed the required Participant training and has submitted a signed copy of the CCDF Participant Agreement

If a CCDF Program Participant that meets these requirements cannot be located, the casehead may request assistance from the Family Support Specialist (FSS) in locating a facility. The FSS shall locate facilities using the following link: <https://arbetterbeginnings.com/find-child-care>

1.3.3 CONFIDENTIALITY OF INFORMATION

Federal and state laws, as well as DHS policy restrict the use or disclosure of information concerning applications or recipients of child care services to purposes directly connected with the administration of the program. The casehead, upon signing the application for early childhood and out-of-school time programs gives consent for DCCECE to secure information related to the applicant's eligibility from collateral sources. DHS shall cross-reference information provided to other governmental programs.

1.3.4 PROHIBITED DISCRIMINATORY PRACTICES

DHS is in compliance with Title VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, as amended and the Americans with Disabilities Act of 1990.

1.3.5 USE OF PROCEDURE MANUAL

The FSS, as well as other FSU employees, shall utilize this procedure manual, to determine assistance eligibility for all applicants in a fair, consistent and timely manner. The FSS is responsible for exercising prudent and reasonable judgment when applying procedure(s).

1.4 OVERVIEW OF CASEHEAD RESPONSIBILITIES

The casehead has the responsibility to provide complete and accurate information and documentation regarding the casehead's situation any time it is requested by a DCCECE employee.

The casehead also has the responsibility to report to the FSS any required changes that affects eligibility or fee assessment within ten (10) calendar days of the date the change occurs. Any cessation of employment and/or attendance at an educational or job skills training program is required to be reported within ten (10) calendar days. The casehead must give a minimum of a ten (10) calendar day notice to the FSS and the current CCDF Program Participant when changing providers. Failure to abide by this provision shall result in the casehead being responsible for child care payment at the new facility until the new authorization is written.

1.5 APPEALS AND HEARINGS

1.5.1 RIGHT TO CASE REVIEW

Whenever an application is denied, or adverse action is taken, the casehead must be informed in writing of the decision and of the right for a review of that decision. The notice must state that the casehead has ten (10) calendar days from the date on the Notice of Action in which to submit a request for an Internal Review of the decision.

The casehead or an authorized representative acting on behalf of the casehead may request an Internal Review of the following actions:

- ❖ Termination of child care services
- ❖ Application, redetermination or changes not processed according to procedure
- ❖ Fee assessment

The casehead or an authorized representative acting on behalf of the casehead may NOT request an Internal Review of the following actions:

- ❖ Action taken by the DCCECE as a result of the unavailability of funds
- ❖ Reaching the lifetime limit of sixty (60) months
- ❖ Any request for an Internal Review not received within the time frame outlined in this procedure

An authorized representative must be acting at the written request of the casehead and must be acting strictly in the interest of the casehead. A CCDF Program Participant cannot act on behalf of the casehead during an Internal Review or Appeal Process.

1.5.2 INTERNAL REVIEW

The following process shall be followed for all Internal Review requests:

1. Casehead must request an Internal Review in writing within ten (10) calendar days of adverse action to the Program Coordinator. Casehead shall be notified of the decision within ten (10) business days.
2. If the casehead is dissatisfied with this review, casehead must request an Internal Review from the Unit Administrator within ten (10) calendar days of the Program Coordinator's written decision. Casehead shall be notified of the decision within ten (10) business days.
3. If the casehead is dissatisfied with this review, casehead may request an Internal Review from the DCCECE Division Director or designee within ten (10) calendar days of the Unit Administrator's decision. Casehead shall be notified of the decision within ten (10) business days.

4. If the casehead is dissatisfied with this review, casehead may request an Administrative Hearing within thirty (30) calendar days from the date of the adverse action decision by the DCCECE Division Director. Casehead shall request a review by providing a written notice through the Division website form, submitting a request to any local DHS office or to either of the following Central office locations:

Department of Human Services
DCCECE
P.O. Box 1437, Slot S-140
Little Rock, AR 72203-1737

Family Support Unit
P.O. Box 1437 Slot S-145
Little Rock, AR 72203-1437

1.5.3 ADMINISTRATIVE HEARING

Only a casehead has the right to an administrative hearing within thirty (30) calendar days following an adverse action after an internal review, alleged overpayment, fraud, and/or Intentional Program Violation (IPV). The request shall be made in writing to:

Office of Appeals and Hearings
P.O. Box 1437, Slot N-401
Little Rock, AR 72203-1437

DCCECE shall utilize the DHS Office of Finance and Administration (OFA) Accounts Receivable to recoup any monies that have been determined to be owed by a casehead or CCDF Program Participant. The DHS OFA Accounts Receivable shall establish a payment schedule for the casehead or CCDF Program Participant to repay any amount owed.

- ❖ The casehead or CCDF Program Participant may contact the DHS OFA Accounts Receivable directly at 501-320-6536 or 1-800-282-7505.
- ❖ Casehead must document that the payment is for a child care overpayment. The following information must be listed on payment:
 - Name
 - Address
 - Phone Number
 - Social Security Number
- ❖ CCDF Program Participant must document that the payment is for a child care overpayment. The following information must be listed on payment:
 - Facility Name and Facility Number
 - Address
 - Phone Number
 - TIN Number

Payments can be mailed to the following address:

DHS-Accounts Receivable
P.O. Box 8181 Slot WG2
Little Rock, AR 72203-8181

1.6 CASEHEAD RIGHTS AND RESPONSIBILITIES

1. Child Care Assistance is pending the availability of funds and eligibility.
2. Child care assistance cannot be denied based on race, color, sex, age, disability, religion, national origin, or political belief.
3. All adults in the Low-Income Eligibility group must:
 - ❖ Work thirty (30) or more hours per week or,
 - ❖ Attend school full time or job skills training program equal to thirty (30) hours per week or,
 - ❖ Combine work and school/job skills training to equal thirty (30) or more hours per weekAt least one adult in the ESS group must:
 - ❖ In first 12 months: Work at least twenty- (20) hours per week, or your earnings must be enough to cause you to be ineligible for TEA cash assistance.
 - ❖ In second 12 months: Work twenty-five (25) or more hours per week.
4. Lifetime limit for Low-Income child care assistance is sixty (60) months per parent/custodian unless otherwise exempted. ESS Lifetime limit is 24 months.
 - ❖ Any month in which five (5) days are billed by CCDF Program Participant (child care provider) is considered a month of child care assistance and countable towards the lifetime limit.
5. Withholding information or providing false information may result in the denial or termination of child care assistance. You agree to cooperate in any DHS inquiry concerning your child care assistance. Failure to cooperate will result in the termination of child care services.
6. Information provided 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 government programs.
7. DHS will not retroactively pay or reimburse Low-Income child care expenses prior to approval.
8. CCDF Program Participant (child care provider) may be selected according to parental choice. CCDF Program Participant information may be found on our website:
<http://humanservices.arkansas.gov/dccece/Pages/default.aspx>
 - ❖ Website information includes:
 - Child care search tool
 - Facility complaints
 - Better Beginnings rating
 - Facility visits
9. No child, receiving subsidy funding, shall be suspended or expelled from the facility without approval from DCCECE <https://www.behaviorhelponline.org/>
10. Once eligibility is determined, Low-Income applicants must complete an initial interview with a Family Support Specialist (FSS). Low-Income redetermination interviews shall be completed based on the Better Beginnings Level. Better Beginnings Level one (1) and two (2) are once a year. Better Beginnings Level three (3) are every two years.
11. The CCDF Program Participant (child care provider) may charge the following fees:

- ❖ Co-pay based on Better Beginnings Rating.
- ❖ Registration, late pickup, late payment, insurance, materials or reasonable fees
- ❖ Fees for exceeded absentee days
- ❖ Additional charges may apply if child care provider is a Better Beginnings Level two (2) or higher

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

12. All notices will be sent electronically via email. An accurate and valid email address must be on file. Email should be checked regularly to ensure all notices are received. DHS is not responsible for any lapse of communication for failure to report an email change within ten (10) calendar days of the change.
13. The following changes must be reported to your Family Support Specialist (FSS) within ten (10) calendar days of the change: Address, email, phone number, change of CCDF Program Participant, income over eighty-five (85%) SMI, household composition that increases household income over eighty-five (85%) SMI. Any cessation of work, and/or attendance at education or training program must be reported within ten (10) calendar days.

Family Size	Monthly Income	Exceeded Income Limit
1	\$2,259.68	\$2,259.69
2	\$2,954.97	\$2,954.98
3	\$3,650.76	\$3,650.77
4	\$4,345.54	\$4,345.55
5	\$5,040.83	\$5,040.84
6	\$5,736.12	\$5,736.13

14. A change of CCDF Program Participant (child care provider) may require a redetermination of eligibility. Payments to the new provider are your responsibility until the change is processed. A Child Care Arrangement form and Change Report form are required ten (10) calendar days prior to the day of change.
15. If any adverse action is taken on your application or child care case, excluding overpayment or fraud, you have the right to an Internal Review. If an overpayment, fraud, and/or Intentional Program Violation is alleged, you have the right to an Administrative Hearing.
16. Families declaring assets in excess of \$1,000,000 are ineligible for Subsidized Child Care Assistance. At the time of initial application and redetermination, families will be asked to declare if they have assets in excess of \$1,000,000.

SECTION 2 – CCDF PROGRAM PARTICIPANT (CHILD CARE PROVIDER)

2.1 PARTICIPATION

To participate in the CCDF Program, a CCDF Program Participant (child care provider) must meet all the following conditions:

- ❖ Are licensed or registered by DCCECE
- ❖ Are certified in the appropriate Better Beginnings requirements identified by DCCECE
- ❖ Agree to comply with the regulations set out in the CCDF Program Participant Agreement
- ❖ Complete the online CCDF Program Participant Agreement Training
 - For additional information, the CCDF Program Participant may access the CCDF Agreement trainings and documents online at:
<http://humanservices.arkansas.gov/dccece/Pages/ChildCareAssistance.aspx>

2.2 PREVENTION OF SUSPENSION & EXPULSION

The beginning years of any child’s life are critical for building the early foundation of learning, health and wellness needed for success in school and later in life. During these years, children’s brains are developing rapidly, influenced by the experiences, both positive and negative, that they share with their families, caregivers, teachers, peers, and in their communities. A child’s early years set the trajectory for the relationships and successes they will experience for the rest of their lives, making it crucial that children’s earliest experiences truly foster – and never harm – their development. As such, expulsion and suspension practices in early childhood settings, are too stressful. Negative experiences young children and their families may encounter in early childhood programs, should be prevented, severely limited, and eventually eliminated. High-quality early childhood programs provide the positive experiences that nurture positive learning and development.

In response to federal guidelines, DCCECE implemented a policy regarding suspension and/or expulsion of children receiving subsidy funds.

- ❖ No child, receiving subsidy funding, shall be suspended or expelled from the facility.
- ❖ Discipline shall reflect positive guidance, be consistent and individualized for each child. Such discipline shall be appropriate to the child’s level of understanding. Corporal punishment is an unacceptable method of discipline and shall not be used.

For assistance with preventing suspension and/or expulsion, the CCDF Program Participant, or any family, may contact the Behavior Help team at behaviorhelp@dhs.arkansas.gov and/or complete a form by visiting <https://behaviorhelponline.org/>. Please complete one request per child.

For more information on the federal guidelines related to suspension and/or expulsion, please visit <https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>.

SECTION 3 – TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA)

Transitional Employment Assistance (TEA) program helps economically needy families with children under the age of 18 become more responsible for the support of their families. The TEA program is Arkansas' welfare reform program under the Federal Temporary Assistance for Needy Families (TANF) block grant.

TEA eligibility is determined by the Department of Workforce Services (DWS). The Division of Child Care and Early Childhood Education's (DCCECE) Family Support Specialists (FSS) shall process all TEA child care electronic referrals from DWS. All referrals shall be processed as follows:

3.1 TEA INITIAL REFERRAL PROCESS

The FSS shall key all Early Childhood and Out-of-School Time program assistance referrals from DWS as follows:

Initial Referral process

- ❖ Referral received from DWS
- ❖ Review for accuracy (Care types, child's age, etc.)
 - If the referral is not complete or accurate, the referral shall be returned to DWS
- ❖ Key authorization(s) as shown on referral
 - Ensure redetermination date matches date stated on referral
- ❖ Send email authorization confirmation to DWS containing
 - Casehead name
 - Case number
 - Authorization number(s)
 - Duration of authorization(s)
- ❖ Develop an eDoctus file for each casehead

The FSS shall not key any authorizations for TEA case without a referral from DWS.

3.2 TEA CONTINUATION REFERRAL PROCESS

When Kidcare shows that a continuation referral is due for a TEA case. The FSS shall:

- ❖ Contact the DWS electronically to request a new referral for continued care or case closure
- ❖ If DWS does not reply or submit a new referral, then the FSS shall close the TEA case at the end of current authorization from the last referral.
- ❖ If new referral is not received:
 - Send DWS email stating case has been closed due to no response
- ❖ If new referral is received:
 - Authorization shall be keyed according to referral
 - Send email authorization confirmation to DWS containing:
 - Case head name
 - Case number
 - Authorization number(s)
 - Duration of authorization(s)

The FSS shall not key any new authorizations on a TEA case without a referral from DWS.

3.3 TEA REFERRAL NARRATIVE

On all TEA Referrals, narrative entries shall be made at every contact with DWS or action taken. Narratives should be written in enough detail to allow any reviewer, such as a supervisor, auditor or investigator, to determine what action occurred. All TEA initial and continuation referral narrative shall include the following:

- ❖ Date received:
- ❖ DWS case manager:
- ❖ Date keyed:
- ❖ Duration of authorization:
- ❖ Child name and authorization numbers for the child(ren):
- ❖ Any comments on the referral:
- ❖ Date TEA referral narrative email sent to DWS:

3.4 TEA CASE CLOSURE

If a TEA case closes for employment prior to the end of the month, the client will remain eligible for TEA childcare services for the remainder of the month that the TEA case closed.

The FSS will:

- ❖ notify the provider via phone
- ❖ email DCCECE Provider Notification letter that childcare will continue for the remainder of the current month but will be processed in lump sum as a claim at the end of the TEA closure month.

Once the month has ended, the FSS will:

- ❖ request attendance records for the child(ren)
- ❖ complete and submit a claim form within ten (10) days from receipt of attendance records to their Program Coordinator along with the verification of attendance and other supporting documentation for review

The Program Coordinator will:

- ❖ check claim for accuracy
- ❖ enter the claim into Kidcare
- ❖ notify the assigned staff, via email, of the claim number for processing

3.5 EXTENDED SUPPORT SERVICES (ESS) REFERRAL

Early childhood and out-of-school time program assistance is available to help meet child care expenses for a child(ren) for whom child care would be guaranteed while the family was receiving TEA cash assistance. After an ESS referral is received from DWS, the FSS shall:

- ❖ Review documents to ensure completion
- ❖ Complete application packet shall contain
 - ESS referral
 - Verification of earnings (DOE, 1414, check stubs, DCO-97, VOE, TEA-97, employer letter)
- ❖ Verify ESS month in Kidcare

- ❖ Key information and authorization(s) according to the ESS referral
 - All authorizations keyed from ESS referrals shall be authorized for one (1) year
- ❖ If at any time the FSS suspects the ESS referral client is over 85% of SMI, the FSS shall:
 - Forward the referral and all supporting documentation to their assigned Program Coordinator
 - The Program Coordinator shall:
 - Confirm income eligibility
 - If eligible, the Program Coordinator shall:
 - Approve FSS to process the referral
 - If over 85% of SMI, the Program Coordinator shall:
 - Notify DWS, the FSS, and the provider that the ESS referral client’s application is denied

SECTION 4 – EARLY CHILDHOOD EDUCATION AND OUT-OF-SCHOOL TIME PROGRAMS

4.1 ELIGIBILITY FACTORS

Low-Income (Discretionary) Early Childhood and Out-of-School Time program assistance shall be provided to families who meet the following guidelines and eligibility requirements. All services are pending the availability of funds.

A family’s eligibility group is made up of one (1) or more adults and child(ren) related by blood or law and residing in the same house when at least one of the adults has physical custody of the child(ren) for whom application is made. In households where adults other than spouses or parents of the child(ren) reside together, each may be considered a separate eligibility group.

- ❖ In a two parent or custodian household, both parents or custodians must meet the work/school eligibility requirements. All data shall be collected and considered, unless otherwise excluded (refer to section 4.3.3), on both parents or custodians in the household in determining eligibility.
- ❖ All adults in the Eligibility group must:
 - Work thirty (30) or more hours per week or,
 - Attend school full time or job skills training program equal to thirty (30) or more hours per week or,
 - Combine work and school/job skills training program equal to thirty (30) or more hours per week
- ❖ Casehead must not exceed sixty (60) month lifetime limit, unless otherwise exempted (refer to section 5.4.2)
- ❖ Email Address (must be valid and current)
- ❖ Photo ID- driver’s license, state issued ID, military ID, Federal ID, school ID, or passport for adults in the eligibility group and authorized representative(s) if applicable

Extended Support Services (ESS) (Mandatory) is available to certain families who lose eligibility for Transitional Employment Assistance (TEA) due to earnings. Eligibility for ESS child care will be determined if a TEA case closes while the participant is employed. This includes cases involving earned income, but which close at the participant’s request.

A family’s eligibility group is made up of one (1) or more adults and child(ren) related by blood or law and residing in the same house when at least one of the adults has physical custody of the child(ren) for whom

application is made. In households where adults other than spouses or parents of the child(ren) reside together, each may be considered a separate eligibility unit.

- ❖ In a two parent or custodian household, only one parent or custodians must meet the work/school eligibility requirements. If both parents or custodians are working verification of income shall be collected and considered, unless otherwise excluded, in the household for determining eligibility.
- ❖ At least one adult in the eligibility group, during the first year of ESS must:
 - Work twenty (20) or more hours per week or,
 - Attend school full time or job skills training program equal to twenty (20) hours per week or,
 - Combine work and school/job skills training program equal to twenty (20) or more hours per week

If at least one adult in the eligibility group is not working twenty (20) or more hours per week but the earnings alone cause the family to be income ineligible for TEA (the family's net countable income exceeds \$223 per month) the family shall be eligible for ESS early childhood and out-of-school time programs assistance.

- ❖ At least one adult in the eligibility group, during the second year of ESS must:
 - Work twenty-five (25) or more hours per week or,
 - Attend school full time or job skills training program equal to twenty-five (25) hours per week or,
 - Combine work and school/job skills training program equal to twenty-five (25) or more hours per week
- ❖ Casehead must not exceed twenty-four (24) month lifetime limit (See Lifetime Limit Exemption 5.4.2)
- ❖ Email Address (must be valid and current)
- ❖ Photo ID- driver's license, state issued ID, military ID, federal ID, school ID, or passport for applicant and authorized representative(s) if applicable

4.1.1 CITIZENSHIP

DCCECE shall only provide early childhood and out-of-school time program assistance to child(ren) who are U.S. Citizen, qualified alien, or refugee according to the definitions below:

*Parents/custodians are not required to be US Citizens.

- ❖ Qualified alien is defined as:
 - An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act
 - An alien who is granted asylum under section 208 of such Act
 - A refugee who is admitted to the United States under section 207 of such Act
 - An alien who is paroled into the United States under section 212(d)(5) of such Act for a period of at least one (1) year
 - An alien who deportation is being withheld under section 243 (h) of such Act
 - An alien who is granted conditional entry pursuant to section 203(a)(7) of such Act as in effect prior to April 1, 1980
 - A refugee is defined by United States law as:
 - Is located outside of the United States
 - Is of special humanitarian concern
 - Demonstrates that they were persecuted or fear persecution due to race, religion, nationality, political opinion, or membership in a particular social group
 - Is not firmly resettled in another country
 - Is admissible to the United States

- ❖ A refugee does not include anyone who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion.
- ❖ All families requesting **Low-Income and ESS** Early Childhood and Out-of-School Time program assistance are required to provide documentation to show U.S. Citizen, qualified alien, or refugee for the child(ren) in which Early Childhood and Out-of-School Time program assistance is requested. Documentation shall include but not be limited to:
 - Birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Swain’s Island or the Northern Marianna Islands or
 - Medical documentation or
 - ANSWER (Notes Tab of Kidcare must be updated to state verified in ANSWER) or
 - United States passport or
 - Report of birth abroad of a U.S. citizen issued by the Department of State or
 - Certificate of naturalization of
 - Certificate of Citizenship issued to individuals who derive their citizenship through a parent or
 - Northern Marianna Identification Card or
 - Statement provided by a U.S consular officer certifying that the individual is a U.S. citizen or
 - Adoption Finalization Papers that show the child’s name and place of birth in the United States or one of its territories

4.1.2 EMANCIPATED MINOR

Some **Low-Income and ESS** applicants may be classified as emancipated minors. An emancipated minor is defined as any individual under the age of eighteen (18) years who meets one of the following criteria:

- ❖ Currently or previously legally married or,
- ❖ Legally emancipated by a court order or,
- ❖ Living outside the home of a custodial adult with no indication that his/her parent or custodians regard themselves as being responsible for his/her care or control.
 - Individual must declare that he/she has no intention of returning to the home of the parent or custodian

Emancipated minors are allowed to sign the early childhood and out-of-school time program application

4.1.3 RESIDENCE

An applicant applying for **Low-Income and ESS** Early Childhood and Out-of-School Time program assistance must presently reside and continue to reside in the State of Arkansas. No specific duration of residence is required prior to application. Residency is not affected by a temporary absence not to exceed thirty (30) days from the state.

All families must be able to provide the FSS with a mailing address where all correspondence can be received.

Residency documentation shall include the applicant's name and physical address.

❖ Any of the following shall be considered acceptable documentation:

- Apartment Lease Contract
- Rent receipt
- Mortgage Contract
- Bills
- Mail
- State or Federally issued ID
- Check stubs
- Notarized Statement
- State systems

4.1.4 SOCIAL SECURITY NUMBER (SSN)

Social Security Numbers (SSN) are not required for the adults in a **Low-Income and ESS** eligibility group for program eligibility. However, SSN is required for each child(ren) in which Early Childhood and Out-of-School Time program assistance is requested. A copy of the Social Security card shall also be provided for each child. ANSWER may also be used to verify the SSN. The Notes Tab of Kidcare must be updated to state "verified in ANSWER", if this option is used.

If a child has not been issued a Social Security card, a pseudo number will be provided for the child until the issued number is provided, this only applies to newborns. A copy of the Social Security card must be provided for newborns at the eligibility redetermination if a pseudo number is used.

While not required, for the adults in the eligibility group, for eligibility DCCECE shall attempt to verify a valid Social Security Number (SSN) for every household member for identification purposes. A pseudo number may be used for adults, if applicable.

4.1.6 EMPLOYMENT, EDUCATION, AND TRAINING REQUIREMENTS

4.1.6.1 EMPLOYMENT

All adults in a **Low-Income** eligibility group must be employed an average of thirty (30) hours per week or may combine employment, education or job skills training equal to thirty (30) hours or more per week.

At least one adult in an **ESS** eligibility group during the first year of ESS must be employed an average of twenty (20) or more hours per week or may combine employment, education or job skills training equal to twenty (20) or more hours per week

- ❖ If at least one adult in the Eligibility Unit are not working twenty (20) or more hours per week but the earnings alone cause the family to be income ineligible for TEA (the family's net countable income exceeds \$223 per month) the family shall be eligible for ESS early childhood and out-of-school time program assistance.

- ❖ In a two parent or custodian household, only one parent or custodians must meet the work/school eligibility requirements. If both parents or custodians are working verification of income shall be collected and considered, unless otherwise excluded, in the household for determining eligibility.

At least one adult in an **ESS** eligibility group during the second year of ESS must be employed an average of twenty-five (25) or more hours per week or may combine employment, education or job skills training program equal to twenty-five (25) or more hours per week.

4.1.6.2 EDUCATION

All adults in a **Low-Income** eligibility group must be enrolled and attending an educational institute full-time or may combine employment, education or job skills training to equal thirty (30) more hours per week.

At least one adult in an **ESS** eligibility group must be enrolled and attending an educational institute full-time or may combine employment, education or job skills training to equal twenty (20) or twenty-five (25) more hours per week depending on the ESS eligibility year.

- ❖ Students enrolled in institutions of higher learning (post-secondary education) must be considered a full-time student with a minimum of twelve (12) semester hours or nine (9) quarter hours or three (3) summer hours.
 - Verification of full-time enrollment or,
 - Written statement from advisor or institution on official letterhead
- ❖ Students enrolled in graduate school must be enrolled in at least six (6) semester hours per term.
 - Verification of full-time enrollment or,
 - Written statement from advisor or institution on official letterhead
- ❖ Students pursuing a degree that requires clinical, practicum or an internship which requires classes that have long hours or rotating shifts:
 - Verification of full-time enrollment or,
 - Written statement from advisor or institution on official letterhead
- ❖ Students enrolled in GED classes must show the following documents of proof including but not limited to:
 - Verification of full-time enrollment or,
 - Written statement from advisor or institution on official letterhead
- ❖ Students enrolled in middle/high school must show the following documents of proof including but not limited to:
 - Verification of full-time enrollment or,
 - Written statement from advisor or institution on official letterhead
- ❖ Caseheads enrolled in drug treatment programs must show the following documents of proof including but not limited to:
 - Verification of full-time enrollment or,
 - Written statement from counselor/doctor of institution of official letterhead

4.1.6.3 JOB SKILLS TRAINING PROGRAM

All adults in a **Low-Income** eligibility group must be enrolled and attending full-time (as defined by the training institution) or may combine employment, education or job skills training equal thirty (30) hours per week.

At least one adult in an **ESS** eligibility group must be enrolled and attending full-time (as defined by the training institution) or may combine employment, education or job skills training equal twenty (20) or twenty-five (25) more hours per week depending on the ESS eligibility year.

Trainees must show the following documents of proof and may include but not limited to:

- ❖ Verification of full-time enrollment or
- ❖ Written statement from advisor or institution on official letterhead

4.1.6.4 COMBINED EMPLOYMENT, EDUCATION, OR JOB SKILLS TRAINING PROGRAM

A student/trainee who is not enrolled full-time may qualify for assistance by working in addition to attending an educational program or job skills training program. To determine the number of hours a part-time student must work use the following formula:

- ❖ Multiply enrollment hours by two (2), then subtract this number from thirty (30). This shall show the number of hours the part-time student must work in order to qualify for assistance.
 - **Low Income** Example: The student is taking nine (9) hours. $9 \times 2 = 18$, $30 - 18 = 12$. The part-time student must be working twelve (12) hours to qualify for assistance
 - **First Year ESS** Example: The student is taking nine (9) hours. $9 \times 2 = 18$, $20 - 18 = 2$. The part-time student must be working two (2) hours to qualify for assistance.
 - **Second Year ESS** Example: The student is taking nine (9) hours. $9 \times 2 = 18$, $25 - 18 = 7$. The part-time student must be working seven (7) hours to qualify for assistance
 - **Low Income** Example: The trainee is taking twenty (20) hours. $30 - 20 = 10$. The trainee must be working ten (10) hours to qualify for assistance.
 - **First Year ESS** Example: The trainee is taking fifteen (15) hours. $20 - 15 = 5$. The part-time trainee must be working five (5) hours to qualify for assistance.
 - **Second Year ESS** Example: The trainee is taking twenty (20) hours. $25 - 20 = 5$. The part-time trainee must be working five (5) hours to qualify for assistance.

4.1.7 JOB SEARCH

Early Childhood and Out-of-School Time program assistance may be provided for up to three (3) months to allow a **Low-Income or ESS** casehead or eligible household member to actively seek employment following a cessation of employment, education, or job skills training program. Job searches shall not be consecutive. Three (3) months of Early Childhood and Out-of-School Time program assistance may only be authorized if the case has not exceeded the twenty-four (24) month or sixty (60) month lifetime limit. A **Low-Income or ESS** casehead or eligible household member may receive job search following each cessation of employment, education, or job skills training program. If the client previously had a co-pay, it may be waived during the Job Search time period.

It is the casehead's responsibility to report any changes in their eligibility status within ten (10) calendar days of the change. During the Job Search period, the family may receive the same level of care as authorized prior to the cessation unless a change is requested, in writing, by the casehead.

A ten (10) calendar day Pending Closure notice shall be sent prior to the end of the three (3) month period requesting proof of employment, education, or job skills training program.

If documentation is provided prior to the end of the Job Search authorization verifying that the **Low-Income or ESS** casehead or eligible household member is again engaged in an eligible employment, education, or job skills training program, assistance cannot be terminated. Eligibility shall continue until the next redetermination period or next cessation of employment, education, or job skills training program.

If the family is not meeting eligibility at the end of the Job Search authorization or does not provide any documentation to verify an eligible activity, Early Childhood and Out-of-School Time program assistance shall be discontinued at the end of the Job Search authorization.

4.1.8 REDUCTION DURING THE AUTHORIZATION

If a decrease in employment, education, job skills training program or combination of any eligible activity is reported for a **Low-Income or ESS** casehead or eligible household member, during the authorization timeframe, the household shall be determined to be in Reduction. The **Low-Income or ESS** casehead or eligible household member shall remain eligible for Early Childhood and Out of School Time program assistance for the remainder of the authorization timeframe. The FSS shall request a reduction approval from the Program Coordinator.

- ❖ **Low-Income Example:** Casehead or eligible household member submitted documentation confirming that she was working/attending school thirty (30) hours per week. Client was authorized for Early Childhood and Out of School Time program assistance for one (1) year. Three (3) months later the client submits documentation confirming that she is only working fourteen (14) hours per week. The client shall remain eligible for Early Childhood and Out of School Time program assistance for the remainder to the authorization timeframe.
- ❖ **ESS Example:** Casehead or eligible household member submitted documentation confirming that she was working/attend school twenty-five (25) hours per week. Client was authorized for Early Childhood and Out of School Time program assistance for one (1) year. Six (6) months later the client submits documentation confirming that she is only working fourteen (14) hours per week. The client shall remain eligible for Early Childhood and Out of School Time program assistance for the remainder to the authorization timeframe.

4.2 SPECIAL CIRCUMSTANCES

4.2.1 ACTIVE MILITARY

If a child is in the full-time physical custody of someone other than the parent or custodian due to the parent or custodian being activated for military duty, the adult with power of attorney over the child shall serve as an Authorized Representative for the household. (The parent/custodian shall still serve as the **Low-Income or ESS** casehead.) A copy of a Power of Attorney signed by the parent/custodian for the child must be a part of the case record. All income of the child's caretaker shall be disregarded.

4.2.2 MEDICAL ABSENCE OR INCAPACITY

A **Low-Income or ESS** eligibility group shall remain eligible for Early Childhood and Out-of-School Time program assistance when a parent or custodian who normally meets school/work requirements is unable to do so because the parent is:

- ❖ Hospitalized or,
- ❖ Being treated for a physical or mental illness as an outpatient

If a parent or custodian is temporarily incapacitated, that parent is expected to return to employment, education or job skills training program, or to resume caring for their child once the medical issue is resolved.

To approve care during this time, the FSS shall obtain documentation from the parent's or custodian's medical provider and place it in the case record. Medical documentation shall:

- ❖ Be on medical letterhead
- ❖ Be signed by a medical professional

Care during this time shall be limited to a maximum of thirty (30) days, unless the physician indicates a specific period of time that child care shall be needed. After the authorized period of care expires, additional child care may be approved if the family provides new documentation from their physician to verify continued need.

Parents or custodians requiring child care during maternity/paternity leave shall be eligible for up to six (6) weeks of benefits during that time. The FSS shall place documentation of maternity/paternity leave in the case record.

4.2.3 JOINT CUSTODY

When parents or custodians of a **Low-Income or ESS** eligibility group have separate households, but share custody of the child(ren), either voluntarily or through a court order, the FSS shall consider each parent's eligibility separately, as well as his or her income. If both parents qualify for benefits, each parent shall be authorized at the level of care needed when that parent has physical custody.

4.3 INCOME

Income shall be classified as earned or unearned. A **Low-Income or ESS** eligibility group is required to report all income at the time of application. All earned and unearned income of each eligibility group member is included in the eligibility group unless specifically excluded (refer to Section 4.3.3).

- ❖ Countable income from all household parents or custodians age eighteen (18) years and over, or less than eighteen (18) years, and legally emancipated must be considered in the budget.
- ❖ Countable income – only income currently available on a regular basis shall be considered.

Families must report all income at redetermination; however, household income must not exceed eighty-five (85%) of the SMI at any time.

4.3.1 COUNTABLE EARNED INCOME

In a **Low Income or ESS** case, all earned income is counted in the budget unless specifically excluded. The following types of income shall be included but not limited to:

- ❖ Gross wages, salaries and tips
- ❖ Paid Time Off
- ❖ Stipends (VISTA, Delta Service Corps, AmeriCorps, Job Corps, OJT, etc.)
- ❖ Commissions and regular bonuses
- ❖ Armed Forces pay
- ❖ Self-employment income
- ❖ Piece rate wages
- ❖ In-Kind
- ❖ Contractual Income

4.3.2 COUNTABLE UNEARNED INCOME

In a **Low Income or ESS** case, all unearned income is counted in the budget unless specifically excluded. The following types of unearned income shall be included but not limited to:

- ❖ SSI for adults, not for the child(ren)
- ❖ Social Security payments for adults, not for the child(ren)
- ❖ Unemployment
- ❖ Workers Compensation
- ❖ Alimony received for last three (3) months
- ❖ Pensions, interest and annuities
- ❖ Contributions

4.3.3 EXCLUDED INCOME

In a **Low Income or ESS** case, the following income is excluded from being counted in the budget. This income may include but is not limited to:

- ❖ TEA payments
- ❖ Work Pays
- ❖ Child Support
- ❖ Tax refunds, this includes earned income credits
- ❖ Irregular non-recurring lump-sum payments (i.e. Christmas Bonuses, insurance settlements, or capital gains)
- ❖ Earned/unearned income of a child under eighteen (18) years of age unless an emancipated minor
- ❖ Loans, grants, scholarships, and work study earnings
- ❖ Earnings for graduate or doctoral educational programs regardless of the source
- ❖ Income received for educational purposes from the Montgomery GI bill or the Veterans Educational Assistance Program
- ❖ Reimbursement for work-related expenses
- ❖ Social Security benefits received for child(ren)
- ❖ SSI payments received by child(ren)
- ❖ Foster Care board payment
- ❖ Adoption subsidy payment
- ❖ The value of HUD rental assistance
- ❖ The value of Utility Assistance
- ❖ Disaster Assistance
- ❖ Tribal Income

4.3.4 PROOF OF EARNED INCOME DOCUMENTS

The following documents of proof may be submitted to verify earned income may include but not limited to:

- ❖ Copies of consecutive check stubs received in the last thirty (30) days unless it is not representative of regular pay, if income fluctuates (refer to Section 4.3.8):
 - If paid weekly – four (4) are required
 - If paid bi-weekly (every two (2) weeks) – last two (2) are required
 - If paid semi-monthly (twice per month) – last two (2) are required
 - If paid monthly – one (1) for last month is required
- ❖ DCC Verification of Employment (VOE) form – must be completed by employer and verified by FSS
- ❖ DCO-97 Verification of Earnings form – must be completed by employer and verified by FSS
- ❖ Contract Agreement – A copy of the current contract between employee and employer
- ❖ Letter from employer which must be verified by FSS. Letter must include the following:
 - Start date
 - Rate of pay
 - Pay frequency
 - Average hours per week
 - Work schedule
 - Employer name
 - Employer telephone number
 - Employer address
 - Employer signature

Documents to verify self-employment earned income, (refer to Section 4.3.6), may include but not limited to:

- ❖ Last year's 1040 Income Tax Return with applicable Schedule form (profits or loss from business)
- ❖ DCC-575 Self-Employment Declaration form (can only be used if self-employed for less than 1 year)

4.3.5 PROOF OF UNEARNED INCOME DOCUMENTS

Documents to verify unearned income may include but not limited to:

- ❖ Written statement
- ❖ Award letter
- ❖ Court order

4.3.6 SELF EMPLOYMENT

Early Childhood and Out-of-School Time program assistance may be approved for **Low-Income** adult household members who are self-employed if the following conditions are met:

- ❖ Work thirty (30) hours per week at federal minimum wage or higher.

Early childhood and out-of-school time program assistance may be approved for **ESS** adult household members who are self-employed if the following conditions are met:

- ❖ During the **first year of ESS** must:
 - Work twenty (20) or more hours per week at federal minimum wage or higher.
- ❖ During the **second year of ESS** must:
 - Work twenty-five (25) or more hours per week at federal minimum wage or higher.

The Family Support Specialist shall use the following formulas to calculate self-employed monthly income and hours worked:

- ❖ Yearly income / (divided by) 12 = monthly income
- ❖ Yearly income / (divided by) federal minimum wage / (divided by) 52 = weekly work hours
- ❖ To calculate monthly work hours, the weekly average shall be multiplied by 4.334
- ❖ Income reported for less than a tax year shall be calculated into monthly income

Documents to verify self-employment earned income may include but not limited to:

- ❖ Last year's 1040 Income Tax Return with applicable Schedule form (profits or loss from business)
- ❖ DCC-575 Self-Employment Declaration form (can only be used if self-employed for less than one (1) year)

Types of self-employment and required documentation:

- ❖ Self-employed applicant must provide a complete copy of their current tax return, including the 1040 form, 1040 Schedule C (Profit or Loss from Business), 1040 Schedule SE (Self Employment tax,) and any other tax forms as required per type of self-employment, or DCC-575 (if self-employed less than one (1) year). (Refer to the chart, below):

Type	Definition	Tax Forms Required	Calculating Income
Sole Proprietorship	Individual owns and operates trade or business alone. All profit and loss belong to the individual.	Form 1040 Schedule C Schedule SE	<ul style="list-style-type: none"> • Gross Income • Cost of doing business (including depreciation) • Depreciation added back in
Farming	The activity or business of growing crops and raising livestock.	Form 1040 Schedule F	<ul style="list-style-type: none"> • Gross Income • Cost of doing business (including depreciation) • Depreciation added back in
Partnership	Two or more individuals agree to contribute money and skill/labor to share profits and losses as well as management.	Form 1040 Form 1065 Schedule K-1 Verification of Wages	<ul style="list-style-type: none"> • Gross Income • Cost of doing business (including depreciation) • Depreciation added back in *Partners may own different percentages of the business.
Corporation	Distinct legal entity formed by individuals but having separate legal status from the individuals. Corporations must file Articles of Incorporation with the Secretary of State.	Form 1040 Form 1120S Form 1120 Schedule K-1 Verification of Wages	<ul style="list-style-type: none"> • Gross Income • Cost of doing business (including depreciation) • Depreciation added back in • Compensation of officers and wages earned from the corporation are treated as earnings for the applicant.
Rental Income	The business of money from a tenant or group of tenants in exchange	Form 1040 Schedule E	<ul style="list-style-type: none"> • Total Rental Income • Depreciation added back in

Less than one (1) year of self-employment		DCC-575 (for the most current 30 days)	<ul style="list-style-type: none"> • Gross Income • Cost of doing business
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4.3.7 COUNTABLE OVERTIME

In a **Low-Income or ESS** eligibility group, any overtime that appears on half or more of the check stubs provided must be counted. Any overtime that appears on less than half of the check stubs must not be counted.

- ❖ If casehead, eligible household member, or applicant is paid monthly and has overtime on the check stub submitted the previous month's check stub shall be requested. If the previous month's check stub shows overtime, it must be counted in the budget.
- ❖ If overtime income determines a casehead, or applicant ineligible check stubs shall be averaged for the previous forty-five (45) days.

Pay Frequency	Check stubs needed	Overtime present to be counted
Weekly	4	2
Bi-weekly	2	1
Semi-monthly	2	1
Monthly	1	1

4.3.8 FLUCTUATION OF INCOME

In a **Low-Income or ESS** eligibility group, fluctuating income is defined as income that varies from week to week. Some caseheads, eligible household members, or applicants may have irregular earnings over the course of a year, including earnings that temporarily exceed eighty-five percent (85%) of the State Median Income. To calculate fluctuating income, verification of income shall reflect up to forty-five (45) days.

Accepted Documents of Proof:

- ❖ Copies of consecutive check stubs received in the past forty-five (45) days
- ❖ Contract Agreement – A copy of the current contract between employee and employer
- ❖ Payroll statement
- ❖ DCC Verification of Employment (VOE) form – must be completed by employer and information must reflect a minimum of thirty (30) days and maximum of forty-five (45) days.
- ❖ DCO-97 Verifications of Earnings form – must be completed by employer and information must reflect a minimum of thirty (30) days and maximum of forty-five (45) days.

Requirements:

- ❖ Only applies to continuous employment with current employer(s)
- ❖ If multiple employers, each place of employment shall be calculated separately
 - Example: Parent/Custodian/ Eligible Household member works with two different employers. Each employer must submit separate documents of proof. Income shall be calculated separately for each employer and totals shall be combined.
- ❖ Regardless of the number of employers, all income shall be averaged together.
- ❖ Does not apply to a non-temporary raise in hourly pay or salary with current employer
- ❖ Does not apply to self-employment

SECTION 5 – APPLICATION PROCESS

5.1 INITIAL APPLICATION

Low-Income and ESS families may obtain an application in many ways include but not limited to the following:

- ❖ From the Family Support Unit’s Family Support Specialist
- ❖ Family Support Unit website <http://humanservices.arkansas.gov/dccece/Pages/default.aspx>
- ❖ Local DHS County Offices

Low-Income and ESS families may submit application by mail, fax, email, online, or directly to a local DHS Office. For purposes of consideration, the date of application shall be the date an application is received in the DHS County Office or the Family Support Unit at Central Office. If the individual applying for child care is under the age of eighteen (18) years of age, the application must be signed by the parent, guardian or custodian of the individual, unless the individual is considered an emancipated minor.

5.1.1 COMPLETED APPLICATION PACKET

A **Low-Income or ESS** completed application packet must have the following:

- ❖ Completed current application containing the applicant’s signature and date
- ❖ Photo ID- driver’s license, state issued ID, military ID, Federal ID, school ID, or passport for each adult in the eligibility group
- ❖ Photo ID for Authorized Representative (if applicable)
- ❖ Verification of Birth for each child in the household in which care is requested
- ❖ Verification of Citizenship for each child in the household in which care is requested
- ❖ Social Security cards for all adult household members (optional)
- ❖ Social Security cards for each child in the household in which care is requested
- ❖ Email Address (must be valid and current)
- ❖ Verification of residence
- ❖ Verification of earned and unearned income
- ❖ If a student, verification of enrollment in educational institution or job skills training program

5.1.2 APPLICATION PROCESSING

Within ten (10) business days of receipt, all **Low-Income or ESS** applications shall be:

- ❖ Approved (pending the availability of funds)
- ❖ Denied
- ❖ Pended
- ❖ Waitlisted (ESS applicants shall not be waitlisted)

FSS may utilize previously submitted documentation if applicant has applied within the past forty-five (45) calendar days.

5.1.3 APPROVAL PROCESS

An approved application for **Low-Income or ESS** must have the following:

- ❖ Completed application packet (see section 5.1.1)
- ❖ Child Care Arrangement Form
- ❖ All documents of proof used to determine eligibility
- ❖ After entry of all required fields, system has determined the applicant to be eligible
 - Sixty (60) month lifetime limit has not been exceeded
- ❖ Applicant Interview shall be completed by:
 - Face-to-face interview
 - Phone interview
 - Email

A system generated email containing the Authorization Worksheet shall be sent to the applicants notifying them of the case approval after the authorizations have been keyed.

5.1.4 DENIED APPLICATION

A denied application for **Low-Income or ESS** does not meet eligibility requirements and may include but not limited to the following:

- ❖ Incomplete application (see section 5.1.1)
 - Missing signature, emails, or other necessary data
 - Required documents of proof were not provided
 - Applicant did not respond to the Notice of Action in a timely manner
- ❖ Withdrawn application
 - An application may be withdrawn either by written request or verbally.
 - If a request is made in writing, the FSS shall deny the application and record any pertinent information in the Notes section of KidCare.
 - If the request is made verbally, the FSS shall send an NOA-Pending Closure Notice.

Application status verified in the system as Denied for one of the following reasons:

- ❖ Failed to attend appointment (narrate date of appointment & date of denial)
- ❖ Failed to provide information (narrate specific requested information that was not received)
- ❖ Working less than required hours (narrate verified number of hours working)
- ❖ Failed to meet school requirements (narrate requirements not met)
- ❖ Failed to meet work or school requirements (narrate requirements not met)
- ❖ Over income (narrate income calculation used to reach determination)
- ❖ TEA or ESS eligible (narrate referral to TEA or ESS child care services)
- ❖ Disqualification (narrate dates of disqualification)
- ❖ Application expired (narrate date of expiration)
- ❖ Non-resident (narrate residence and supporting documentation)
- ❖ Reached lifetime limit (narrate date lifetime limit reached)
- ❖ No eligible child(ren) in household (narrate reason)
- ❖ Mail returned/unable to locate (narrate date mail returned & inquiries to determine address as unknown)
- ❖ Other (narrate reason & circumstances of denial)

Note: *All narrations must be documented in the Notes tab in KidCare immediately following completion of all actions.*

An automated email notice shall be sent to the applicants notifying them of the case denial. Denied applications shall be kept for sixty (60) days and then shredded.

5.1.5 PENDED APPLICATION

An application shall be pended for the following:

- ❖ Application without all required documents, or
- ❖ Incomplete application (see section 5.1.1)

The FSS shall send a Notice of Action via automated email to the applicant giving them ten (10) calendar days to provide the requested information to complete the application.

Application status verified in the system as Pending.

5.1.6 WAITLISTED APPLICATION

A waitlisted application for **Low-Income** must have the following:

- ❖ Completed application packet (see section 5.1.1)
- ❖ All documents of proof used to determine eligibility
- ❖ After entry of all required fields, system has determined the applicant to be eligible
 - Sixty (60) month lifetime limit has not been exceeded
 - An automated email notice shall be sent to casehead notifying them of waitlisted status
- ❖ The FSS shall verify the Application status in the system states the application has been waitlisted

Note 1: *If eligible, applications are waitlisted pending the availability of funds.*

Note 2: *ESS applicants shall not be waitlisted.*

5.2 REMOVAL FROM THE WAITLIST

When removing a **Low-Income** application from the waitlist:

- ❖ All applications shall be removed from the waitlist pending eligibility and approval of funds available.
- ❖ Additional updated documentation is not required if approval is within forty-five (45) days of the application date.
- ❖ Prior to removal from the waitlist and approval for assistance, all applicants shall be required to have an Applicant Interview by:
 - Face-to-face interview
 - Phone interview
 - Email
- ❖ Contact applicant for interview options.
- ❖ The FSS shall verify that eligibility criteria are accurate and update any fields as necessary based on current documentation.
- ❖ The effective date of service shall be the date that the FSS completes the Applicant Interview and KidCare has determined eligibility.

5.3 WAITLIST PURGE

5.3.1 CONTACTING WAITLISTED APPLICANTS

When contacting a **Low-Income waitlisted** applicant, the FSS shall:

- ❖ Identify every family that is currently assigned to them on the waitlist.
- ❖ Once those families are identified, the FSS will contact the family by phone or by email to determine if child care assistance is still needed. The intent of the initial contact is to only verify phone and email detail data, to determine whether there is still a need for child care assistance and determined preferred method of communication.
- ❖ Contact information includes but is not limited to mailing address, email address and phone number.
- ❖ Three attempts to contact the family will be executed-not to exceed two attempts in one day.
- ❖ Documentation will be added to case notes in Kidcare detailing each phone call or email attempt.
- ❖ After three unsuccessful attempts to contact the family, the application shall be denied the next business day.

5.3.2 WAITLIST PURGE PROCESS

FSS will use the following process for purging **Low-Income** applications from the waitlist:

- ❖ Each waitlisted applicant will be sent the following via mail or email:
 - Change form
 - Child Care Arrangement Verification form
 - Verification of Earnings form
 - NOA
- ❖ If the requested information and documentation listed above is not submitted by the due date stated on the NOA, the case will be closed.

5.4 TIME FRAMES

5.4.1 LIFETIME LIMITS

In July 2008, DCCECE implemented a lifetime limit of five (5) years per casehead for early childhood and out-of-school time program assistance. DHS calculates the total months of combined services of TEA (Transitional Employment for Assistance), ESS (Extended Support Services), and Low-Income Child Care. If a casehead has reached a combined total of sixty (60) months, they shall no longer be eligible for Low-Income early childhood and out-of-school time program assistance. The sixty (60) months include, months of services used and not calendar months. Any month in which the CCDF Program Participant has billed for five (5) or more days shall be considered a month of service. If eligible, a casehead can use up to twenty-four (24) months of TEA childcare assistance and twenty-four (24) months of ESS assistance. Once they have completed forty-eight (48) months of TANF (Temporary Assistance for Needy Families) assistance they can use the remaining twelve (12) months of assistance for Low-Income. If a family is not eligible for either TEA or ESS services, they may apply for Low-Income child care and use a total of sixty (60) months of assistance.

Program Name	Program Time Limit	Included in the sixty (60) month lifetime limit?	Program Agency
Temporary Employment Assistance (TEA)	Twenty-four (24) months	Yes	Department of Workforce Services - TANF
Extended Supportive Services (ESS)	Twenty-four (24) months	Yes	Department of Workforce Services – TANF/ DCCECE
Federal Pre-K	Not applicable	Yes	DCCECE
Low-Income Child Care Assistance	Sixty (60) months	Yes (See Lifetime Limit Exemption 5.4.2)	DCCECE
CCDF Expansion (Arkansas Better Chance: Summer)	Not applicable	Yes	DCCECE

5.4.2 SIXTY (60) MONTH LIFETIME LIMIT EXEMPTION

5.4.2.1 EXTENDED SCHOOL

Low-Income Early Childhood and Out-of-School Time program assistance emphasizes participation in work and/or school activities. **Low-Income** families that are currently authorized for child care and who have met their sixty (60) month lifetime limit may continue to receive assistance pending the availability of funds if they are:

- ❖ Actively pursuing a two-year, four-year, or higher education degree
- ❖ Actively participating in vocational training, OR
- ❖ Actively pursuing a high school diploma or GED

Low-Income cases who meet the requirements above shall be closed and rekeyed using the Category Type “Extended School”.

ESS Early Childhood and Out-of-School Time program assistance emphasizes participation in work and/or school activities. **ESS** families that are currently authorized for child care and who have met their twenty-four (24) month lifetime limit may continue to receive assistance pending the availability of funds if they are:

- ❖ Actively pursuing a two-year, four-year, or higher education degree
- ❖ Actively participating in vocational training, OR
- ❖ Actively pursuing a high school diploma or GED

ESS cases who meet the requirements above shall be closed and reopened in Low Income (if applicable).

Proper supportive documentation shall be provided, for all programs, to determine eligibility such as:

- ❖ Verification of enrollment
- ❖ Class schedule
- ❖ Written statement from advisor or institution

❖ Copy of transcript

To remain eligible for the 60-month Lifetime Limit Exemption a **Low-Income or ESS** casehead or eligible household member must maintain active enrollment status in an educational program. If active enrollment status is not maintained, the casehead shall be sent a ten (10) day Pending closure notice and the Extended School authorization shall be closed.

5.4.2.2 CHILDREN WITH SPECIAL NEEDS

In efforts to ensure children with Special Needs maintain the same quality and continuity of care, Early Childhood and Out-of-School Time program assistance may be provided on a case by case bases.

5.4.3 REOPENING DENIED APPLICATIONS

If after a **Low-Income or ESS** application has been denied, the requested documentation is received and postmarked by the due date (if applicable), the FSS shall:

- ❖ Review the information for completeness.
- ❖ If the documentation is complete, the FSS shall:
 - Refer the case to the Program Coordinator to reopen the closed application.
 - The Program Coordinator shall re-open the application with the initial application date.

5.4.4 APPROVAL

Low-Income Early Childhood and Out-of-School Time program assistance, the date that all eligibility requirements have been established shall be the effective date of service. DHS will not retroactively pay or reimburse child care expenses prior to approval, unless a casehead has been improperly deprived of services. The Program Coordinator must approve such services.

ESS Early Childhood and Out-of-School Time program assistance, the date that eligibility requirements have been established shall be the effective date of service. DHS **may** retroactively authorize early childhood and out-of-school time program assistance prior to approval.

5.4.5 CERTIFICATION TIMEFRAMES

Certification of all **Low-Income** Early Childhood and Out-of-School Time program assistance shall be authorized according to the CCDF Program Participant's Better Beginnings Level:

- ❖ Better Beginnings Level one (1) and Level two (2) – child care services shall be authorized for twelve (12) months
- ❖ Better Beginnings Level three (3) – child care services shall be authorized for twenty-four (24) months

Families that have children at multiple facilities at different Better Beginnings levels shall have all authorizations completed and applied at the lowest Better Beginnings level.

All **ESS** families shall be authorized for one (1) year.

5.4.6 LEVEL OF CARE AUTHORIZED

Care types may be authorized for **Low-Income or ESS** families in the following ways:

- ❖ Casehead shall have the option of choosing care Monday through Friday or care based on their actual work/education schedule.
- ❖ Casehead must provide documentation if child care services are needed for more than fifty (50) hours per week.
- ❖ Casehead must provide documentation if child care services are needed for more than ten (10) hours per day
- ❖ School aged child(ren) may be authorized for child care services only when school is NOT in session.
- ❖ School aged child(ren) may be authorized for full time care on days that school is NOT in session (i.e. holidays, summer vacation).
- ❖ Caseheads who work third shift shall have the option of choosing care during the day for sleep time or during the time they are at work. The request for sleep time shall be authorized according to the work schedule.
- ❖ Caseheads who share custody of their child(ren) may have care authorized only for the days they have physical custody.

Authorization Care Types:

Care Type	Description
Full-Time	Beginning with five (5) hours and up to ten (10) hours of care
Half-Time	Between three (3) and five (5) hours of care
Part-Time	Less than three (3) hours of care
Night Care	Care provided Monday-Friday where over half of the total hours of care are past 6:00p.m.
Weekend	Care provided between 6:00a.m. Saturday through 11:59p.m. Sunday

5.4.7 PRIVATE KINDERGARTEN/DELAYED START IN PUBLIC SCHOOLS

In keeping with parental choice, for **Low-Income or ESS** families, a parent may choose to hold their child back from public school one year. However, when school is in session, full day child care shall NOT be paid for a child who is eligible to attend public school but held back because of parental choice alone. This policy applies when the child is too sick to attend school or has been suspended or expelled. If a child is held out of kindergarten due to a developmental delay or serious medical issue documented by a licensed psychologist, physician or therapist, full-day child care may be paid for that child, subject to the approval of the Unit Administrator. DCCECE shall follow the policy set by the Arkansas Department of Education for determining cutoff birth dates for children entering kindergarten.

Private kindergarten shall not be paid with CCDF funds when a child is of the age to attend public kindergarten. If before and after school care is needed for a child who is in a private school, and it is verified in writing by the director that the cost of this care is NOT included in the tuition of the school, the before and after school care can be paid with CCDF funds.

5.5 APPLICANT/CASEHEAD INTERVIEWS

Applicant/Casehead Interviews shall be conducted for the following:

- all initial **Low-Income** applications
- all **Low-Income** re-determinations
- all **ESS** re-determinations

- Interviews shall not be conducted for ESS referrals

In order for the interview process to be less disruptive for families, the FSS shall offer each client the following options:

- Face-to-face interview
- Phone interview
- Email

Each FSS shall contact the applicant/casehead by phone or email to offer the three options. If the FSS is unable to reach the applicant/casehead by phone or email after two attempts, the FSS shall send an email and narrate in the Notes section of Kidcare.

5.5.1 INTERVIEW SCHEDULING

When scheduling **Low Income and ESS** initial or redetermination consultations the FSS shall have the following options:

❖ Face-to-face interview:

- May be offered during nonstandard business hours: Monday – Thursday, 6:00 a.m. – 7:00 p.m. If appointments are scheduled during nonstandard business hours, prior approval shall be required.
- Appointments shall be scheduled in an area that can provide protection of the Applicant’s personal information.
- The FSS shall have full discretion to provide alternative meeting locations that protect the Applicant/Casehead’s right to privacy and the FSS’ safety. Supervisor approval required.
- A copy of the Appointment Notice shall be added to case record and documented in the case notes.
- For any appointments scheduled away from the DHS county office, the FSS shall be responsible for securing a meeting location in advance.
- Family Support Specialist shall be responsible for maintaining the appointment schedule using Microsoft Outlook. The following is required in the Appointment Details and KidCare case notes:
 - Subject: Face-to-Face, Phone Interview, or Email
 - Case Number (*if applicable*):
 - Applicant/Casehead Name:
 - Authorized Representative (*if applicable*):
 - Contact Phone Number:
 - Date of Appointment:
 - Time of Appointment:
 - Location (county and physical location):

❖ Phone interview

- May be offered during normal business hours: Monday – Friday, 8am-4:30pm

❖ Email

- Shall contain a copy of the following:
 - Area resource guide
 - Early Childhood and Out-of-School Time program assistance Right and Responsibilities
 - FSS contact information

All Interviews shall follow the DCCECE Interview Guide. Narration shall be made in the Notes section of Kidcare upon scheduling and completion of the interview

5.6 WAIVER AND PRIORITY

A Waiver is defined as the process of exempting an applicant from meeting specific eligibility requirements (pending the availability of funds).

- ❖ Waiver request must be approved by administration.
- ❖ Waiver request must be approved for twelve (12) months (pending the availability of funds).
- ❖ Eligibility must be re-determined once every twelve (12) months.
- ❖ Early Childhood and Out-of-School Time program assistance must not exceed the sixty (60) month lifetime limit unless lifetime limit exemption requirements are met.
- ❖ All Waiver request application packets shall include a Waiver Form.
- ❖ Applicants must not exceed 85% of SMI at any time.

Priority Type is defined as a group that takes precedence or proceeds before other groups.

5.6.1 PRIORITY AND WAIVER TYPES

The following applicants shall receive priority services pending the availability of funds:

- ❖ Children in, or transitioning out of foster care and children with an open DCFS protective services case:
 - Families do not have to meet the same income and work eligibility requirements as other families.
 - The applicant must provide a letter from the DCFS case worker or a court order or
 - The FSS may verify case closure with DCFS liaison via email. Email must be included in case record.
 - A Supportive Services (DCFS) waiver may be applied to this case.
- ❖ Children with Special Needs:
 - Special needs are defined as a child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological practitioner and/or a child determined eligible for special services under the Individuals with Disabilities Education Act for whom a current IFSP or IEP exists.
 - Casehead must have physical custody of a child under the age of nineteen (19) who is physically or mentally unable to care for themselves.
 - Applicant must provide medical documentation indicating the special needs level of care required.
 - Applicant may receive child care services for all children in the household. (pending the availability of funds)
 - An Individual Education Plan (IEP) must be submitted.
 - Resource referrals shall be made to all Special Needs applicants.
 - An Individual Education Plan (IEP) of Individual Family Services Plan (IFSP) must be submitted.
 - Applicants shall be directed to the DCCECE website for CCDF Program Participant options (if applicable).

- Early Childhood and Out-of-School Time program assistance may be extended past the sixty (60) month lifetime limit for children with special needs.
- A Supportive Services waiver may be added to this case.

Special Needs Care Types and Rates:

Special Needs Level	Description	CCDF Program Participant Rates
Level One (1)	No additional staff is needed	Shall not be paid a higher rate
Level Two (2)	Additional staff is needed temporarily	▪ 1 ½ × the rate for ALL Better Beginnings Levels
Level Three (3)	Full-time 1:1 additional staff is needed	▪ 1 ½ × the rate for Better Beginnings Level one (1) or two (2) × the rate for Better Beginnings Level three (3)

❖ Homeless Families: (as defined by McKinney-Vento Homeless Act of 2001)

- Homeless families do not have to meet the same income and work eligibility requirements as other families.
- Child(ren) must meet one of the following requirements for living arrangements:
 - o Lacks a regular, fixed, or adequate night time residence (sub-standard housing)
 - o Shares housing due to economic struggles (double-up)
 - o Lives in a shelter, hotel, or motel
 - o Lives in a public place not designed for sleeping (cars, parks)
- If child is school-age eligible, casehead must provide a written statement or verification from school district.
- Casehead must provide a written statement or verification of living arrangements.
- A Supportive Services waiver may be added to this case.

❖ Teen Parent Education:

- For children whose parents are twenty (20) years or younger and completing their GED or high school diploma.
- Applicant must provide enrollment form from school or GED program, class schedule, transcript, or letter from advisor/counselor.
- All Teen Parent cases must be entered into KidCare as the casehead.
- Teens under age eighteen (18) shall not be interviewed without the parent/custodian present or a signed consent from the parent or care taker.

❖ Guardian/Custodian:

- Casehead do not have to meet the same income and work eligibility requirements as other families.
- Casehead must provide documentation explaining why they are unable to meet work/school requirement.
- Casehead must provide documentation explaining why the child is in their custody.
- A Guardian/Custodian waiver may be added to this case for the first half of the authorization. A Supportive Services may be added for the second half of the authorization.

5.6.2 WAIVER REQUEST PROCESS

1. Administration approves all Waiver request on a case by case
2. Send Waiver Request form with supporting documentation must be submitted to the Program Coordinator.
3. FSS shall be notified of the approval/denial
4. Authorization shall be keyed if approved
5. Add approval email to case record
6. Document all information into case notes

SECTION 6 – REDETERMINATION/ELIGIBILITY REVIEW

6.1 REDETERMINATION PROCESS

Low-Income Early Childhood and Out-of-School Time program assistance redetermination of eligibility must be completed prior to the end of the current authorization. A minimum of twelve (12) months of care shall be authorized once the casehead has been deemed eligible unless specific changes occur.

- ❖ Forty-five (45) calendars days prior to the end of the current authorization FSS shall make contact to schedule the interview and send out Redetermination Packet.

A complete redetermination packet should consist of the following information:

- ❖ Change form
- ❖ Income verification
- ❖ Employment, education or job skills training program hours
- ❖ Any other required paperwork to determine eligibility
- ❖ NOA (system generated)

FSS shall conduct an interview and collect all necessary paperwork for KidCare to determine eligibility.

If the casehead is a no-show to the set interview, the FSS shall use the interview email option and narrate in the Notes section of Kidcare.

- ❖ If all information is not submitted at the interview, FSS shall give the casehead a Notice of Action with a deadline of the last business day of the month.
- ❖ If all requested information to determine eligibility is submitted prior to the last day of the month, a new authorization shall be keyed to begin on the first day of the new authorization period providing the casehead is eligible.
 - FSS have ten (10) business days to process paperwork; therefore, child care may not be keyed by the first of the next month. This may result in the casehead being responsible for payment or child(ren) not being able to attend until the authorization is keyed.
 - Any paperwork received after the last day of the authorization will not be processed.
- ❖ The case shall close the day following the last day of the authorization if all requested paperwork is not submitted by the deadline.

ESS Early Childhood and Out-of-School Time program assistance redetermination of eligibility must be completed prior to the end of the current authorization. A minimum of twelve (12) months of care shall be authorized once the casehead has been deemed eligible unless specific changes occur.

- ❖ Forty-five (45) calendars days prior to the end of the current authorization of the **1st year of ESS** the FSS shall make contact to schedule the interview and send out Redetermination Packet.

A complete redetermination packet should consist of the following information:

- ❖ Change form- 553
- ❖ Income verification
- ❖ Employment, education or job skills training program hours
- ❖ Any other required paperwork to determine eligibility
- ❖ NOA

FSS shall conduct an interview and collect all necessary paperwork for KidCare to determine eligibility.

If the casehead is a no-show to the set interview, the FSS shall use the interview email option and narrate in the Notes section of Kidcare.

- ❖ If all information is not submitted at the interview, FSS shall give the casehead a Notice of Action with a deadline of the last business day of the month.
- ❖ If all requested information to determine eligibility is submitted prior to the last day of the month, a new authorization shall be keyed to begin on the first day of the new authorization period providing the casehead is eligible.
 - FSS have ten (10) business days to process paperwork; therefore, child care may not be keyed by the first of the next month, if requested information is not submitted timely.
 - Any paperwork received after the last day of the authorization will not be processed.
- ❖ The case shall close on the last day of the authorization if all requested paperwork is not submitted by the deadline.

Forty-five (45) calendars days prior to the end of the current authorization of the **2nd year of ESS** the FSS shall request the following to transition the ESS case to Low Income:

- ❖ Change form- 553
- ❖ Income verification
- ❖ Employment, education or job skills training program hours
- ❖ Any other required paperwork to determine eligibility
- ❖ NOA

FSS shall conduct an interview and collect all necessary paperwork for KidCare to determine eligibility.

If the casehead is a no-show to the set interview, the FSS shall use the interview email option and narrate in the Notes section of Kidcare.

- ❖ If all information is not submitted at the interview, FSS shall give the casehead a Notice of Action with a deadline of the last business day of the month.
- ❖ If all requested information to determine eligibility is submitted prior to the last day of the month, the FSS shall
 - close the current ESS case, at the end of the authorization
 - open a new Low-Income case
 - authorize client to begin on the first day of the new authorization period providing the casehead is eligible.
- ❖ FSS will have ten (10) business days to process paperwork; therefore, child care may not be keyed by the first of the next month, if requested information is not submitted timely.

- ❖ The case shall close on the last day of the authorization if all requested paperwork is not submitted by the deadline.

Note: *Families are not entitled to uninterrupted services if all requested information is not received timely*

6.1.1 REDETERMINATION TIMEFRAMES

Interviews must be completed with each **Low-Income or ESS** casehead based upon the Better Beginnings Level.

- ❖ Better Beginning Level one (1) and two (2) are once a year.
- ❖ Better Beginning Level three (3) are once every two years.
- ❖ All **ESS** families shall be authorized for one (1) year.

6.1.2 RESCHEDULED INTERVIEWS

Casehead Interviews shall be conducted for all **Low-Income or ESS** initial and redetermination applications. In order for the interview process to be less disruptive for families, the FSS shall offer the following options:

- Face-to-face interview
- Phone interview
- Email

Each FSS shall contact the casehead by phone or email to offer the three options. If the FSS is unable to reach the casehead by phone or email after two attempts, the FSS shall send an email and narrate in the Notes section of Kidcare.

If a re-scheduled interview is requested by the casehead, FSS shall contact the casehead by phone or email to offer the three options. Re-scheduled interviews should be on or before the last day of the authorization period.

- ❖ During re-scheduled interviews, if all information is not submitted, FSS shall give the casehead a Notice of Action with a deadline of the last business day of the month.
- ❖ The case shall close the day following the last day of the authorization if all requested paperwork is not submitted by the deadline.

6.1.3 REDETERMINATION/EXAMPLES

6.1.3.1 REDUCTION

If a **Low-Income or ESS** family is found ineligible due to a reduction in employment, education, or job skills training program during redetermination, the redetermination of eligibility shall be extended.

- ❖ Early Childhood and Out-of-School Time program assistance shall be provided for an additional three (3) months for an Extended Authorization Period to allow the casehead to actively seek employment, education, or job skills training program.
- ❖ FSS shall send a Redetermination Packet on the first (1st) day of the last month of the Extended Authorization Period. All remaining paperwork to determine eligibility is due by the last day of the Extended Authorization Period.
- ❖ The case shall close on the last day of the authorization if all requested paperwork is not submitted by the deadline.

Note: *Families are not entitled to uninterrupted services if all requested information is not received timely.*

6.1.3.2 CESSATION

If a **Low-Income or ESS** family is found ineligible due to a cessation during redetermination that occurred less than three (3) months, the family shall be offered a Job Search. Each Job Search shall be for ninety (90) days starting at the first day of the cessation. If eligibility is met during or before the end of the Job Search, authorizations shall be key according to Better Beginnings Level (see section 5.4.5). If the family is not meeting eligibility at the end of the Job Search, a Pending Closure Notice shall be sent informing the family that assistance shall be discontinued at the end of the Job Search authorization.

If a family is found ineligible due to a cessation during redetermination that occurred greater than three (3) months, the family shall be given a Pending Closure Notice that assistance shall be discontinued at the end of ten (10) days or the authorization period, whichever comes first.

- ❖ An overpayment shall be assessed for all days greater than three (3) months from the date of cessation.

6.1.3.3 OVER INCOME

If a **Low-Income or ESS** family is found ineligible due to household income exceeding eighty-five percent (85%) State Median Income (SMI) limit during redetermination, the family authorization shall be end dated and the case shall close that day (see section 4.3.8). The FSS shall contact the Provider by phone informing them of last day of authorization.

6.1.3.4 INELIGIBLE

On the first day following the end of the **Low-Income or ESS** authorization, FSS shall close the case in KidCare and document in case notes.

- ❖ The casehead shall receive a system-generated Closure Notice.
- ❖ CCDF Program Participants are notified electronically via the portal any time a closure notice is sent. The FSS shall send a follow-up email notifying the CCDF Program Participant of the closure notice.

Any paperwork received after the last day of the authorization shall not be processed, and casehead shall have to reapply.

SECTION 7 – CASE MANAGEMENT

7.1 CASE RECORD ORDER

The FSS shall maintain an accurate and current individual case record for each family determined eligible. The **Low-Income or ESS** case folder should be labeled with the name of the casehead and the Kidcare assigned case number. Documentation must be filed in the following Case Record Order:

Note: Any information verified by state/federal systems may not be physically present in the case file (i.e. Answer). Information verified by state/federal systems which is not physically present in the case file shall be narrated in the case Notes section of Kidcare.

- ❖ Left Side of Case Record: Section 1 (from top to bottom)

1. Records documenting Custody
 2. Records documenting Child(ren) Dates of Birth
 3. Records documenting Child(ren) Citizenship
 4. Copies of Social Security Cards (if applicable)
 5. Records documenting Residency - most current on top
 6. Records documenting Photo ID- driver's license, state issued ID, military ID, Federal ID, school ID, or passport for each adult in the household
- ❖ Right Side of Case Record: Section 2 - current interview process (from top to bottom)
(*current information/documentation always placed top*)
 1. Child Care Application
 2. Earned Income Verification- copies of check stubs, Verification of Earnings Form, DCO-97, letter from the employer, or an income tax return.
 3. Verification of Unearned Income- examples include SSA benefits, SSI, VA, UI benefits
 4. Copy of Student Schedule or Student Verification
 5. Child Care Arrangement Verification Form
 6. Notices of Actions request in order as sent out
 7. Change Report Form
 8. Any additional correspondence or documents
 - ❖ Left Side of Case Record: Section 3
Improper payments/Fraud (most current on top)
 - ❖ Right Side of Case Record: Section 4
Previous applications and correspondence (most current on top)

7.2 CASE NARRATION

On all **Low-Income or ESS** cases, narrative entries shall be made at every contact with family or action taken. Narratives should be written in enough detail to allow any reviewer, such as a supervisor, auditor or investigator, to determine what action occurred.

- ❖ Documentation must be completed in real time.
- ❖ Types of documentation include the following but are not limited to:
 - All case contact, whether by phone, mail, email, or in person shall be entered into case notes. FSS shall return phone calls within twenty-four (24) hours of contact. Exceptions to this rule only apply for approved leave or approved absence.
 - Document case approval and family updates
 - Rescheduled appointments
 - Job search start and end dates
 - List of any changes made to the application
 - Casehead compliance referrals (Overpayments/Fraud)
 - Claims
 - Case record transfer
 - Notice of Actions

7.2.1 SCHEDULING APPOINTMENTS NARRATIVE

Subject: Case Number (*if applicable*):
Applicant/Casehead Name:
Authorized Representative (*if applicable*):
Contact Phone Number:
Date of Appointment:
Time of Appointment:
Location (county and physical location):

7.2.2 INITIAL/REDETERMINATION NARRATIVE

Eligibility Group Size:
Employer:
School:
Monthly Total Income:
Check Stubs/VOE:
Self-employed (*if applicable*):
Tax Forms/575:
Co-Pay:
Interview Type and Date:
2nd 6 months Rekey Due:
Next Redetermination Due:
Comments:

7.2.3 GENERAL CLIENT CONTACT NARRATIVE

Type of contact: (phone, email or mail)
Contact received from: (client, provider, etc.)
Date of contact:
Subject of contact:
Action taken:

7.3 NOTICES

7.3.1 NOTICE OF ACTION

A Notice of Action informs the **Low-Income or ESS** applicant or casehead before a pending action occurs. Some notices may be less than or greater than ten (10) calendar days. Notices must be sent for the following reasons but not limited to:

- ❖ Request for Information
- ❖ Pending Denial
- ❖ Pending Case Closure
- ❖ Withdrawn Application

- If a request for a withdrawal is not received in writing, the FSS shall send a ten (10) calendar day Pending Closure Notice.

- ❖ Inactive Status
- ❖ Decrease of Co-pay
- ❖ Redetermination of Eligibility
- ❖ Appointment Notice
- ❖ Reduction of Certification Period
- ❖ Facility Change
- ❖ Transfer of Case Record

All notices of action shall be sent electronically via email. FSS, if necessary, may contact the CCDF Program Participant regarding any requests for information or other types of notices.

7.3.2 ADEQUATE NOTICE

An adequate notice informing the **Low-Income or ESS** applicant or casehead of the date action was taken shall be sent for the following reasons via system-generated email:

- ❖ Case Closure
 - CCDF Program Participants are notified electronically via the portal any time a closure notice is sent. The FSS shall send a follow-up email notifying the CCDF Program Participant of the closure notice.
- ❖ Application Denied
- ❖ Application Withdrawn
- ❖ Application Waitlisted
- ❖ Authorization Worksheet (Approval of services)
- ❖ Written Request for Case Closure
- ❖ Change

7.4 PROCESSING CHANGES

Low-Income or ESS families must be allowed to report changes at any time. All required changes must be reported within ten (10) calendar days. FSS must act on all changes reported.

7.4.1 REQUIRED CHANGES

The following changes shall not affect the amount of **Low-Income or ESS** Early Childhood and Out-of-School Time program assistance or co-payment:

- ❖ Address (within state)
- ❖ Email
- ❖ Phone Number

7.4.1.1 REQUIRED CHANGES (CONT.)

The following changes may affect the amount of **Low-Income or ESS** Early Childhood and Out-of-School Time program assistance or co-payment:

- ❖ Income over eighty-five (85%) SMI
- ❖ Change in eligibility group that increases household income over eighty-five (85%) SMI
- ❖ Any cessation of work and/or attendance at an educational or job skills training program
- ❖ Change of CCDF Program Participant
If CCDF Program Participant change occurs, casehead must provide the following prior to the change taking effect:
 - Child Care Arrangement Form and,
 - Change Form or written request

The following process shall be used for all **Low-Income or ESS** caseheads who have a change to their CCDF Program Participant:

- ❖ If the casehead requests to switch from a Better Beginnings Level one (1) or Level two (2) CCDF Program Participant to a Better Beginnings Level three (3) CCDF Program Participant, the authorization shall end at the original one (1) year time frame and the case shall then be processed based on the Redetermination of Eligibility procedure.
- ❖ If the casehead requests to switch from a Better Beginnings Level three (3) CCDF Program Participant to a Better Beginnings Level one (1) or Level two (2) CCDF Program Participant, the authorization shall end at the one (1) year time frame. If casehead requests to switch during their second (2nd) authorization year, the case shall then be processed immediately.

7.4.1.2 NON-REQUIRED CHANGES

The following changes may be reported and processed if beneficial to the family:

- ❖ Reduction in work/education/job skills training program hours
 - Example: Casehead was initially eligible for work/school combination. If the casehead dropped one of the activities but was still active in another, this is considered a reduction.
 - o This is regardless of whether or not the eligibility group consists of one (1) or two (2) parents/custodians.
- ❖ Income that does not exceed eighty-five (85%) SMI
- ❖ New household member added to eligibility group
 - A new application and all supporting documentation for a new household member shall be required for Kidcare to determine eligibility.
 - Any newly eligible children added to a currently authorized household shall be immediately eligible for assistance upon receipt of needed documentation (pending the availability of funds). If funding is not available, FSS shall add child(ren) in the Open Case Waitlist in DHS Share.

If supporting documentation is not provided, the FSS shall send a ten (10) calendar day Notice of Action requesting supporting documentation. Changes shall not be processed until all supporting documentation is received.

The FSS shall process the changes within ten (10) business days of the receipt of the change. The change is effective the day the FSS processes the change.

- ❖ For adverse action the change shall be effective following the ten (10) calendar day notice of action. If required documentation is not received the case shall be closed.

Applicant or casehead may report changes by the following methods:

- ❖ Email (must be from email address in case record)
- ❖ Mail
- ❖ Fax
- ❖ Visit with Family Support Specialist
- ❖ DCC Child Care Change Form

An office visit is not required to submit changes.

7.5 TRANSFER OF CASE RECORD

When a casehead notifies the FSS that he/she is moving to another county the, FSS shall:

1. Notify the current child care facility of the last day for services.
2. Enter new address in KidCare and assign case to FSS. The FSS in the original county must:
 - Complete self-review of case file using case review form to ensure accuracy
 - Contact the FSS in the new county by email to advise of transfer
3. The case record shall be sent to the new FSS and a notation made in the case notes of when and where the case was transferred.
4. New Family Support Specialist shall send a ten (10) calendar day Notice of Action with a request for a Child Care Arrangement Verification form and Change Form to be completed and submitted to the new FSS.
5. If any other information is reported, a ten (10) calendar day Notice of Action shall be sent.

Note: A transfer of case record may require a request for eligibility documentation.

If the casehead fails to provide the FSS in the new county with a completed Child Care Arrangement Verification form and all other requested information within ten (10) calendar days, the family shall not be entitled to uninterrupted benefits and the case shall be closed. If the family reapplies, the application shall be treated as an initial application.

7.6 INACTIVE STATUS

Casehead shall have the option to place their case in inactive status for up to ninety (90) calendar days.

- ❖ A request must be made in writing or by email and filed in the case record.
- ❖ During the ninety (90) day inactive status child(ren) do not receive early childhood and out-of-school time programs.
- ❖ Inactive status can only be used one (1) time per twelve (12) month period.

Once a request has been made, FSS shall send a Notice of Action-Inactive Status Notice including start and end dates.

- ❖ A ten (10) calendar day notice of action shall be sent prior to the end of the inactive status requesting proof of employment, education, or job skills training program.
 - If casehead provides documentation of an eligible activity prior to the end of the ninety (90) day time frame, authorization shall be keyed for the remainder of the current authorization period.
 - o If the case is in reduction, FSS shall email Program Coordinator with request to be forwarded to Program Manager.
 - If casehead does not provide verification of an eligible activity, FSS shall close the child care case on the last day of the inactive status time frame.

Note: *If inactive status falls within a Redetermination period, a Redetermination shall be completed at the end of the inactive status time frame.*

7.7 CASE CLOSURE

DCCECE may discontinue assistance prior to the end of the authorization period only in the following limited circumstances:

- ❖ Excessive unexplained absences (after attempts to contact family)
 - DHS recognizes that a casehead's child may be temporarily absent from the facility because of illness or some reason connected with the plan of service. The intent of the absentee billing policy is to avoid penalizing either the casehead or the Participant by not allowing reimbursement for the child's temporary absence. The facility must be open and the billed services available before billing for a temporarily absent child is allowable.
 - The maximum billable absentee days per trimester are as follows:

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**

**Days shall be pro-rated based on the start date of the authorization.*

***The Participant reserves the right to charge the casehead for absentee days that exceed the above limits.*

- Any unexplained absentee days over the limits described above may be considered excessive.
- ❖ A change in residency outside of the state
- ❖ Substantiated fraud or an Intentional Program Violation
- ❖ Failure to report a cessation in employment, education, or job skills training program within ninety (90) calendar days
- ❖ Household income exceeds eighty-five percent (85%) SMI
- ❖ Household composition that increases household income over eighty-five (85%) SMI
- ❖ Family chooses to end services
- ❖ Family has reached their sixty (60) month lifetime limit (see Lifetime Limit Exemption 5.4.2)
- ❖ Upon a casehead's failure to complete the redetermination process, provide requested information, or comply with procedures necessary to establish their continued eligibility
- ❖ Upon a casehead's failure to meet any eligibility requirements

When an Early Childhood and Out-of-School Time program assistance case is closed the FSS shall:

1. Send a ten (10) day Pending Closure Notice to the casehead via Notice of Action with a copy to the CCDF Program Participant
2. Narrate date and reason for closure in case notes
3. Close the case in Kidcare
 - The casehead shall receive a system-generated Closure Notice.
 - CCDF Program Participants are notified electronically via their portal anytime a closure notice is sent.

7.7.1 KIDCARE CLOSURE REASONS

- ❖ Failed to attend appointment (narrate date of appointment & date of closure)
- ❖ Failed to provide information (narrate specific requested information that was not received.)
- ❖ Working less than required hours (narrate verified number of hours working)
- ❖ Failed to meet school requirements (narrate requirements not met)
- ❖ Failed to meet work or school requirements (narrate requirements not met)
- ❖ Non-working or student adult in home (narrate household member & requirement not met)
- ❖ Over income (narrate income calculation used to reach determination)
- ❖ Tea or ESS eligible (narrate referral to Tea or ESS child care services)
- ❖ Disqualification (narrate reason such as Intentional Program Violation (IPV) and dates of disqualification)
- ❖ Non-resident (narrate residence)
- ❖ Reached lifetime limit (narrate date lifetime limit reached)
- ❖ No eligible child(ren) in household (narrate reason)
- ❖ No longer using child care services (narrate last date of service & how verified)
- ❖ Mail returned/unable to locate (narrate date mail returned & inquiries to determine address as unknown)
- ❖ Fraud (narrate substantiated fraudulent activity)
- ❖ Requested closure (narrate reason(s) and date requested)
- ❖ Other (narrate reason & circumstances of closure)

7.8 ACCESS TO CASE RECORDS

Upon written request the casehead may have access to records in which he/she is a participant.

- ❖ The record shall be made available for inspection during normal business hours: Monday - Friday, 8:00 am - 4:30 p.m.
- ❖ The FSS or authorized DHS employee must be present during the inspection.
- ❖ Files and materials contained in the case record shall not be removed.
- ❖ The FSS will have ten (10) business days to process all requests for copies of case records.
 - Copies may only be provided to the applicant, casehead or authorized representative
 - An authorized representative may not have access to the case record without a notarized statement signed by the casehead.
- ❖ Information about the status of pending investigations or criminal prosecutions shall be withheld.
- ❖ The FSS shall withhold confidential information such as names of individuals who have disclosed information about the household without the knowledge of the casehead.

7.9 CASE RECORD STORAGE

Except for cases with administrative hearings, all fraud/overpayment and closed cases shall be kept for sixty (60) days and scanned to eDoctus. Denied applications shall be kept for sixty (60) days and then shredded.

SECTION 8 – INTEGRITY AND ACCOUNTABILITY

8.1 OVERVIEW

The Division of Child Care and Early Childhood Education (DCCECE) has the responsibility to assure proper administration of the federal and state funds used to provide child care services. The Office of Payment Integrity and Audit within the Department of Human Services (DHS) conducts reviews on providers that have a CCDF Program Participant Agreement by reviewing billing records and attendance records for that facility.

- ❖ Once the reviews are completed, the information is sent to DCCECE to process the overpayment, if applicable.
- ❖ Compliance referrals may also be reported by the Family Support Specialists.

8.2 OVERPAYMENT DEFINITION

An overpayment is defined as a payment made in excess of the eligible amount made to the casehead or the CCDF Program Participant.

- ❖ All improper payments shall be referred to as an overpayment.
- ❖ Casehead Overpayment: An overpayment shall exist for each day after the ten (10) day reporting time frame has passed that the casehead received Early Childhood and Out-of-School Time program assistance while ineligible. Caseheads have the option of using up to ten (10) days of Early Childhood and Out-of-School Time program assistance to assist in transition. If the casehead chose to receive services during a transition time, the number of days used shall be calculated into the overpayment.
 - Example: At redetermination, casehead reports an increase in income that exceeds eighty-five (85%) SMI that occurred fifty-seven (57) days ago.
 - o Step #1: 57 days – 10 days = 47 days
 - o Step #2: 47 days + (# of days used during Pending Closure Notice) = total days of overpayment
- ❖ CCDF Program Participant Overpayment: An overpayment shall exist for each day the CCDF Program Participant received payments from the date ineligibility was determined.
- ❖ Overpayments must be reported within three (3) years from the date of discovery.

8.2.1 OVERPAYMENT EXAMPLE

Overpayments may result from the following situations, but not limited to:

- ❖ Giving false information
- ❖ Withholding information
- ❖ Billing for unauthorized days
- ❖ Administrative error

8.3 UNDERPAYMENT DEFINITION

An underpayment is defined as a payment error made as the result of an administrative error.

8.3.1 UNDERPAYMENT EXAMPLE

Underpayments may result from the following situations:

- ❖ Procedures were not applied correctly
- ❖ DCCECE failed to take appropriate action timely

8.4 INTENTIONAL PROGRAM VIOLATION (IPV)/FRAUD DEFINITION

Intentional Program Violation (IPV)/Fraud is defined as receiving services or payments to which the casehead or the CCDF Program Participant intentionally misrepresents or withholds information.

- ❖ IPV/Fraud shall exist for each day the casehead or CCDF Program Participant received Early Childhood and Out-of-School Time program assistance or payments from date ineligibility was determined.
- ❖ IPV/Fraud must be reported within three (3) years from the date of discovery.

8.4.1 INTENTIONAL PROGRAM VIOLATION (IPV)/FRAUD EXAMPLE

Intentional Program Violation (IPV)/Fraud may result from the following situations, but not limited to:

- ❖ Casehead or CCDF Program Participant misrepresents information by making false statements either orally or in writing to obtain services or payments
- ❖ Casehead withholds information needed to determine eligibility
- ❖ Casehead or CCDF Program Participant falsifies or alters authorization documents to obtain services or payments
- ❖ CCDF Program Participant bills for unauthorized days

8.5 IMPROPER PAYMENT REFERRAL PROCESSING

When there is an indication that a casehead or CCDF Program Participant obtained an improper benefit or payment to which the casehead or CCDF Program Participant was not entitled, it is critical that the FSS, in consultation with the immediate supervisor, reviews the casehead's record or the CCDF Program Participant's files to determine if an overpayment should be processed.

The FSS shall use the following procedures to report overpayments:

1. The FSS will:
 - Collect Attendance Records for the over payment timeframe
 - Collect the single-family billing audit from the Program Coordinator
 - Collect any additional documentation to support Improper Payment claim

2. The FSS will forward Improper Payment Claim packet to their immediate supervisor for review and approval. If approved, the FSS will proceed to step #3.
3. Enter a Compliance Referral in KidCare
(All referrals must include:)
 - Referral type –case or facility
 - Family Support Specialist
 - Suspected Fraud start date
 - Suspected Fraud end date
 - Narrative
 - Any additional information that cannot be found in the case record
4. Send an email to the Family Support work unit, copying their immediate supervisor, and include the following information based on which type of overpayment:

CCDF Program Participant Overpayment

- Case #
- Children’s Names and authorization #'s
- Dates of overpayment
- Facility #/Facility Name/Contact Person
- Amount per day and total of overpayment
- Explanation of the overpayment

Casehead Overpayments

- Case #/Casehead Name/Contact Information
- Children’s Names and authorization #'s
- Dates of overpayment
- Facility #/Facility Name
- Amount per day and total of overpayment - please exclude amount paid by client if applicable
- Explanation of the overpayment
- Attach any supporting documentation (i.e. screenshots from ANSWER)

8.6 STATE INCOME TAX REFUND INTERCEPTION (STRI)

Act 372 of 1983 as amended (Ark. Stats. Ann. S 84-4901 through 84-4918), Act 987 of 1985, and Act 1154 of 1991 authorize the collection of debts owed to the state through the offset of the casehead/debtor’s state income tax refund. The amount offset shall be applied to the balance of the debt owed to the state.

8.7 DISQUALIFICATION

A disqualification from the CCDF Program may be imposed on a casehead in addition to requiring the repayment of the Early Childhood and Out-of-School Time program assistance while ineligible for services – Transitional Employment Assistance (TEA), Extended Supportive Services (ESS), Foster Care and Protective Service cases are exempt from any child care disqualification.

8.7.1 CASEHEAD DISQUALIFICATION

A casehead disqualification may result from the following:

- ❖ An Intentional Program Violation (IPV) was committed and the casehead does not appeal
- ❖ Casehead fails to repay a child care overpayment within the established time frames

Disqualification time frames:

- ❖ Six (6) months for the first offense, but not to be reinstated until all monies have been repaid
- ❖ Twelve (12) months for the second offense, but not to be reinstated until all monies have been repaid
- ❖ Permanently disqualified for the third offense

8.7.2 CCDF PROGRAM PARTICIPANT EXCLUSION POLICY

CCDF Program Participants shall be excluded in accordance with DHS Participant Exclusion Policy 1088. The exclusion shall follow the owner/operator and related parties and any business relocation.

A CCDF Program Participant exclusion may result from the following:

- ❖ An Intentional Program Violation (IPV) was committed and the CCDF Program Participant does not appeal
- ❖ CCDF Program Participant fails to repay a child care overpayment within the established time frames
- ❖ Any violation of contractual requirements of DHS policy

8.8 CLAIMS PROCESS

The Claims process is implemented to complete payment to a CCDF Participant when unable to create a certificate of authorization through the data management system. Claims may not be future dated. The following process will be used when creating a Claim:

The FSS will:

- Collect Attendance Records for the Claim timeframe
- Collect the single-family billing audit from the Program Coordinator
- Collect any additional documentation to support claim
- ❖ Review attendance and allowable absentee days for the trimester
 - Attendance records should not be accepted if they not in compliance CCDF Participant Agreement requirements
- ❖ Determine claim start date, claim end date, and number of days to be paid
- ❖ Review the authorization worksheet
 - The amount listed as DHS fee should be calculated for reimbursement
 - Please use calendar to ensure absentee days are calculated properly with total due to provider
- ❖ Complete and submit a claim form to their Program Coordinator along with the verification of attendance and other supporting documentation for review

The Program Coordinator will:

- ❖ check claim for accuracy
- ❖ enter the claim into Kidcare
- ❖ notify the assigned staff, via email, of the claim number for processing
- ❖ email should include the following
 - claim #

- attendance records
- claim worksheet

SECTION 9 – APPENDIX/DEFINITIONS

Administrative Error – an error in the calculation of early childhood and out-of-school time program assistance.

Adverse Action – an action that denies the casehead/household early childhood and out-of-school time program assistance.

Applicant – The person making application to the Early childhood and out-of-school time program on behalf of a household. Also referred to as the casehead.

ANSWER – The information technology system utilized by the Division of County Operations for purposes of determining eligibility and maintaining casehead information for the Food Stamp program and Medicaid.

Authorized Representative – An individual eighteen (18) years or older given express, written permission to handle any business of the applicant/casehead pertaining to an Early Childhood and Out-of-School Time program assistance case. The authorized representative may or may not be related to the casehead. Under no circumstances should a child care facility or an employee of a child care facility serve as an authorized representative due to a conflict of interest.

Better Beginnings – Arkansas’ Quality Rating Improvement System to ensure high quality child care and the best early childhood education experiences for children, CCDF Program Participants can be rated Level one (1), Level two (2) or Level three (3).

Business Day – any week day in which DHS is open, this excludes holidays and weekends.

Calendar Day – any day of the week, including holidays and weekends.

Care Types – different types of child care services such as full-time, half-time, part-time, night, or weekend provided based on the casehead’s actual work/education schedule.

Casehead – an individual eighteen (18) years or older (or an emancipated minor) with an open case that represents a household with the Early Childhood and Out-of-School Time program assistance (casehead may also be referred to as the parent, custodian, or guardian).

Case Management – a collaborative, goal-oriented process of assessment, data entry, planning, facilitation, case coordination, evaluation, monitoring and advocacy for options and services to meet an individual’s and family’s comprehensive needs to achieve positive outcomes for children and families.

Case Number – The unique identifier assigned to a casehead in the KidCare system.

CCDBG Act of 2014 – On November 19, 2014, President Obama signed the Child Care and Development Block Grant (CCDBG) Act of 2014 into law. The new law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them.

Child Care and Development Fund (CCDF) – The source of funding for the Early childhood and out-of-school time program is administered by the U.S. Department of Health and Human Services, Administration for Children and Families.

CCDF Program Participant – organization or entity providing child care services. (Participant must comply with state, federal, and departmental regulations)

CCDF Program Participant Agreement – the contract between a child care provider and DHS for the purposes of providing child care services and billing for said services.

Certification Time Frames – Length of authorization period.

Cessation – Loss of an eligible activity.

Child Care Family Home (CCFH) – A type of child care provider whereby children are cared for in a caregiver’s own family residence or in some other suitable family type residence. A CCFH must be licensed when one (1) or more persons care for six (6) or more children from more than one (1) family at the same time.

Co-Pay – The amount of the daily child care fee owed to a CCDF Program Participant by the casehead. This fee is based on a sliding fee scale and is determined by household size and income. Also referred to as parent fee or customer fee.

Community Outreach – building and maintaining a network of relationships, resources and local partnerships that promote self-sufficient families, family engagement, continuity of care and a quality early childhood education.

Custodian – with or without legal documentation who is assuming the parental obligations for the minor, including protecting his/her rights.

De-obligation – The action taken on an authorization or specific dates within an authorization to remove a CCDF Program Participant’s ability to bill for that time period without deleting the entire authorization and can be re-obligated if circumstances warrant. Days in which a casehead is ineligible to receive services within an authorization period must be de-obligated by the caseworker.

Discretionary Funds – Funds that can be used at the state’s discretion in providing quality early childhood education services. Arkansas chooses to use these funds to support direct child care services for Low-Income, Foster Care, Teen parents, Grants, and Contracts for training and administration. At a minimum, the allotment of discretionary funds must be used to support quality activities and no more than the 5 percent for administrative costs; and spend, from the remainder, at least 70 percent to fund direct services provided by the Lead Agency.

Disqualification – action taken against a casehead or CCDF Program Participant found guilty of fraud or failure to repay a child care overpayment, during disqualification period casehead or CCDF Program Participant is not allowed to participate in the early childhood and out-of-school time program. Caseheads may not be placed on the waiting list for services. The exact duration of disqualification depends on the severity and frequency of the infraction.

Division of Children and Family Services (DCFS) – The division within the Department of Human Services responsible for adoptions, child protective services and foster care services.

DCFS Protective Services – services provided to a family after a child maltreatment report has been founded true or during the investigation to prevent removal of the children from the home.

Early Childhood and Out-of-School Time program assistance – child care subsidy for CCDF eligible families to help pay for the cost of child care so they can attend work, school, or a training program.

Earned Income – income derived from paid employment consisting mainly of wages and salaries, income is counted towards total monthly income for the household.

Eligibility Group – A family’s eligibility group is made up of one (1) or more adults and children related by blood or law and residing in the same house when at least one of the adults has physical custody of the child(ren) for whom application is made.

Emancipated Minor – any individual under the age of eighteen (18) years who is either: Currently or previously legally married; legally emancipated by a court order; living outside the home of a custodial adult with no indication that his/her parent or custodians regard themselves as being responsible for his/her care or control.

End-Date -- The action taken on specific dates within an authorization to permanently remove a CCDF Program Participant's ability to bill for that time period.

EPSDT – a well-child health screening or verification of preventative care visit for children over the age of twelve (12) months.

Facility Number – A number assigned by the Licensing Unit of the Division of Child Care and Early Childhood Education to identify a licensed or registered child care facility.

Family Engagement – family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of every family and child.

Family Support Specialist (FSS) – Family Support Unit staff assigned to process cases and coordinate services.

Family Support Unit (FSU) – unit within the Division of Child Care and Early Childhood Education that provides assistance for eligible families to participate in high quality child care and early childhood education programs.

Foster Care – When, due to issues of safety or neglect, children have been removed from their home and have been placed with foster care parents. Foster care homes are closely monitored by DCFS.

Fraud – An attempt by a casehead or CCDF Program Participant to receive services or payments to which the casehead or provider is not entitled by willfully making a false statement, misrepresentation, or impersonation.

Gross Monthly Income – total earned and unearned income before tax deductions unless excluded.

Homeless – children or youth who lack a fixed, regular, and adequate night time residence including: sharing housing with others, living in motels, hotels, trailer parks, or camping grounds, living in emergency or transitional shelters, or living in a public or private place not designed for humans to live.

Inactive Status – A temporary time frame for up to ninety (90) calendar days, one (1) time per twelve (12) month period, when the case remains open without an active authorization.

In-Kind – any gain or benefit that is not in the form of money paid directly to the household.” Examples, meals, housing, clothing, etc.

In Loco Parentis – A person having physical custody of the child. The person has assumed guardianship and responsibility for the child. Child care can be provided for this person to enable employment training or education; however, the income of that person (regardless of relationship to the child) shall be counted in determining eligibility and setting fees for service.

Intentional Program Violation (IPV) – A violation that occurs as a result of the casehead or CCDF Program Participant intentionally misrepresenting or withholding information.

Internal Review – The process within DCCECE by which a casehead may register a complaint and ask for a reconsideration of an adverse action taken on a case or application.

Job Search – three (3) month period in which a casehead can actively search for employment and remain eligible pending the availability of funds.

Job Skills Training Program – Activities designed to enhance the employability and self-sufficiency of parents and which lead to employment at the end of the job skills training program.

KidCare – The data management system to manage all case data generated by the Early childhood and out-of-school time program. Family Support Specialist shall utilize this tool for case initiation and ongoing case management.

Lifetime Limit – Early Childhood and Out-of-School Time program assistance is capped at sixty (60) months per casehead for open cases.

Mandatory – At least 70% of the mandatory and combined federal and state share of matching funds must be used to meet the child care needs of families who are receiving Temporary Assistance for Needy Families (TANF), making efforts through work activities to transition off of TANF, and at risk of becoming dependent on TANF.

Matching Funds – The Matching fund is the remaining amount appropriated under section 418(a)(3) of the Social Security Act after the Mandatory Funds are allotted. A State's allocation of the Matching Fund is based on the number of children under age 13 in the State compared with the national total of children under age 13. The Matching Funds must be matched by a State at its applicable Federal Medical Assistance Percentage (FMAP) rate. In order to receive Matching Funds, a State must: (1) obligate all of its Mandatory Funds in the fiscal year in which the Mandatory Funds are awarded; (2) within the same fiscal year, obligate and expend funds equal to its State Maintenance of Effort (MOE) level; and (3) obligate the Federal and State share of Matching Funds in the fiscal year in which the Matching Funds are awarded.

Non-Temporary – is defined as a change in the ongoing status of the child's parent or custodian employment, education, or job skills program that exceeds three (3) months.

Notice of Action – notification to applicant or casehead in order to request information or to communicate a pending case action.

Office of Payment Integrity and Audit (OPIA) – conducts performance, compliance and some financial related audits, and consults on operational and program issues. It also coordinates the development of audit requirements and guidelines and monitors program resolution.

Overpayment – a payment made in excess of the amount the casehead or CCDF Program Participant was eligible to receive.

Paid Time Off – hours the employer gives the employee in sick days, vacation days, and personal days in which the employee is paid but is not present at work.

Parental Choice – giving parents the right to choose the specific CCDF Program Participant their child(ren) attend rather than having them assigned.

Pended – a case that has been placed in pending status and information has been requested in order to continue processing the case.

Prioritization of Services – process of exempting an applicant from meeting specific eligibility requirements and removes them from the wait list.

Provider and Family Support – The work unit within the Division of Child Care and Early Childhood Education responsible for processing overpayment claims. This unit directly supports the entire division and serves as the liaison to all CCDF Program Participants and the Office of Payment Integrity and Audit.

Recipient – The person receiving assistance for child care services on behalf of a household. Also referred to as the client or casehead.

Redetermination of Eligibility – process by which a casehead who has been receiving child care services shall be assessed by the case worker to determine continuing eligibility.

Reduction – decrease in employment, education, job skills training program or combination of any eligible activity.

Relative Child Care Family Home (Relative Provider) – A situation in which five or fewer children are cared for by a relative. The relationship must be that of a grandparent, great-grandparent, aunt, uncle, or sibling residing out of the home.

Residing with – Living with or in a household with a parent, custodian, or legal guardian or other individual standing in loco parentis.

Rights and Responsibilities – privileges afforded to the casehead by the Family Support Unit and the obligations or duties the casehead shall comply with.

Service Authorization Worksheet – certificate issued by the computer system to a CCDF Program Participant giving permission for the Participant to submit bills to DHS for child care rendered to the child(ren) listed on the authorization. In addition to the names of the casehead and eligible child(ren), a valid service authorization shall include the start and ending dates of service, the level of service authorized the name of the facility providing the service and the name of the caseworker.

Special Needs – A child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological practitioner and/or a child determined eligible for special services under the Individuals with Disabilities Education Act for whom a current IFSP or IEP exists.

State Median Income (SMI) – the median annual (yearly) income per household in Arkansas, a chart is attached with the SMI for Arkansas at eighty-five percent (85%).

Supportive Services – A DCFS term designating the degree of DCFS involvement in overseeing the wellbeing and safety of a child. In order to open a Supportive Services case, the parent(s) MUST request the case be opened by DCFS. Rationale behind this type case is to keep the family unit together while at the same time monitoring and assisting the household, monetarily, physically and emotionally.

Taxpayer Identification Number (TIN) – a number issued by the Internal Revenue Service to report income paid to an individual. (TIN may be either an individual's social security number or employer identification number)

Teen Parent – any person twenty (20) years or younger who is the parent of a child that resides in the same household. (teen parent must live with responsible adult or be declared as emancipated)

Temporary – is defined as any time-limited absence(not to exceed 3 months) from work for an employed parent due to reasons such as need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any student holiday or break for a parent participating in training or education; any reduction in work, training or education hours, as long as the parent is still working or attending training or education; any other cessation of work or attendance at a training or education program that does not exceed three months or a longer period of time; any change in age, including turning 13 years old during the eligibility period; and any change in residency within the State.

Transitional Employment Assistance (TEA) – a program for unemployed and underemployed families managed by the Department of Workforce Services (TEA requires the family engage in a work activity in order to receive early childhood and out-of-school time program assistance).

Unearned Income – any personal income received by an adult that comes from other sources unrelated to employment services, income is counted towards total monthly income for the household.

Waitlisted – approved application placed on a list to receive services pending the availability of funds. (application expires after one (1) year on the list)

FORMS

Case Review Form 8-1-19

Change Report Form 8-1-19

Child Care Arrangement Verification 5-1-19

Claim Form 8-1-19

Consent to Interview Teen 5-1-19

DCC Low-Income/ESS Application 8-1-19

DCC-570 ESS Information Sheet 4-15-04

DCC-575 Self Employment Form 4-15-04

DCC ECE Provider Notification Tea ended 8-1-19

Email Interview 5-1-19

Email Templates 5-1-19

Internal Review Form 4-19-18

Interview Guide 5-1-19

Notice of Appointment 5-1-19

Pending Closure Notice 5-1-19

Self Review Form 8-1-19

TEA/ESS Child Care Referral Form 8-1-19

Verification of Earnings 5-1-19

Waiver Request Form 5-1-19

Case Review Form

Family Support Specialist Name:		Case name:	
Reviewer Name:	Case Number:	Date of Review:	
Low Income/ESS Application: Signed/dated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Initial Application <input type="checkbox"/>	Redetermination <input type="checkbox"/>
Transitional Employment Assistance/ Extended Support Services: (TEA/ESS) Referral Provided: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
CCDF Expansion: Application and Parent Letter Signed and Dated: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Was the Priority Group designated correctly? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Administrative Waiver? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Foster Care Transition? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Homeless? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Teen Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Guardian/Custodian? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Do parent(s) meet the parent or caretaker definition? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Child eligible for services based on: Child younger than 13: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Child age 13 to 18 (with documentation provided): Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Family Support Specialist (FSS) verified child's birth certificate or legal documentation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Citizenship/Qualified Alien Verified on children: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Social Security Number verified for each child(ren) receiving assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Any or all the above verified in Answer: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Does the case file indicate identity (photo ID) was verified for all adults in the household? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Does the case file indicate identity (photo ID) was verified for Authorized Representative? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Does case file information indicate the casehead is a resident of the state of Arkansas? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Any or all of the above verified in Answer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was all household information entered correctly in to Kidcare? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Case actions narrated in Kidcare notes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the case filed according to case record order? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was self review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Explain how the client/clients meet the need requirement? TEA <input type="checkbox"/> ESS Year 1 <input type="checkbox"/> ESS Year 2 <input type="checkbox"/> Low Income <input type="checkbox"/>			
Case head: Employed (30 hours for LI, 20 hours 1 st year ESS, 25 hours 2 nd year ESS) <input type="checkbox"/> Job Search <input type="checkbox"/> Full Time Student <input type="checkbox"/>			
HH Member II: Employed (30 hours for LI, 20 hours 1 st year ESS, 25 hours 2 nd year ESS) <input type="checkbox"/> Job Search <input type="checkbox"/> Full Time Student <input type="checkbox"/>			
Combination of work and school <input type="checkbox"/> *semester hours x 2 – 30, 25, or 20 hours required for work or			
* quarter hours x 3 – 30, 25, or 20 hours required for work.			
Other <input type="checkbox"/> (e.g. waiver etc.)			
Income Verified: Case head:		Earned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Unearned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
HH Member II:		Earned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Unearned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Self-employment verified? Case head: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> HH Member II: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Was the family's gross income correctly calculated? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Was gross income verification (check amounts, check dates) entered correctly in to Kidcare? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Was the correct family size used? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was the copayment correct? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Total Household Income (including all countable earned and countable un-earned income) \$ <input style="width: 100px;" type="text"/>			
If incorrect what should it have been? \$ <input style="width: 100px;" type="text"/>			
No income received, reason: TEA <input type="checkbox"/> Fulltime Student <input type="checkbox"/> Waiver <input type="checkbox"/>			
Type(s) of Provider(s):		Licensed Child Care Center <input type="checkbox"/>	Licensed Child Care Family Home (CCFH) <input type="checkbox"/>
		Registered Child Care Family Home <input type="checkbox"/>	Out of School Time <input type="checkbox"/>
Better Beginnings Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
How many days per week were authorized? M-F? Yes <input type="checkbox"/> No <input type="checkbox"/> Actual Work Schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was the time and care type authorized correct (e.g. full time, part time, half time, weekend, or night care compared to schedule provided and Better Beginnings Level): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was the Child Care Arrangement Form filed in case record? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			

Was the fee waived? Yes No Reason: TEA 1st Year ESS Waiver

Was an improper payment made? Yes No Over Under N/A

If the amount was different was a fraud/overpayment referral created? Yes No N/A

Comments/Findings: No Error Error Insufficient/Missing Documentation

Program Coordinator Comments:

Corrective Action Required? Yes No

Due by:

Family Support Specialist Comments:

FSS Signature:

Date:

Arkansas Department of Human Services
Early Childhood Education and Out of School Time Program Assistance
CHANGE REPORT/REDETERMINATION FOR ELIGIBILITY

Casehead Name _____ Social Security Number _____ County _____
 Address _____ City _____ Zip Code _____
 Home Phone/Cell _____ Message Phone _____
 Email Address _____

Check the appropriate box indicating type of change and complete all information in that section

Check this box if you have no household changes to report.

<input type="checkbox"/> Household Eligibility Unit Change								
Add/Remove	Social Security #	First Name	Mi	Last Name	Date of Birth	Child Care Needed?	Relationship	Date no longer in household?
<input type="checkbox"/> Add <input type="checkbox"/> Remove						<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Add <input type="checkbox"/> Remove						<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Add <input type="checkbox"/> Remove						<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Add <input type="checkbox"/> Remove						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Authorized Representative: If you want to choose someone to represent you, please complete the following information. If you name an authorized representative, this person will be able to talk to the DHS worker on your behalf. *****CCDF Program Participant (child care provider) CANNOT be listed as authorized representative*****
 Name of Authorized Representative: _____ Home or Cell Phone: _____

Employment Change

Took new job: New Employer: _____ Start Date: _____
 No longer employed. Date of termination: _____
 Increase of hours to _____ per week Decrease of hours to _____ per week

Income: increase decrease in income to \$ _____ received weekly every 2 weeks twice monthly monthly
 How many hours do you work per week? _____

<input type="checkbox"/> Work/School Schedule							
EMPLOYMENT INFORMATION:							
Name:	List work schedule below (List actual start/end times for each day)						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Employer:							
Start date:	Average Weekly Hours:	Estimated Daily Travel Time:	Working Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal				
Name:	List work schedule below (List actual start/end times for each day)						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Employer:							
Start date:	Average Weekly Hours:	Estimated Daily Travel Time:	Working Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal				

Education/ Job Skills Training

Added class(es). I am now taking _____ hours. Dropped class(es) I am now taking _____ hours.

No longer attending school as of _____.

SCHOOL INFORMATION: Currently attending GED program Currently attending high school Currently attending Higher Education or Job Skills Training Program

Name:	List school schedule below (List actual start/end times for each day)					Estimated Daily Travel Time:	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
School:							
Start Date:	End Date:	Hours Enrolled:	Student Status: <input type="checkbox"/> full time <input type="checkbox"/> part time		Major or course of study:		

Name:	List school schedule below (List actual start/end times for each day)					Estimated Daily Travel Time:	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
School:							
Start Date:	End Date:	Hours Enrolled:	Student Status: <input type="checkbox"/> full time <input type="checkbox"/> part time		Major or course of study:		

CCDF Program Participant (child care provider) change A change of CCDF Program Participant (child care provider) may require a redetermination of eligibility. Payments to the new CCDF Program Participant (child care provider) are your responsibility until the change is processed. The following information is required ten (10) calendar days prior to the date of change:

- Child Care Arrangement Form and
- Change Form

Name of New Child Care Provider: _____ Start Date: _____

Last day of attendance at previous Child Care Provider: _____

Child Care Services

Add/Remove	Child's Name	Start Date	End Date	Type of Services Requested
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time

Other explain): _____

***Change/Redetermination 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, termination, or disqualification of child care assistance or criminal prosecution, and the repayment of financial assistance made on my behalf.

Signed: _____ **Date:** _____

If you have any questions, please contact _____, Family Support Specialist, Phone: _____ or Email: _____

IN ORDER TO ENSURE CHANGES ARE RECEIVED, YOU MUST MAIL, EMAIL, OR FAX THIS FORM TO YOUR FAMILY SUPPORT SPECIALIST OR HAND DELIVER THEM. NOTE: CHANGE FORMS FROM OTHER PROGRAMS ARE NOT VALID FOR CHILD CARE ASSISTANCE CASES.

Comments/Narration (DHS Use Only):



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:

CCE CLAIMS

FSS Name				
Child #1 (first & last)				
Child #2 (first & last)				
Child #3 (first & last)				
Child #4 (first & last)				
Facility #				
Budget County				
Facility Name				
Case #				
Casehead SSN				
Claim Start Date:				
Claim End Date:				
Claim Type:	(click here)			
Claim Amount:				
Claim Narrative				
Child #	Child #1	Child #2	Child #3	Child #4
Days:				
Rate:				
Care type:				
Age type:				
Total:				
(insert text here)				
Service Type:	(click here)			
Category:	(click here)			
Subcategory:	General			

Categories		
Low Income	TEA	ESS
School Supportive Services Teen Education Teen Employment Working Student CCDF Pre-K Working	Job Search School Work Experience	Working

Arkansas Department of Human Services

Consent to Interview Teen Parent

I, _____ (parent/guardian) of
_____ (minor parent) authorize a

Division of Child Care and Early Childhood Education representative to interview my child for the purpose of determining eligibility for child care services and providing information and referrals. I understand that I am responsible for the information provided and the rights and responsibilities listed on the child care application. I understand that giving any 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 _____ Date _____

Notarization Required

County of _____
State of Arkansas

Acknowledged before me this _____ day of _____ 20____.

(Notary Public)

(My Commission Expires)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care and Early Childhood Education
ESS INFORMATION SHEET

PLEASE COMPLETE ALL SECTIONS OF THIS INFORMATION SHEET.

Fill in today's date:

PART I. PERSONAL INFORMATION (ESS RECIPIENT)									
Social Security No.	First Name	MI	Last Name	Birth Date	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check box that applies): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands		
Mailing Address		City	State	Zip	Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Other	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone (must include area code)		
Physical Address			County of Residence	City	State	Zip	Other Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message		

PART II. CHILD CARE INFORMATION Please complete this information for children in the household requiring child care services.										
Social Security #	First Name	MI	Last Name	Date of Birth	Age	Gender	Name of Child Care Provider Selected	Is child now attending?	Please check the level of care you are needing for this child:	Relationship to Recipient
						<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full day (5-10 hrs) <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> HalfTime (3-5 hrs) <input type="checkbox"/> PartTime (less than 3 hrs)	
						<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full day (5-10 hrs) <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> HalfTime (3-5 hr) <input type="checkbox"/> PartTime (less than 3 hr)	
						<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full day (5-10 hrs) <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> HalfTime (3-5 hr) <input type="checkbox"/> PartTime (less than 3 hr)	
						<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full day (5-10 hrs) <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> HalfTime (3-5 hr) <input type="checkbox"/> PartTime (less than 3 hr)	
						<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full day (5-10 hrs) <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> HalfTime (3-5 hr) <input type="checkbox"/> PartTime (less than 3 hr)	

PART III. EMPLOYMENT INFORMATION Please complete this information for the household member receiving ESS benefits.							
Are you currently employed?	Employer's Name and Address		Gross Amt (before taxes) of Paycheck:	How often is paycheck received?	Additional earned income	Amount received	How often is the additional income received?
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Commission <input type="checkbox"/> Tips <input type="checkbox"/> Overtime	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly

WEEKLY WORK SCHEDULE								UNEARNED INCOME RECEIVED BY HOUSEHOLD		
	MON	TUE	WED	THUR	FRI	SAT	SUN	Source of Income (child support, Social Security)	Amount Received	How Often is Income Received?
FROM									\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
TO									\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____

BUDGET CALCULATION (FOR DHS USE ONLY)						RECIPIENT: READ AND SIGN BELOW		
	EARNED INCOME		Monthly Amount	Unearned Income 1 List type:	Monthly Amount	Unearned Income 2 List type:	Monthly Amount	
Avg. \$ Weekly	\$	x 4.334 =	\$	\$	x 4.334 =	\$	\$	
Avg. \$ Bi-Weekly	\$	x 2.167 =	\$	\$	x 2.167 =	\$	\$	
Avg. \$ Twice Monthly	\$	x 2 =	\$	\$	x 2 =	\$	\$	
Avg. \$ Monthly	\$	x 1 =	\$	\$	x 1 =	\$	\$	
Less: \$100 (if working 32 hrs)			- 100.00				-	
Monthly Total			\$	+	\$	+	\$	
							TOT. HOUSEHOLD INCOME →	\$
							Signature	Date

I certify that I require child care assistance in order to maintain employment. All of the information supplied here is true and correct. I understand that I must maintain a minimum number of work hours in order to remain eligible for ESS assistance. I understand that providing false, misleading or incomplete information may result in criminal prosecution and required repayment of any assistance made on my behalf.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care and Early Childhood Education
 TRACKING FORM FOR SELF EMPLOYMENT INCOME

NAME: _____ **SSN:** _____ **MONTH/YEAR:** _____

DESCRIBE BUSINESS: _____

- DIRECTIONS:**
1. List the total hours worked on each day.
 2. List your total GROSS earnings for each day.
 3. List your total expenses for each day. Receipts verifying each expense must be attached to this form. Gas expenses to and from the job site are not allowed.
 4. Give a brief explanation of the expenses for each day.
 5. List the name of the person who paid you gross earnings each day.

Day of Month	Hours Worked	Gross Earnings	Total Expenses	Explanation of Expenses	Person Who Paid You
1		\$	\$		
2		\$	\$		
3		\$	\$		
4		\$	\$		
5		\$	\$		
6		\$	\$		
7		\$	\$		
8		\$	\$		
9		\$	\$		
10		\$	\$		
11		\$	\$		
12		\$	\$		
13		\$	\$		
14		\$	\$		
15		\$	\$		
16		\$	\$		
17		\$	\$		
18		\$	\$		
19		\$	\$		
20		\$	\$		
21		\$	\$		
22		\$	\$		
23		\$	\$		
24		\$	\$		
25		\$	\$		
26		\$	\$		
27		\$	\$		
28		\$	\$		
29		\$	\$		
30		\$	\$		
31		\$	\$		
TOTAL AMOUNT:		\$	\$	TOTAL EARNINGS - EXPENSES = NET PROFIT →	\$

I certify that all information completed on this form is TRUE and CORRECT. I understand that false statements or withholding information may result in criminal prosecution. I understand that I will be held responsible for any overpayment made as a result of providing false or incomplete information.

SIGNATURE: _____



**Division of Child Care and Early
Childhood Education
Family Support Unit**



Notification to Provider

Date: Date

Provider: Provider

Facility number: Facility number

Re: Client First and Last Name - TEA Claim Notice

The Transitional Employment Assistance (TEA) case has closed due to employment. Your ability to bill services for the child(ren) listed below has ended.

Processing of any remaining unbillable days for the TEA month shall be paid through the claims process upon receipt of attendance records. Attendance records will be requested after the last day of the TEA month.

If client is determined eligible, authorization for Extended Support Services (ESS) child care may begin on the first day of the following month.

Child(ren) authorized: Click or tap here to enter text.

Dates of potential coverage: First day of deobligation – Last day of month

Please refer to your CCDF Participant Agreement for billing guidelines.

If you have any questions, please feel free to contact me.

Sincerely,

Insert FSS name

Insert phone number

Insert email@dhs.arkansas.gov

CC: case record

Early Childhood Education and Out of School Time Program Assistance

The **Early Childhood Education and Out of School Time Program Assistance** is administered by the Family Support Unit of the Division of Childcare and Early Childhood Education. The purpose of the program is to increase the availability, affordability, and quality of childcare services for families in the state of Arkansas. Families who are eligible for assistance receive free or reduced childcare at approved state licensed providers (pending the availability of funds).

IN ORDER TO PROCESS YOUR CHILD CARE APPLICATION, THE FOLLOWING INFORMATION IS REQUIRED;

APPLICATION:

- Completed application:** All sections must be completed, and application must be signed and dated.
(incomplete applications will be returned or denied)

DOCUMENTATION REQUIREMENTS:

- Photo ID for all adults in the eligibility group:** driver's license, military, school, state issued, or passport
- Photo ID for authorized representative (if applicable):** driver's license, military, school, state issued, or passport
- Birth certificate for each child assistance is requested**
- Proof of citizenship for each child assistance is requested**
- Proof of Applicant's Residence (physical address):** may include but not limited to; lease contract, rent receipt, mortgage contract, bills, mail, state or federal issued ID, check stubs, notarized statement or state systems verification.
- Valid email address**
- Social security number verification** for each household member (required for each child assistance is requested).

INCOME VERIFICATION (must be provided for all household members within the family eligibility group):

- Earned income:** Supporting documents must include copies of consecutive check stubs for last 30 days if applicable.
 - If paid *weekly*, the last four (4) consecutive check stubs are required
 - If paid *bi-weekly* (every two weeks), the last two (2) consecutive check stubs are required
 - If paid *semi-monthly* (twice per month), the last two (2) consecutive check stubs are required
 - If paid *monthly*, one (1) check stub for the last month is required; OR
 - DCC Verification of Employment (VOE) form-must be completed by employer; OR
 - DCO-97 Verification of Earnings form- must be completed by employer; OR
 - Contract Agreement – A copy of the current contract between employee and employer
- Self-employment earned income:** Documents to verify may include but are not limited to;
 - Last year's 1040 Income Tax Return with applicable schedule form (profit or loss from business); OR
 - DCC-575 Self-Employment Declaration form for last 30 days if applicable. (Only if self-employed for less than 1 year)

UNEARNED INCOME: Supporting documents must include verification for last 30 days (if applicable)

- Supplemental Security Income (SSI)**
- Social Security payments**
- Unemployment**
- Workers Compensation**
- Alimony received for the last three (3) months**
- Pensions, interest, and annuities**
- Contributions**

EDUCATION/JOB SKILLS TRAINING:

- Class Schedule for current/future semesters:** verification of enrollment, or written statement from advisor or institution on official letterhead
- Job Skills training:** verification of enrollment, or written statement from advisor or institution on official letterhead
- GED/Adult Education:** verification of enrollment, or written statement from advisor or institution on official letterhead

OTHER

- Child Care Arrangement Verification**

For more information regarding Child Care services or income guidelines, visit our website at <http://humanservices.arkansas.gov/dccece/>
For county resource information visit: <https://humanservices.arkansas.gov/arworksresource/>



Early Childhood Education and Out of School Time Program Assistance

*Applicants for Low Income may receive up to sixty (60) months of child care services pending the availability of funds
ESS child care may receive up to twenty-four (24) months of child care services*

All applicants must be eighteen (18) years and over or an emancipated minor. All applicants must have physical custody of the child(ren) for whom assistance is requested. If applying for Teen Parent, please enter Teen Parent's information below.

Applicant/Teen parent Information:

Social Security # (Optional)	First Name (applicant) MI	Last Name (applicant)	Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race (see codes):	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	# of Parents in home:	Primary Language:	Highest Level of Education or Training Completed:	Military Status (see codes):

Race Codes: A = Asian American B = Black/African American H = Hawaiian/Pacific Islander I = American Indian or Alaskan Native W = White/Caucasian O = Other
Military Status Codes: (Adults Only): N/A = No AD = Active Duty NGMR = National Guard/Military Reserve

Mailing Address	City/State	Zip	County	Home Phone/Cell:
Street Address (if not the same)	City/State	Zip	County	Message Phone:

Current/Valid Email Address(required)

Have you ever received TEA or ESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have the child(ren) transitioned from foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an open protective services case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Guardian or Custodian with physical custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check if applicable: <input type="checkbox"/> Teen parent resides in the household <input type="checkbox"/> Teen parent is attending high school or GED program <input type="checkbox"/> Lacks regular, fixed, or adequate nighttime residence	
<input type="checkbox"/> Shares housing due to economic hardship <input type="checkbox"/> Lives in a shelter, hotel, or motel <input type="checkbox"/> Lives in a place not designed for sleeping (cars, parks, etc.)	

HOUSEHOLD INFORMATION: * A family's eligibility group is made up of one (1) or more adults and child(ren) related by blood or law residing in the same house when at least one of the adults has physical custody of the child(ren) for whom application is made. In households where adults other than spouses or parents of the child(ren) reside together, each may be considered a separate eligibility group. If requesting assistance each eligibility group must complete a separate application. List all information for household members included in the eligibility group.

Social Security #	First Name	MI	Last Name	Date of Birth:	Gender	Citizen/Legal Resident	Relationship to Case Head:	Child Care Needed?	Race (see codes)	Military Status Adults only (see codes)
					<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		

CHILD CARE INFORMATION: Complete information below for ALL Children assistance is requested.

Child's Name	List any medical or developmental disabilities	Name of Child Care Participant Selected	List days and hours of care needed for this child	Child Attends ABC or Head Start	School child currently attends
				<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 INFORMATION:						
Name:			Employer:			
List work schedule below (List actual start/end times for each day)					Estimated Daily Travel Time:	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Date:		Average Weekly Hours:		Working Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Name:			Employer:			
List work schedule below (List actual start/end times for each day)					Estimated Daily Travel Time:	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Date:		Average Weekly Hours:		Working Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		

SCHOOL INFORMATION:						
Name:			School:			
<input type="checkbox"/> Currently attending GED program <input type="checkbox"/> Currently attending high school <input type="checkbox"/> Currently attending Higher Education or Job Skills Training Program						
Start Date:		End Date:		Hours Enrolled:		Student Status: <input type="checkbox"/> full time <input type="checkbox"/> part time
Major or course of study:						
List school schedule below (List actual start/end times for each day)					Estimated Daily Travel Time:	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name:			School:			
<input type="checkbox"/> Currently attending GED program <input type="checkbox"/> Currently attending high school <input type="checkbox"/> Currently attending Higher Education or Job Skills Training Program						
Start Date:		End Date:		Hours Enrolled:		Student Status: <input type="checkbox"/> full time <input type="checkbox"/> part time
Major or course of study:						
List school schedule below (List actual start/end times for each day)					Estimated Daily Travel Time:	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

HOUSEHOLD INCOME: Proof of ALL household income must be provided and how often received noted: Weekly, Bi-Weekly, Twice Monthly, Monthly							
Name of person(s) receiving:							
Gross Wages		<input type="checkbox"/> SSI <input type="checkbox"/> SSA		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus		Other: (Explain)	
Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
Name of person receiving:							
Gross Wages		<input type="checkbox"/> SSI <input type="checkbox"/> SSA		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus		Other: (Explain)	
Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often

HOUSEHOLD ASSETS
Do you have assets in excess of \$1,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Representative: If you want to choose someone to represent you, please complete the following information. If you name an authorized representative, this person will be able to talk to the DHS worker on your behalf. ***CCDF Program Participant (child care provider) CANNOT be listed as authorized representative***	
Name of Authorized Representative:	Home or Cell Phone #

Read and carefully review the Rights and Responsibilities:

1. Child Care Assistance is pending the availability of funds and eligibility.
2. Child care assistance cannot be denied based on race, color, sex, age, disability, religion, national origin, or political belief.
3. All adults in the Low-Income Eligibility group must:
 - Work thirty (30) or more hours per week or,
 - Attend school full time or job skills training program equal to thirty (30) hours per week or,
 - Combine work and school/job skills training to equal thirty (30) or more hours per week
 At least one adult in the ESS group must:
 - In first 12 months: Work at least twenty- (20) hours per week, or your earnings must be enough to cause you to be ineligible for TEA cash assistance.
 - In second 12 months: Work twenty-five (25) or more hours per week.
4. Lifetime limit for Low Income child care assistance is sixty (60) months per parent/custodian unless otherwise exempted. ESS Lifetime limit is 24 months.
 - Any month in which five (5) days are billed by CCDF Program Participant (child care provider) is considered a month of child care assistance and countable towards the lifetime limit.
5. Withholding information or providing false information may result in the denial or termination of child care assistance. You agree to cooperate in any DHS inquiry concerning your child care assistance. Failure to cooperate will result in the termination of child care services.
6. Information provided 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 government programs.
7. DHS will not retroactively pay or reimburse Low Income child care expenses prior to approval.
8. CCDF Program Participant (child care provider) may be selected according to parental choice. CCDF Program Participant information may be found on our website: <http://humanservices.arkansas.gov/dccece/Pages/default.aspx>
 - Website information includes: • Child care search tool • Facility complaints • Better Beginnings rating • Facility visits
9. No child, receiving subsidy funding, shall be suspended or expelled from the facility without approval from DCCECE <https://www.behaviorhelponline.org/>
10. Once eligibility is determined, Low Income applicants must complete an initial interview with a Family Support Specialist (FSS). Low Income redetermination interviews shall be completed based on the Better Beginnings Level. Better Beginnings Level one (1) and two (2) are once a year. Better Beginnings Level three (3) are every two years.
11. The CCDF Program Participant (child care provider) may charge the following fees:
 - Co-pay based on Better Beginnings Rating.
 - Registration, late pickup, late payment, insurance, materials or reasonable fees
 - Fees for exceeded absentee days
 - Additional charges may apply if child care provider is a Better Beginnings Level two (2) or higher

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

12. All notices will be sent electronically via email. An accurate and valid email address must be on file. Email should be checked regularly to ensure all notices are received. DHS is not responsible for any lapse of communication for failure to report an email change within ten (10) calendar days of the change.
13. The following changes must be reported to your Family Support Specialist (FSS) within ten (10) calendar days of the change: Address, email, phone number, change of CCDF Program Participant, income over eighty-five (85%) SMI, household composition that increases household income over eighty-five (85%) SMI. Any cessation of work, and/or attendance at education or training program must be reported within ten (10) calendar days.

Family Size	Monthly Income	Exceeded Income Limit
1	\$2,259.68	\$2,259.69
2	\$2,954.97	\$2,954.98
3	\$3,650.76	\$3,650.77
4	\$4,345.54	\$4,345.55
5	\$5,040.83	\$5,040.84
6	\$5,736.12	\$5,736.13

14. A change of CCDF Program Participant (child care provider) may require a redetermination of eligibility. Payments to the new provider are your responsibility until the change is processed. A child care arrangement form and change report form are required ten (10) calendar days prior to the day of change.
15. If any adverse action is taken on your application or child care case, excluding overpayment or fraud, you have the right to an Internal Review. If an overpayment, fraud, and/or Intentional Program Violation is alleged, you have the right to an Administrative Hearing.
16. Families declaring assets in excess of \$1,000,000 are ineligible for Subsidized Child Care Assistance. At the time of initial application and redetermination, families will be asked to declare if they have assets in excess of \$1,000,000.

***Applicant 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, termination, or disqualification of child care assistance or criminal prosecution, and the repayment of financial assistance made on my behalf.

Applicant Printed Name: _____
 (must be eighteen (18) years and over)

Date: _____

Applicant Signature: _____

Date: _____

Teen Parent Printed Name: _____

Date: _____

Teen Parent Signature: _____

Date: _____

Early Childhood Education and Out of School Time Program Assistance Email Interview

Your interview for Early Childhood Education and Out of School Time Program Assistance will be completed by email. Please review the attached application and make sure everything on your application is correct and up-to-date. The information submitted will be used to determine eligibility for child care assistance. If the information is not correct please list any changes below (i.e. email, household composition, income address, phone).

Eligibility Group: A family's eligibility group is made up of one (1) or more adults and children related by blood or law residing in the same house when at least one of the adults has physical custody of the child(ren) for whom application is made. In households where adults other than spouses or parents of the child(ren) reside together, each must be considered a separate eligibility group. If requesting assistance each eligibility group must complete a separate application. The household information listed on your application will be used to determine your household eligibility group. If there are any changes, please indicate below.

Level of Care Authorized: You have the option of choosing care Monday through Friday or care based on your actual work/education schedule. Monday through Friday care will be approved unless you indicate that you need care according to your actual work schedule.

Changes: All required changes must be reported within ten (10) calendar days.

- Address
 - Email
 - Phone Number
 - Change of CCDF Program Participant
 - Income over eighty-five (85%)
 - Household compositions that increases household income over eighty-five (85%) SMI
 - Any cessation of work, and or attendance at education or training program
- Changes may be reported by email, mail, phone, fax, or visit with Family Support Specialist.

Income Guideline: Household income cannot exceed eighty-five (85%) SMI. The income guideline is listed in #13 of the rights and responsibilities on the last page of the application.

Additional Charges: Charges the CCDF Program Participant (child care provider) may charge are listed in #11 of the Rights and Responsibilities.

Rights and Responsibilities: Please review the Rights and Responsibilities listed on your application. You have signed your application certifying that you have read and understand your rights and responsibilities. Do you understand your rights and responsibilities? If you have any questions, please respond below.

For more information regarding Child Care services visit our website <http://humanservices.arkansas.gov/dccece/>
For county resource information visit: <https://humanservices.arkansas.gov/arworksresource/>

If you have any questions, or need to change any information please reply to this email.

Incomplete Application

Your application for Childcare Assistance has been received and entered into the system this date. Please complete the attached documentation and submit by the due date of _____

You may submit this documentation at our office in person or by mail:

(County)

AR Department of Human Services

Enter Address

CITY, AR Zip Code

You may submit the documentation by fax at: **ENTER FAX #**

You may submit the documentation to me by scanning and emailing it to me at [EMAIL ADDRESS](#)

If information is not received by the due date the application will be denied.

Thank you,

Interview Set-up

Dear _____

The computer system that we use is proactively deeming your application as eligible for childcare services.

The final approval/denial is based on a **(phone, face-to-face, or email)** interview with a Family Support Specialist.

Please respond to this email to confirm the date, and time you are available for an interview. Please indicate which interview you would prefer. (Phone, Face to face, or Email)

My office is located at **(COUNTY)** DHS office:

AR Department of Human Services

Enter Address

CITY, AR Zip Code

Interview Follow-up/NOA

Dear _____

I am following up from our recent (**phone, face-to-face, or email**) interview in determining your eligibility for child care assistance.

Please remember to submit the below listed information by the due date of (**DUE DATE**)

If the requested information is not submitted by the due date, the application/child care case will close.

Please let me know if you have any questions.

Thanks,

Re-Evaluation Confirmation/Appt set-up

Dear _____

It is time to re-determine your child care assistance eligibility.

Your (**phone, face-to-face, or email**) interview date/time/location is:

Please find above the documentation you'll need to submit to complete your redetermination. Complete documentation must be provided prior to or during the interview.

If you have not scheduled a (**phone, face-to-face, or email**) redetermination interview at this time, please call me at:

(CONTACT #), or respond to this email with a date (must be between the 1st and the 10th of the NEXT month) and a time. I will respond back to you letting you know if this time-slot is available. If an appointment date/time is not selected before the 25th of THIS month, one will be selected for you.

Re-evaluation interviews typically take up to 30 minutes. (address is below my signature line).

Thank you,

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
CHILD CARE ASSISTANCE PROGRAM**

TO: Full Name
Street Address
City, State Zip Code

DATE: Click or tap to enter a date.

FROM: Div. of Child Care & Early Childhood Ed
Street Address
City, State Zip Code

RESPONSE TO REQUEST FOR INTERNAL REVIEW

Dear: Full Name,

Your request for an Internal Review of your Child Care Assistance case application has been referred to my office. Based on my investigation of the facts and circumstances, as well as Child Care Assistance Policy, the following decision has been made:

-
- The decision to deny your application stands.**
 - The decision to deny your application is reversed.**
 - The decision to close your case stands.**
 - The decision to close your case is reversed.**

The reason is as follows:

Case head must request an Internal Review in writing within ten (10) calendar days of adverse action to the Program Coordinator. Case head shall be notified of the decision within ten (10) business days. If the case head is dissatisfied with this review, case head must request an Internal Review from the Unit Administrator within ten (10) calendar days of the Program Coordinator's written decision. Case head shall be notified of the decision within ten (10) business days. If the case head is dissatisfied with this review, case head must request an Internal Review from the DCCECE Division Director within thirty (30) calendar days of the Unit Administrator's decision. Case head shall be notified of the decision within ten (10) business days. If the case head is dissatisfied with this review, case head may request an Administrative Hearing within thirty (30) calendar days from the date of the adverse action decision by the DCCECE Division Director. Case head shall request a review by providing a written notice to: Division of Child Care and Early Childhood Education, Department of Human Services, P.O. Box 1437, Slot S-140, Little Rock, AR 72203-1737 or, Family Support Unit, P.O. Box 1437 Slot S-145, Little Rock, AR 72203-1437 or, Division website contact form or, Submit request to local DHS office. If you need another format, contact the Division's ADA Coordinator at 501-320-8963 or TTY: 1-800-285-1131 or dial 711 for Arkansas Relay Service.

First and Last Name

Choose your title here

Area Code and Number

Telephone Number

[Click here to enter text@dhs.arkansas.gov](mailto:dhs.arkansas.gov)

Email Address



Interview Guide

Welcome

Hello, my name is (FSS Name) and I will be your case manager for your child care case. This interview is a mandatory step before providing authorization(s) for our in-school/out of school time programs. Our mission is to help families strive towards self-sufficiency, and our purpose is to increase the availability, affordability, and quality of child care for Arkansas families. We must ensure that all pertinent information provided is true and accurate.

Step 1: Review the application-ensure that all fields are completed.

ID verified for adults in the household and Authorized Representative? (Make sure you have a clear copy, if not FSS is responsible for making sure the copy is clear)

Social Security Cards

- encouraged for adults in the household
- required for child(ren) applying for child care.

Residence- (must be an Arkansas resident)

- Is the address: physical and mailing correct? If not, casehead/applicant must provide proof of corrected residence.

Email Address

Client email provided: Yes (if yes check for accuracy) No If no, reason:

- Provide assistance if needed to obtain an email address.
- Discuss importance of checking email regularly for notices

Household Composition

- Who is living in home?
- Determine household eligibility group.

Employment/School Information

- **Employment:** Is the employer listed your current employer? (if applicable)
 - Is your start date correct? If not listed have casehead or applicant list it.
 - What is your estimated daily travel time
 - Working status: Fulltime, Part-time, Temporary, or Seasonal?
 - Is your work schedule correct?
 - Income has been verified
- **Education/Job Skills Training Program:** Is your school information correct? (if applicable)
What is your estimated daily travel time
 - School status: Fulltime, Part-time, Temporary, or Seasonal?
 - How many days and hours are you attending
 - Is your school schedule correct?
 - School Information has been verified by official document

Household Income

- All earned and unearned income listed
- Pay frequency listed correctly

Assets

- Do assets exceed \$1,000,000? If assets exceed \$1000,000 request verification.

Step 2: Rights and Responsibility

Provide client a copy to read while reviewing (Review all, but especially the ones below):

- Work/School Eligibility Requirements
- Lifetime Limit (explain per casehead, not per child), and five (5) days billed counts as a month
- DHS will not retroactively pay or reimburse child care expenses prior to approval.
- Suspension and Expulsion policy
- Absentee days
- Allowable fees (when applied) registration fees, activity fees, late fees, insurance fee, material fees, excess absentee days, or any quality provider level 2 or higher rate exceeding the reimbursed rate. Additionally, you cannot be charged a drop fee by the provider for changing providers.

60-Month/24-month Review

- At this time, you have currently used xx number of months of childcare assistance. As stated in the Rights & Responsibilities this assistance is limited to a total of 60 months Low Income/24months ESS lifetime limit. That means you have a total xx months still available to you. Do you have any questions about this?

Changes: All required changes must be reported within ten (10) calendar days.

- Address (within state)
- Email
- Phone number
- CCDF Program Participant (Provider) (must complete the Change Report Form and Child Care Arrangement Form)
- Income over 85% SMI
- Household composition that increases household income over 85%
- Any cessation of work and/or attendance at an education or job skills training program
- Do you understand your rights and responsibilities? Any questions?

Step 3: How to report changes/ Forms Needed for changes

Applicant or casehead may report changes by providing a Child Care Change Form or by the following methods:

- Email
- Mail
- Phone
- Fax
- Visit with Family Support Specialist
- Visit to local DHS office

Application signed & dated?

Step 4: Review of the 85% SMI Chart (Income Guideline)

Step 5: Responsibility for overpayment

Step 6: If a CCDF Program Participant has not been chosen:

Better Beginnings/Quality Care

- Review Better Beginnings Information (brochure) or refer to website <https://humanservices.arkansas.gov/about-dhs/dccece>

Step 7: If a CCDF Program Participant has been chosen:

Review Authorization hours of care requested.

- Based on your current schedule, what hours of care do you need?
- You have the option to use Monday thru Friday or your actual work/school schedule.
- Will you need before or after school care? Will you need care during school approved holidays or breaks? Do child(ren) attend an ABC or Head Start?

Completed/Signed Child Care Arrangement Form

Co-Pay/Fees

- Review amount and frequency of co-pay
- Discuss BB and different levels
- Level 1: 1-year authorization, 6% copay
- Level 2: 2-year authorization, 4% copay, can charge the difference between what DHS pays and what the provider charges
- Level 3: 2-year authorization, 2% copay, can charge the difference between what DHS pays and what the provider charges

EPSDT/Well Child Screen Documentation

- Explain that EPSDT's are also called well child screenings and are important for monitoring the health of children and finding potential health risks early
- Ask if each child has a current (within the last 12 months) EPSDT/Well Child Screening

Step 8:

End of Case Assessment

- Ask if there any resources or problems that applicant would like to discuss
- Ask if they understand everything discussed
- Share any educational/consumer information

Make appropriate resource referrals

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Early Childhood Education and Out of School Time Program Assistance

To:

Date:

Department of Human Services
Division on Child Care & Early Childhood Education

Notice of Appointment. Your appointment for Early Childhood Education and Out of School Time Program Assistance has been scheduled. You must report to the location listed below at the given date and time. It is important that you are on time for your appointment and bring all necessary documents to process your application.

Place of Interview:

Date of Interview:

Time of Interview:

Your Child Care Application/case will be denied/closed on _____ if you fail to attend your appointment.

APPLICATION:

- Completed application:** All sections must be completed, and application must be signed and dated.
(incomplete applications will be returned or denied)

DOCUMENTATION REQUIREMENTS (LOW-INCOME APPLICATION ONLY):

- Photo ID for all adults in the eligibility group:** driver's license, military, school, state issued, or passport
 Photo ID for authorized representative (if applicable): driver's license, military, school, state issued, or passport
 Birth certificate for each child assistance is requested
 Proof of citizenship for each child assistance is requested
 Proof of Applicant's Residence (physical address): may include but not limited to; lease contract, rent receipt, mortgage contract, bills, mail, state or federal issued ID, check stubs, notarized statement or state systems verification.
 Valid email address
 Social security number verification for each household member (required for each child assistance is requested).

INCOME VERIFICATION (must be provided for all household members within the family eligibility group):

Earned income: Supporting documents must include copies of consecutive check stubs for last 30 days if applicable.

- If paid *weekly*, the last four (4) consecutive check stubs are required
- If paid *bi-weekly* (every two weeks), the last two (2) consecutive check stubs are required
- If paid *semi-monthly* (twice per month), the last two (2) consecutive check stubs are required
- If paid *monthly*, one (1) check stub for the last month is required; OR

- DCC Verification of Employment (VOE) form-must be completed by employer; OR
DCO-97 Verification of Earnings form- must be completed by employer; OR
 - Contract Agreement – A copy of the current contract between employee and employer
- Self-employment earned income:** Documents to verify may include but are not limited to;
- Last year's 1040 Income Tax Return with applicable schedule form (profit or loss from business); OR
 - DCC-575 Self-Employment Declaration form for last 30 days if applicable. (Only to be used if self-employed for less than 1 year)

Unearned income: Supporting documents must include verification for last 30 days (if applicable)

- Supplemental Security Income (SSI)**
 Social Security payments
 Unemployment
 Workers Compensation
 Alimony received for the last three (3) months
 Pensions, interest, and annuities
 Contributions
 Child Support (ESS APPLICATION ONLY)

EDUCATION/JOB SKILLS TRAINING (LOW-INCOME APPLICATION ONLY):

- Class Schedule for current/future semesters:** verification of enrollment, or written statement from advisor or institution on official letterhead
 Job Skills training: verification of enrollment, or written statement from advisor or institution on official letterhead
 GED/Adult Education: verification of enrollment, or written statement from advisor or institution on official letterhead

For additional information contact: Family Support Specialist:

Phone:

Fax:

Email:

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.
Appointment Notice (5/1/19)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Early Childhood Education and Out of School Time Program Assistance
NOTICE OF ACTION

To: _____ Date: _____
From: Department of Human Services
DCCECE

PENDING CLOSURE NOTICE

Your child care assistance case will close effective _____ for the reason(s) checked below:

- Excessive unexplained absences
- Change in residency outside of the state
- Substantiated fraud or an Intentional Program Violation
- Failure to report a cessation in employment, education, or job skills training program within ninety (90) calendar days
- Household income exceeds eighty-five (85%) State Median Income Limit
- Change in Eligibility Group that increases household income over eighty-five (85%) SMI
- Family chooses to end services
- Family has reached their sixty (60) month lifetime limit
- Failure to complete the redetermination process, provide requested information, or comply with procedures necessary to establish continued eligibility
- Failure to meet eligibility requirements
- Other: _____

This action will be taken on _____ .
Your child care case will close, and child care services will end on _____ .

The following process shall be followed for all Internal Review requests:

- Casehead must request an Internal Review in writing within ten (10) calendar days of adverse action to the Program Coordinator. Casehead shall be notified of the decision within ten (10) business days.
- If the casehead is dissatisfied with this review, casehead must request an Internal Review from the Unit Administrator within ten (10) calendar days of the Program Coordinator's written decision. Casehead shall be notified of the decision within ten (10) business days.
- If the casehead is dissatisfied with this review, casehead may request an Internal Review from the DCCECE Division Director within thirty (30) calendar days of the Unit Administrator's decision. Casehead shall be notified of the decision within ten (10) business days.
- If the casehead is dissatisfied with this review, casehead may request an Administrative Hearing within thirty (30) calendar days from the date of the adverse action decision by the DCCECE Division Director. Casehead shall request a review by providing a written notice through the Division website form, submitting a request to any local DHS office or to either of the following Central office locations:

Department of Human Services DCCECE
P.O. Box 1437, Slot S-140,
Little Rock, AR 72203-1437

Family Support Unit
P.O. Box 1437, Slot S-145,
Little Rock, AR 72203-1437

This information is available in different formats such as large print, audiotape, etc. If you need another format, contact the Division's ADA Coordinator at 501-682-2308 or TDD 501-682-1442.

For additional information contact: Family Support Specialist:
Phone: _____
Fax: _____
Email: _____

CC: File/Providers:

Self Review Form

Family Support Specialist Name:	Case name:
Case Number:	Date of Review:
Low Income/ ESS Application: Signed/dated: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Initial Application <input type="checkbox"/> Redetermination
Transitional Employment Assistance/ Extended Support Services: (TEA/ESS) Referral Provided: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the Priority Group designated correctly? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Administrative Waiver? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Foster Care Transition? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Homeless? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Teen Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Guardian/Custodian? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Do parent(s) meet the parent or caretaker definition? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Child eligible for services based on: Child younger than 13 Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Child age 13 to 18 (with documentation provided) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Family Support Specialist (FSS) verified child's birth certificate or legal documentation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Citizenship/Qualified Alien Verified on children: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number verified for each child(ren) receiving assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Any or all the above verified in Answer: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does the case file indicate identity (photo ID) was verified for all adults in the household? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does the case file indicate identity (photo ID) was verified for Authorized Representative? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does case file information indicate the casehead is a resident of the state of Arkansas? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Any or all of the above verified in Answer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was all household information entered correctly in to Kidcare? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Case actions narrated in Kidcare notes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the case filed according to case record order? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain how the client/clients meet the need requirement? TEA <input type="checkbox"/> ESS Year 1 <input type="checkbox"/> ESS Year 2 <input type="checkbox"/> Low Income <input type="checkbox"/>	
Case head: Employed (30 hours for LI, 20 hours 1 st year ESS, 25 hours 2 nd year ESS) <input type="checkbox"/> Job Search <input type="checkbox"/> Full Time Student <input type="checkbox"/>	
HH Member II: Employed (30 hours for LI, 20 hours 1 st year ESS, 25 hours 2 nd year ESS) <input type="checkbox"/> Job Search <input type="checkbox"/> Full Time Student <input type="checkbox"/>	
Combination of work and school <input type="checkbox"/> *semester hours x 2 – 30, 25, or 20 hours required for work or	
* quarter hours x 3 – 30, 25, or 20 hours required for work.	
Other <input type="checkbox"/> (e.g. waiver etc.)	
Income Verified: Case head: Earned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unearned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
HH Member II: Earned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unearned: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Self-employment verified? Case head: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> HH Member II: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the family's gross income correctly calculated? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was gross income verification (check amounts, check dates) entered correctly in to Kidcare? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the correct family size used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the copayment correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total Household Income (including all countable earned and countable un-earned income \$ <input style="width: 100px;" type="text"/>	
If incorrect what should it have been? \$ <input style="width: 100px;" type="text"/>	
No income received, reason: TEA <input type="checkbox"/> Fulltime Student <input type="checkbox"/> Waiver <input type="checkbox"/>	
Better Beginnings Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
How many days per week were authorized? M-F? Yes <input type="checkbox"/> No <input type="checkbox"/> Actual Work Schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were the time and care type authorized correct (e.g. full time, part time, half time, weekend, or night care compared to schedule provided and Better Beginnings Level): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the Child Care Arrangement form filed in case record? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

TEA Child Care Referral Form

TEA Case Manager:			Phone Number:			County:			Date:				
Applicant/Teen parent Information:													
Social Security #		First Name (<i>applicant</i>) MI			Last Name (<i>applicant</i>)			Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Race (see codes):		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			# of Parents in home:		Primary Language:		Highest Level of Education or Training Completed:			Military Status (see codes):	
Race Codes: A = Asian American B = Black/African American H = Hawaiian/Pacific Islander I = American Indian or Alaskan Native W = White/Caucasian O = Other								Military Status Codes: (Adults Only): N/A = No AD = Active Duty NGMR = National Guard/Military Reserve					
Mailing Address					City/State			Zip		County		Home Phone/Cell:	
Street Address (if not the same)					City/State			Zip		County		Message Phone:	
Current/Valid Email Address:													
TYPE OF CHILD CARE: <input type="checkbox"/> TEA <input type="checkbox"/> CHANGE (explain in comments)													
REASON FOR CHILD CARE SERVICES: <input type="checkbox"/> JOB SEARCH <input type="checkbox"/> WORK EXPERIENCE OR OJT <input type="checkbox"/> EMPLOYED <input type="checkbox"/> EDUCATION													
HOUSEHOLD INFORMATION: List all household members													
Social Security #	First Name		MI	Last Name		Date of Birth:	Gender	Citizen/Legal Resident	Relationship to Case Head:	Child Care Needed?	Race (see codes)	Military Status Adults only (see codes)	
							<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			
CHILD CARE INFORMATION: Complete information below for ALL Children assistance is requested. Reminder: School age children cannot be authorized for Full-Time on days school is in session.													
Child's Name		Child Care Participant Provider		Child Care Participant Provider Facility Number		Child Care Start Date	Child Care End Date	Child Attends ABC or Head Start		Days Service Authorized		Service Time (see codes)	
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Service Time Codes: FT = Full Time 5 hours up to 10 hours daily. HT= Half-Time Between 3 to 5 total hours per day. PT= Part-Time Less than 3 hours of care. These hours may or may not be consecutive.													
Comments:													

**Early Childhood Education and Out of School Time Program Assistance
Verification of Earnings**

TO EMPLOYER: The information listed below is requested to determine eligibility and correct benefits for your employee. This will enable us to ensure that public funds are used only for the actual benefits to which a household may be eligible. PLEASE COMPLETE THE FORM IN ITS ENTIRETY AND THE SIGNATURE SECTION AT THE BOTTOM OF THIS FORM. **If you need this material in a different format such as large print, contact your local DHS county office.**

Family Support Specialist:
Telephone Number:
TDD #:
Fax #:
Email:

Department of Human Services
Division of Child Care & Early Childhood Education

Employee Name _____ **Employee SSN** _____

- The above employee began work _____ and earns \$ _____ per hour.
Employee works an average of (Insert number of hours) _____ hours per week.
First pay date (insert a date): _____ Anticipated gross amount of the 1st pay: \$ _____
- Employee is paid: Weekly Bi-Weekly Twice a month Monthly Annually
- Please show GROSS EARNINGS (before any deductions) PAID to this employee as indicated. Please list each pay check separately including vacation pay and bonuses. Current earnings must be listed if employed more than 30 days

Pay Period Beginning	Pay Period Ending	Date Received	Hours Worked	Gross Wages	Tips/ Bonus

- Earnings:** Are any of the employee's earnings funded by JTPA - On the Job Training Program? Yes No
- Termination:** If employee is no longer employed by you, what was the last date of employment? _____
Date last check will be received: _____ Gross amount: \$ _____
- Additional Information/Expected Changes:** (such as layoffs, raises, increased or reduced hours, vacation pay, bonuses, and sick pay): _____

* I do hereby certify that the above information is factual and correct to the best of my knowledge.

Employer/Payroll Clerk Printed Name _____ Date _____
Employer/Payroll Clerk Signature _____ Telephone # _____
Place of Business _____ Address _____
Employer email address _____

Department of Human Services Office Use ONLY	
Family Support Specialist: _____	Date(s) Called: _____
Verified by: _____	Case Number: _____
Additional Info: _____	

Waiver Request

Waiver is defined as the process of exempting an applicant from meeting specific eligibility requirements and removes the applicant from the waitlist upon approval and pending the availability of funds.

Case Information

Case Name:

Family Support Specialist:

Case Number:

Child's Name:

- 1.
- 2.
- 3.
- 4.

Date of Birth:

- 1.
- 2.
- 3.
- 4.

Social Security Number:

- 1.
- 2.
- 3.
- 4.

CCDF Participant Information

Facility Name:

Better Beginnings Level: Level 1 Level 2 Level 3

Waiver/Priority Type Information

Waiver/Priority Type Category

A family who falls into one of the following categories shall be exempt from specific eligibility requirements. Household income must not exceed eighty-five (85%) of the State Median Income at any time.

Check applicable special circumstance:

- Children in or transitioning out of foster care or children with an open DCFS protective services case.
- Children with Special Needs-a child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological practitioner and/or a child determined eligible for special services under the Individuals with Disabilities Education Act for whom a current IFSP or IEP exists.
- Homeless (as defined by McKinney-Vento Homeless Act of 2001)-families or youth who lack a fixed, regular, and adequate night time residence including: sharing housing with others, living in motels, hotels, trailer parks, or camping grounds, living in emergency or transitional shelters, or living in a public or private place not designed for humans to live.
- Teen Parent Education-Any person twenty (20) years or younger who is the parent of a child that resides in the same household.
- Guardian/Custodian with or without legal documentation who is assuming the parental obligations for a minor.

****Proof of Waiver/Priority must be provided by the family, and submitted with the Child Care Assistance Application**

Approval Information

- Family does not meet work/school requirements
- Approved for Waiver/Priority Category
- Denied

Signature of Program Director/Designee

Date