



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

In order to write vouchers to your facility, we must have your complete rate information on file. Effective July 1, 2003, DHS eliminated the use of hourly and before/after school time codes. These codes have been replaced by part-time and half-time codes. If you previously used hourly or before and after school codes, **you must now convert those to part-time and half-time rates.**

You should use the following guidelines to calculate part-time and half-time rates if you do not already have them established:

- Full Day            Greater than 5 hours and up to 10 hours of care
- Half-Time        Between 3-5 hours of care, inclusively
- Part-Time        Less than 3 hours of care
- Night Care        Weekday care where over ½ of the total hours are past 6:00pm
- Weekend          Care on Saturday and/or Sunday

**Complete the DAILY RATE AMOUNTS below then submit it in ONE of the following ways:**

1. Fax to 501-683-0034 **OR**
2. Mail to PO Box 1437, Slot S-145, Little Rock, AR 72203 **OR**
3. Submit online with an electronic signature by clicking Submit Form at the top of the page.

**DAILY RATES**

**(Weekly rates will not be accepted.)**

	Part-Time	Half-Time	Full Day	Night Care	Weekend
Infants (0-18 mos)					
Toddlers (18-36 mos)					
Pre-school (30-71 mos)					
School Age (72+ mos)					

I am requesting DHS to input rates for my child care facility as listed above. I am authorized by my facility to make this request. I understand the provisions and conditions of rate changes.

Signature \_\_\_\_\_ Facility Name \_\_\_\_\_

License Number \_\_\_\_\_ City and ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Future Effective Date \_\_\_\_\_  
(If applicable)

**WHEN USING THE DIGITAL SIGNATURE, DO NOT FAX OR MAIL THE FORM.  
YOU MUST CLICK THE "SUBMIT FORM" BUTTON BELOW.  
THE FORM WILL BE E-MAILED TO THE APPROPRIATE INDIVIDUAL.**