

Frequently Asked Questions

What is the fastest way to apply for coverage?

The fastest way to apply for coverage is to apply online at: <https://access.arkansas.gov/>

Who can use this application?

Single adults who don't have any dependents and can't be claimed as a dependent on someone else's tax return.

NOTE: If you're married or have dependent children or you're American Indian or Alaska Native, you will need to fill out form DCO-152 to make sure you get the most benefits possible.

What if I don't qualify for insurance coverage through DHS?

If you are not eligible for Medicaid, ARKids First or the Arkansas Works Program, your information will be transferred to the Federally Facilitated Health Insurance Marketplace to determine your eligibility for tax credits to help pay for a Qualified Health Plan.

What will I need to apply?

You will need your Social Security number (or document number if you're a legal immigrant), employer and income information (for example, from recent pay stubs, W-2 forms, or wage and tax statements).

Why do you need my Social Security number, employer, and income information?

We ask about income and other information to let you know what coverage you qualify for and if you can get help paying for it. **We'll keep all the information you provide private and secure as required by law.** To view the Privacy Act Statement go to: <https://access.arkansas.gov/>.

What if I need help with my application?

You can contact the Help Center at 1-855-372-1084 or contact your local DHS county office.

En Español: Llame a nuestro centro de ayuda gratis al 1-855-372-1084.

Why is there a Voter Registration application included?

A Voter Registration packet is included with this application to provide an opportunity for you to register to vote or change your voter registration address. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Step 1 - Tell Us About Yourself

1. First name, Middle name, Last name & Suffix

2. Home Address			3. Apartment or Suite Number
4. City	5. State	6. Zip Code	7. County
8. Mailing address (if different from home address)			9. Apartment or Suite Number
10. City	11. State	12. City	13. County
14. Phone number () -		15. Other phone number () -	
16. Do you live in the State of Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. If you are currently out-of-state, do you intend to return to Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: Providing a valid email address will allow us to process your application and provide you with notice updates more efficiently. Providing an email address will allow you to receive information regarding your health coverage in real time through your email account.			
18. Email Address:		19. I do not want to provide an email address at this time. <input type="checkbox"/>	
20. What is your preferred spoken or written language if not English?		21. Date of birth (mm/dd/yyyy)	
22. If you are under 18, are you emancipated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how were you emancipated? <input type="checkbox"/> Court Order <input type="checkbox"/> Common Law		23. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

24. Social Security number (SSN) _____ - _____ - _____

We need this if you want health coverage and have an SSN. We use SSNs to check income and other information to see if you are eligible for help with health coverage costs. If you need help getting an SSN, call 1-800-772-1213 or visit <https://www.ssa.gov/>. TTY users should call 1-800-325-0778.

25. Are you a U.S. citizen or U.S. national? Yes No

26. Are you a citizen of the Marshall Islands, Federated States of Micronesia or Palau? Yes No

27. **If you are not a U.S. citizen or U.S. national:** Do you have eligible immigration status? Yes No

If Yes, fill in your document type and ID number below:

- Immigration document type _____ Alien # _____
- Document ID number _____ Expiration Date _____
- Have you lived in the in the U.S. since 1996? Yes No Date of U.S. entry _____
- Are you a veteran or an active duty member of the U.S. Military? Yes No

28. **If Hispanic/Latino, ethnicity (OPTIONAL – Check all that apply.)**

Mexican Mexican- American Chicano/a Puerto Rican Cuban Other _____

29. **Race (OPTIONAL – Mark all that apply.)**

White <input type="checkbox"/>	Black /African American <input type="checkbox"/>	Filipino <input type="checkbox"/>	Guamanian or Chamorro <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Korean <input type="checkbox"/>	American Indian <input type="checkbox"/>	Japanese <input type="checkbox"/>	Other Pacific Islander <input type="checkbox"/>	Asian Indian <input type="checkbox"/>	Other <input type="checkbox"/>
Samoan <input type="checkbox"/>	Alaskan Native <input type="checkbox"/>	Chinese <input type="checkbox"/>	Native Hawaiian <input type="checkbox"/>	Other Asian <input type="checkbox"/>	

30. Are you pregnant now? Yes No If Yes, what is your Due Date? _____

If Yes, how many babies are you expecting during this pregnancy? _____ Have you delivered a child within last 90 days? Yes No

If Yes, what was the delivery date? _____ If Yes, how many babies did you deliver? _____

31. Were you in Foster Care in Arkansas at age 18 or older? Yes No

If Yes, were you enrolled in Medicaid when you left the Foster Care program? Yes No

Are you currently enrolled in Medicaid? Yes No

32. Do you plan to file a federal income tax return NEXT YEAR? (You can still apply for health coverage even if you don't file a federal income tax return.) Yes No

33. Is anyone outside your household expected to claim you as a dependent on their tax return? Yes No

34. Are you currently incarcerated with the Department of Corrections, the Department of Community Corrections, county jail, city jail or juvenile detention center? Yes No 35. If Yes, what is your expected release date? _____

36. Are you a student? Yes No

If Yes, Please mark (X) for your student status and school type:

Status	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	School Type	Vocational	<input type="checkbox"/>	Open University	<input type="checkbox"/>	Technical	<input type="checkbox"/>
	Graduated	<input type="checkbox"/>	Half Time	<input type="checkbox"/>		Equivalent Voc./Tech	<input type="checkbox"/>	Under Graduate	<input type="checkbox"/>	Not in School	<input type="checkbox"/>

Step 2 – Current Job & Income Information

- Employed** - If you are currently employed, tell us about your income. Start below with question 1.
 Not Employed - Skip to question 9 on this page. **Self Employed** - Skip to question 10 on this page.

Current Job 1:

1. Employer Name and Address _____	2. Employer Phone Number _____
3. Wages/Tips (before taxes) \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
4. Average hours worked each week: _____ Date you started work here _____ (mm/dd/yyyy)	

Current Job 2:

1. Employer Name and Address _____	2. Employer Phone Number _____
3. Wages/Tips (before taxes) \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
4. Average hours worked each week: _____ Date you started work here _____ (mm/dd/yyyy)	

9. **In the past year, did you:** Change jobs? Stop working? Start working fewer hours? None of these?
 If you stopped working what was the date that job ended? _____ (mm/dd/yyyy)

10. If self-employed, answer the following questions:

A. Name of Business: _____

B. How much net income (profits once business expenses are paid) will you receive from this self-employment this month?
 \$ _____

OTHER INCOME THIS MONTH: Enter the amount and how often you receive that amount for all income not listed above.

NOTE: You don't need to tell us about child support, veteran's payments or Supplemental Security Income (SSI).

INCOME	Amount	How Often	INCOME	Amount	How Often	INCOME	Amount	How Often
None			Social Security			Taxable Interest		
Dividends			Scholarship Payments			Tax Exempt Interest		
Pensions/Retirement			Alimony/Maintenance			Lump Sum Amount		
Retirement Accounts			Unemployment			Alaska Native Income		
Capital Gains			Net Farming/Fishing			American Indian Income		
Foreign Income			Prizes/Awards			Other Income		

12. **DEDUCTIONS:** Mark all that apply and give the amount and how often you receive that amount. If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: You should not include a cost that you already considered in your answer to net self-employment (Question 10b).

Deduction	\$ Amount	How Often	Deduction	\$ Amount	How Often
Alimony/Maintenance			Student Loan Interest		
Other Deduction: _____			Other Deduction: _____		

Step 3 – Current Health Coverage Status

1. DISABILITY STATUS: Do you have a disability? Yes No Or are you blind? Yes No
 Do you live in a **medical facility or nursing home**? Yes No **If Yes**, what type of facility is this? Nursing Home Human Development Center Arkansas State Hospital Arkansas Health Center Intermediate Care Facility for the Intellectually Disabled
 Do you have a **physical, mental or emotional health condition** that causes limitations in activities (like bathing, dressing, daily chores, etc.)
 Yes No

2. UNPAID MEDICAL BILLS: Do you need help paying for medical bills this month? Yes No
 Do you need help paying bills in the last 3 months? Yes No **Are these bills** from a Medical Emergency? Yes No
 Was your household size the same during the last 3 months as it is now? Yes No **Was your household income** the same during the last 3 months as it is now? Yes No **If No**, What was the household size and income during those 3 months? _____
NOTE: Arkansas Works recipients may be eligible for retroactive coverage 30 days prior to the date of application.

3. Are you enrolled in health coverage now from any of the following? Yes No **If Yes**, mark which coverage you have:

INSURANCE	X	INSURANCE	X	INSURANCE	X
Medicaid	<input type="checkbox"/>	VA Health Care Programs	<input type="checkbox"/>	Tricare	<input type="checkbox"/>
ARKids First/CHIP	<input type="checkbox"/>	Employer Insurance-Cobra	<input type="checkbox"/>	Other Health Insurance	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	Peace Corps	<input type="checkbox"/>	Employer Insurance	<input type="checkbox"/>

Step 3 – Current Health Coverage Status Continued...

If you marked Employer Insurance or other Health Insurance, please complete the following:

Name of Health Insurance: _____ Policy Number: _____

Is this a retiree health plan? Yes No Is this a limited benefit plan (like school accident policy)? Yes No

4. If you are enrolled in health coverage, is this offered from a job? Check yes, even if the coverage is from someone else's job, such as a parent or spouse. Yes No

5. Have you lost coverage in the last 90 days? Yes No If Yes, when did the coverage end? _____

Why did the coverage end? _____

Was the insurance a group or employer sponsored plan? Yes No

6. Do you use tobacco? Yes No

Step 4 – Read & Sign This Application

I'm signing this application under penalty of perjury, which means I have provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under the federal law if I intentionally provide false or untrue information.

- I know that I must tell the Department of Human Services if anything changes (and is different than) what I wrote on this application. I can visit Access.Arkansas.gov or call 1-855-372-1084 to report any changes. I understand that a change in my information could affect my eligibility.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. I can file a complaint of discrimination by calling 1-501-682-6003.
- I confirm that next year I won't claim dependents on my federal income tax return and can't be claimed as a dependent on anyone else's federal income tax return.
- I understand that the Arkansas Works Program is not a perpetual federal or state right or a guaranteed entitlement program and it may be ended at any time upon appropriate notice.
- I understand my information will be shared with the Arkansas Division of Workforce Services.
- I understand that participation with the Arkansas Division of Workforce Services will not affect my eligibility for Medicaid or the Arkansas Works Program.

We need the information on this form to check your eligibility for Medicaid, ARKids First or the Arkansas Works Program if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

Renewal of Coverage in Future Years

To make it easier to determine my eligibility for Medicaid, ARKids First or Arkansas Works Program coverage in future years, I agree to allow the Department of Human Services to use income data including information from tax returns. DHS will send me a notice, allow me to make any changes and I can opt out at any time.

Yes, review my eligibility automatically for the next: 5 years (the maximum number of years allowed)

Or for a shorter number of years: 4 years 3 years 2 years 1 year Don't use tax return information to review eligibility.

If I'm eligible:

If I enroll in Medicaid, ARKids First or the Arkansas Works Program, I'm giving the Department of Human Services my rights to pursue and get money from other health insurance, legal settlements or other third parties.

My right to appeal:

If I think DHS has made a mistake, I can appeal its decision. To appeal means to tell someone at the Department of Human Services that I think the action is wrong and ask for a fair review of the action. I know I can find out how to appeal an action by contacting DHS at 1-501-682-8622. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application: The person who filled out Step 1 should sign this application. If you're an Authorized Representative, you may sign here as long as you have provided a signed copy of the DCO-153, Consent for an Authorized Representative.

Signature

Date (mm/dd/yyyy)

Step 5 – Submit Completed Application

Mail your signed application to:

DHS Pine Bluff Scanning Center
P.O. Box 8848
Pine Bluff, AR 71611-8848

Or email your signed application to: 351Jefferson@arkansas.gov
Or FAX your signed application to: 1-870-534-3421
Or submit your signed application to your local DHS Office.

This completes the application process for Medicaid, ARKids First and the Arkansas Works Program. Federal law requires that each state provide the opportunity to register to vote with every application for public assistance. The remaining pages of this packet are the Arkansas Voter Registration Application. Please answer the following question regarding voter registration:

Would you like to register to vote or change your voter registration address? Yes No

If you marked **Yes**, please complete and sign the Voter Registration Application that is attached and submit it with your Medicaid application.

ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.		Office Use Only		Assigned ID			
1	Mr. Mrs. Miss Ms. Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name			
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot#	City/Town	County	State	ZIP Code
3	Address Where You Receive Mail If Different From Above		Apt. or Lot#	City/Town	County	State	ZIP Code
4	Date of Birth _____ / _____ / _____ Month Day Year		5	Home & Work Phone Numbers (Optional) (H) (W)		6	Party Affiliation (Optional)
7	E-mail Address (Optional)		8	Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Arkansas Driver's license number _____ <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number _____ <input type="checkbox"/> I have neither a driver's license nor social security number.		Signature of elector - Please sign full name or put mark. The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.				
10	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to either questions C or D, do not complete this form.						
11			Date: _____ / _____ / _____ Month Day Year If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance: Name _____ Address: _____ City: _____ State: _____ Phone#: _____				

Please complete the sections below if: MAIL REGISTRANTS: PLEASE SEE SECTION D.

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

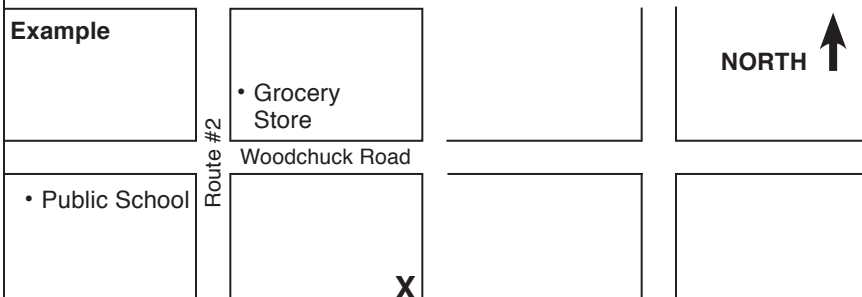
Agency Code (For Official Use Only)
PA 04

Date of Birth _____ / _____ / _____
Month Day Year

A	Mr. Mrs. Miss Ms. Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name			
B	Previous House Number and Street Name		Apt. or Lot#	City/Town	County	State	ZIP Code

If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.

- C**
- Write in the names of the crossroads (or streets) nearest where you live.
 - Draw an "X" to show where you live.
 - Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.



IDENTIFICATION REQUIREMENTS

IMPORTANT: Applicants will be required to verify their registration when voting in person or by absentee ballot by providing a required document or identification card as provided in Arkansas Constitution, Amendment 51, Section 13. If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

D

Arkansas Secretary of State
ATTN: Voter Registration
P.O. BOX 8111
Little Rock, Arkansas 72203-8111

From:

First
Class
Postage
Required

Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

To Mail

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions?
Call your local County Clerk
or
Arkansas Secretary of State
Mark Martin
Elections Division – Voter Services
1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.

ARKANSAS VOTER REGISTRATION INFORMATION

Section 7 of the National Voter Registration Act (NVRA) of 1993 requires that each state provide the opportunity to register to vote with every application for public assistance and every recertification, renewal and change of address. This Voter Registration packet is an opportunity for you to register to vote or change your voter registration address. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

No information relating to a declination to register to vote in connection with an application may be used for any purpose other than voter registration.

If you believe that someone has interfered with your right to: 1) Register to vote; 2) Decline to register to vote; 3) Privacy in deciding whether to register or in applying to register to vote; or 4) Choose your own political party or other political preference,

You may file a complaint with:

Secretary of State
Room 256 State Capitol
Little Rock, Arkansas 72201
1-800-482-1127

Mailing Instructions for Voter Registration

You have two options to submit your Voter Registration form.

1. You can submit the registration form in person or mail the registration form along with your SNAP or Medicaid application to your local county DHS office. The address for your county office can be found on the last page of this packet. Some applications (DCO-151 & DCO-152) must be mailed to the Jefferson County DHS office. If you are using one of these forms, you can mail the Voter Registration form with your application to that office. Upon receipt at any county office, that office will mail the form to the Secretary of State's office for you.
2. You may also mail the Voter Registration form directly to the Secretary of State's Office. To mail the form directly to the Secretary of State's office, separate the form from your application/renewal, fold the form along the middle perforation, seal the bottom with tape or staple, and mail to the address on the form. A stamp or stamped envelope is required for mailing.

DHS County Office Mailing Addresses

County	Address	City	Zip	County	Address	City	Zip	County	Address	City	Zip
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	809 Goldsmith Rd	Paragould	72450	Perry	213 Houston Ave	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71802	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	2505 Pine Bluff St	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13 th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72602	Independence	100 Weaver Ave	Batesville	72501	Polk	PO Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs.	72543	Lee	PO Box 309	Marianna	72360	Pulaski Sw.	PO Box 8916	Little Rock	72219
Cleveland	PO Box 465	Rison	71665	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd	Pocahontas	72455
Columbia	PO Box 1109	Magnolia	71754	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Conway	PO Box 228	Morrilton	72110	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Craighead	PO Box 16840	Jonesboro	72403	Logan-2	398 East 2 nd St.	Booneville	72927	Searcy	106 School St	Marshall	72650
Crawford	704 Cloverleaf Circle	Van Buren	72956	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison Ave	Ft. Smith	72901
Crittenden	401 S. College Blvd	W. Memphis	72301	Madison	PO Box 128	Huntsville	72740	Sevier	PO Box 670	DeQueen	71832
Cross	803 Hwy 64E	Wynne	72396	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	72529
Dallas	1202 W. 3 rd St.	Fordyce	71742	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Desha	PO Box 1009	McGehee	71654	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Drew	PO Box 1350	Monticello	71657	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W 18 th St.	El Dorado	71730
Faulkner	1000 East Siebenmorgan Road	Conway	72032	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	449 Ingram Street	Clinton	72031
Franklin	800 W Commercial	Ozark	72949	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Fullton	PO Box 650	Salem	72576	Montgomery	PO Box 445	Mount Ida	71957	White	608 Rodgers Drive	Searcy	72143
Garland	115 Stover Lane	Hot Springs	71913	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
				Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

***If you live in Pulaski County please check the zip code listing below to ensure that you mail or return your application to the appropriate Pulaski County DHS Office.**

Pulaski East : 72016, 72053, 72126, 72135, 72201, 72202, 72203, 72205, 72207, 72212, 72223, 72227

Pulaski North: 72046 (England), 72113, 72114, 72115, 72117, 72118, 72119, 72142 (Scott), 72190, 72231

Pulaski Jacksonville: 72023 (Cabot), 72076, 72078, 72099, 72106, 72116, 72120, 72124

Pulaski South: 72204, 72206 (Shared with Southwest)

Pulaski Southwest: 72002, 72065, 72103, 72208, 72209, 72210, 72211, 72164, 72180, 72183, 72206 (Shared with South)