



Original

The Early Childhood School Readiness Program is administered by the Office of Early Childhood (OEC), to include Arkansas Better Chance (ABC) and Child Care Development Fund (CCDF). 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).

For information regarding Child Care services, Rights & Responsibilities and income guidelines, visit our website at: https://dese.ade.arkansas.gov/

For county resource information visit: https://humanservices.arkansas.gov/arworksresource/

IN ORDER TO PROCESS YOUR APPLICATION FOR OFFICE OF EARLY CHILDHOOD
For CCDF: Submit application and required documentation to oec.familysupport@ade.arkansas.gov
For ABC: Submit application and required documentation to a selected ABC Provider

APPLICATION:

- Completed application: All sections must be completed, and the application must be signed and dated. (incomplete applications will be returned or denied)
Declaration of asset question answered.

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 that services are requested
Proof of citizenship for each child that services are 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, statement, or state systems verification.
Valid email address
Social security number verification for each household member (required for each child services are requested).
Immunization record/catch up schedule
Well child screening/Physical
Guardianship Documentation

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 the 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
OEC Verification of Employment (VOE) form- completed by employer, or
DCO-97 Verification of Earnings form- completed by employer,
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 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)
Workers Compensation
Alimony received for the last three (3) months
Contributions
Social Security payments
Unemployment
Pensions, interest, and annuities
Notarized statement of no earned income

EDUCATION/JOB SKILLS TRAINING:

- Class Schedule: 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



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 services are requested. If applying for Teen Parent, please enter Teen Parent's information below.

REQUIRED INFORMATION NEEDED FOR ALL PROGRAMS.

Parent or Guardian/Teen parent Information:

Form for Parent or Guardian/Teen parent Information including fields for Social Security #, Name, Date of Birth, Gender, Marital Status, Race, Ethnicity, Primary Language, Education, Military Status, Household members, Assets, Race Codes, Military Status Codes, Mailing Address, Physical Address, and Email Address.

Second Parent or Guardian

Form for Second Parent or Guardian including fields for Social Security #, Name, Date of Birth, Gender, Marital Status, Race, Ethnicity, Primary Language, Education, Military Status, Mailing Address, Physical Address, and various household and financial questions.

HOUSEHOLD INFORMATION: * A family's eligibility group is made up of one (1) or more adults and child(ren), who may or may not be, 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.

Table with 11 columns: Social Security #, First Name, MI, Last Name, Date of Birth, Gender, Citizen/Legal Resident, Relationship to applicant, Services Needed?, Race (see codes), Military Status Adults only (see codes). It contains 6 rows for household members.

EMPLOYMENT INFORMATION:						
Name:			Employer:			
Are you currently employed at a childcare facility who is a CCDF program participant? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does your position with the program service birth to 5? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List work schedule below (List actual start/end times for each day)				Working Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Date:		Average Weekly Hours:		Estimated Daily Travel Time:		
Name:			Employer:			
Are you currently employed at a childcare facility who is a CCDF program participant? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does your position with the program service birth to 5? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List work schedule below (List actual start/end times for each day)				Working Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Date:		Average Weekly Hours:		Estimated Daily Travel Time:		

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. List how often received; 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

