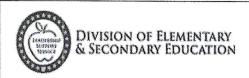


Office of Early Childhood School Readiness Application

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) Social Security payments Supplemental Security Income (SSI) Unemployment **Workers Compensation** Pensions, interest, and annuities Alimony received for the last three (3) months Notarized statement of no earned income Contributions **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



Office of Early Childhood School Readiness Application

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.

		RE	QUIRED IN	FORMA	TION NE	EDE	D FOR	ALL P	ROGRAMS	•		
Parent or Guard	lian/Tee	n parent Info	ormation:									
Social Security # (Optional) First Name (applicant) M		Last Name			Date of Birth		Gender: Male Female	Marital Status: ☐ Single ☐ Married ☐ Divorce ☐ Separated ☐ Widowed				
Race (see codes):	Ethnicit	Ethnicity: Hispanic or Latino Not Hispanic or Latino		1		-	Highest Level of Education or Training Completed:			Military Status (see codes):		
# of Parents in home: # in Family:			# of Household members			ers: Do you have household assets above \$1,000,000? □Yes □No					□Yes □No	
Race Codes: A = Asian American B = Black/African American H Islander I = American Indian or Alaskan Native W = White/Cau					Military Status Codes: (Adults Only): N/A = No AD = Active Duty NGMR = National Guard/Military Reserve VUSM=Veteran of United States Military							
Mailing Address			City/State		Zip		County		Home Phone/Cell:		,	
Physical Address (if not the same)				City/State	;	Zip County		ounty	Message I		hone:	
Current/Valid Email	Address(required)			- 	L				J.,		
Second Parent of	or Guard	lian										
Social Security # (O)	al Security # (Optional) First Name		N	/II Last Name			Date of	Date of Birth Gender: Male Female		Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed		
Race (see codes):	Ethnicit	y: Hispanic or Not Hispan		Primary La	anguage:		nest Leve ning Com			Military Status (see codes):		
Mailing Address			City/State		Zip	С	County		Home Phone/Cell:			
Physical Address (if not the same)			City/State	City/State		С	ounty		Message Phone:			
Have you ever recei				l No	W. 11.	1	Miles	_	protective servi			□ No
Do you receive SNA Are you currently re Is any adult in house	P Benefits ceiving W	?	o No			Cur	rent Hous rent Hous	sing: 🔲 sing Date	Own □Rent □	Homeless [Other	LI NO
Check if applicable: ☐ Teen parent resides in the household. ☐ Teen parent is attending high school or GED program. ☐ Lacks regular, fixed, or adequate nighttime residence						☐ Shares housing due to economic hardship☐ Lives in a shelter, hotel, or motel☐ Lives in a place not designed for sleeping (cars, parks, etc.)						
HOUSEHOLD INFO blood or law and households when requesting service group.	residing e adults	in the same ho other than sp	ouse when at louses or pare	east one of nts of the o	f the adults child(ren) re	has peside	physical togethe	custody er, each	of the child(remay be consi	en) for who dered a sep	n application arate eligibi	n is made. In lity group. If
Social Security #	First Na	me MI	Last Name	Date of Birth:	Gender	ł	zen/Legal esident	l Re	elationship to applicant:	Services Needed?	Race (see codes)	Military Status Adults only (see codes)
					☐ Male ☐ Female					☐ Yes ☐ No		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Male ☐ Female	□ Y				☐ Yes		
					☐ Male ☐ Female	□ Y	es			☐ Yes ☐ No		
			2000		☐ Male	□ Y	es	-		☐ Yes		
					☐ Female ☐ Male	□ N	es		b	☐ No		
					Female Male Female		es			☐ No ☐ Yes ☐ No		

Name:					Employer:						
ployed at a childcare	facility who is a CC	DF program pa	articipant? □Yes	□No							
vith the program servi	ice birth to 5? 🗆 Ye	s □No									
ist work schedule below (List actual start/end times for each day)					ull Time 🗆 P	Part Time Temporary Seasonal					
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tart Date: Average Weekly Hou				Estimated Daily Travel Time:			A				
Name:				Employer:							
nnloved at a childcare	facility who is a CC	DF program pa	articipant? Yes	□No							
			•								
elow (List actual start	end times for each	ı day)	Worl	ing Status: 🗆 F	ull Time 🔲 F	Part Time Temporary	□Seasonal				
Tuesday	Wedn	esday	Thursday	day Friday		Saturday	Sunday				
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						Catalan	Condess				
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					time M	ajor or course of study:					
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	mployed at a childcare with the program serving and the program and th	with the program service birth to 5?	with the program service birth to 5?	with the program service birth to 5?	Tuesday Wednesday Thursday Frida Average Weekly Hours: Employer: Inployed at a childcare facility who is a CCDF program participant? Yes No Working Status: Employer: Inployed at a childcare facility who is a CCDF program participant? Yes No Working Status: Frida Wednesday Thursday Frida Average Weekly Hours: Average Weekly Hours: Average Weekly Hours: Inployer: School: Inployer: School: School: School: Inployer: School: School: School: Inployer: School: School: School: School: Inployer: School: School:	with the program service birth to 5? Yes No	with the program service birth to 5?				

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INFORMATION FOR CHILD(REN) SERVICES ARE RE	QUESTED								
Child's Name	List any medical or developmental disabilities	Name of Child car Participant selecte		Child attends ABC, Head Start or Federal Pre-K	School child currently attends					
				☐ Yes						
Medical Insurance ARKids #		Has child attended a state-funded Pre-K (ABC) program? Yes No								
Does child have any special dietar		The second secon	If so, where? Will child be concurrently enrolled in an ABC center and HIPPY or PAT program? ☐ Yes ☐ No							
List any allergies (food, insects, et	c.):	If so, which HIPPY or PAT Program? Does child receive any special education services? ☐ Yes ☐ No								
Child's Name	List any medical or	Name of Child car		Child attends ABC, Head	School child					
	developmental disabilities	Participant selecte	ed needed for the child	Start or Federal Pre-K	currently attends					
Medical Insurance		Has child attended	a state-funded Pre-K (ARC) progra	∏ No m? □ Yes □ No						
ARKids # Does child have any special dietar List any allergies (food, insects, et		Has child attended a state-funded Pre-K (ABC) program? ☐ Yes ☐ No If so, where? Will child be concurrently enrolled in an ABC center and HIPPY or PAT program? ☐ Yes ☐ No If so, which HIPPY or PAT Program? Does child receive any special education services? ☐ Yes ☐ No								
Child's Name	List any medical or	Name of Child car		Child attends ABC, Head	School child					
	developmental disabilities	Participant selecte		Start or Federal Pre-K	currently attends					
				☐ Yes						
Medical Insurance ARKids # Does child have any special dietar List any allergies (food, insects, et		Has child attended a state-funded Pre-K (ABC) program? ☐ Yes ☐ No If so, where? Will child be concurrently enrolled in an ABC center and HIPPY or PAT program? ☐ Yes ☐ No If so, which HIPPY or PAT Program? Does child receive any special education services? ☐ Yes ☐ No								
Emergency Contact if pare	nt/guardian cannot be	reached:								
Name:	Re	elationship:		Phone:						
Address:	Cit	ty:	·	State:	Zip:					
Physician Name:				Phone:						
Address:	Cit	ty:		State:	Zip:					
Consent for Emergency Me	edical Care:									
1			of							
Parent/Guardian's Na		Relationsh	nip	Child Name						
surgical aid as may be deemed ne	cessarily expedient by a duly	y licensed or recognized	ity, or their duly appointed represo d physician or surgeon in case of a ve, to transport said child for eme	n emergency when parer	its cannot be reached.					
	Parent/Guardian Signat		Date							
Authorized Representative (If representative, this person will be (Photo ID required for authorized ****CCDF Program Participant (chi	able to talk to the case mana representative)	ager on your behalf.	present you, please complete the fore	ollowing information. If yo	ou name an authorized					
Name of Authorized Represen	tative:		Home or Cell Phone #							
may result in denial, terminal collect information from other	tion, or disqualification of ser er sources to determine my e	rvices or criminal prosec ligibility for services. I a	true and correct. I understand that cution, and the repayment of finan- outhorize any source OEC deems ne nd Responsibilities, (available on th	cial assistance made on m cessary to determine elig	y behalf. I authorize OEC					
Applicant Signature:		_ Applicant Printed	d Name:	Date:						
Teen Parent Signature:	and the second s	Teen Parent Pri	nted Name:	Date	e:					
Official use only										

Official use only: