

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, 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/>

Submit application and required documentation to FamilySupport@dhs.arkansas.gov



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*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 childcare 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? Yes No Have the child(ren) transitioned from foster care? Yes No
 Do you have an open protective services case? Yes No Are you a Guardian or Custodian with physical custody? Yes No

Check if applicable: Teen parent resides in the household Shares housing due to economic hardship
 Teen parent is attending high school or GED program Lives in a shelter, hotel, or motel
 Lacks regular, fixed, or adequate nighttime residence 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), 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. 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		
					<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 above \$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 to equal thirty (30) hours per week or,
 - ❖ Combine work and school/job skills training program to equal thirty (30) or more hours per week.
 At least one adult in the Extended Support Services (ESS) group must:
 In the first twelve (12) months:
 - ❖ Work at least twenty (20) hours per week, or your earnings must be enough to cause you to be ineligible for Transitional Employment Assistance (TEA) cash assistance.
 - ❖ Attend school full time or job skills training program to equal twenty (20) hours per week or,
 - ❖ Combine work and school/job skills training program to equal twenty (20) or more hours per week.
 In the second twelve (12) months:
 - ❖ Work at least twenty- five (25) hours per week
 - ❖ Attend school full time or job skills training program to equal twenty-five (25) hours per week or,
 - ❖ Combine work and school/job skills training program to equal 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 exempt. 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. Eligibility information may be shared with your selected CCDF Program Participant (child care provider).
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: <https://arkdhs.force.com/elicensing/s/search-provider/find-providers?tab=CC>
 - ❖ 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. All families are required to cooperate with BehavioralHelp program, if applicable <https://www.behaviorhelponline.org/>
10. Once eligibility is determined, Low-Income applicants must complete an initial and redetermination interview with a Family Support Specialist (FSS).
11. The CCDF Program Participant (child care provider) may charge the following fees:
 - Co-pay based on Better Beginnings Rating. • Late pickup, late payment, or • Fees for exceeded absentee days
 - A maximum of 15% over the designated subsidy payment rate as stated in the Certificate of Authorization

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. All emails are considered read after five (5) calendar days. 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%) of the SMI, household composition that increases household income over eighty-five (85%) of the 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	\$2,742.45	\$2,742.46
2	\$3,586.29	\$3,586.30
3	\$4,430.12	\$4,430.13
4	\$5,273.96	\$5,273.97
5	\$6,117.79	\$6,117.80
6	\$6,961.63	\$6,961.64
14. A change of CCDF Program Participant (child care provider) may require a redetermination of eligibility. Payments to the new CCDF Program Participant are your responsibility until the change is processed. A Child Care Arrangement and Change Report Form are required ten (10) calendar days prior to the date 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 above \$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 above \$1,000,000.
17. At least one (1) adult must complete the required parent training per eligibility period.

***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 Signature: _____ **Applicant Printed Name:** _____ **Date:** _____

Teen Parent Signature: _____ **Teen Parent Printed Name:** _____ **Date:** _____