Early Childhood and Out of School Time Program Assistance
Essential Service Worker Application
Email Applications to: FamilySupport@dhs.arkansas.gov

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 eligible families in the state of Arkansas.

IN ORDER TO PROCESS YOUR ESSENTIAL SERVICE WORKER 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/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, notarized statement or state systems verification.
- ☐ **Valid email address**
- ☐ **Social security number verification** for each household member (required for each child assistance is requested).

If you provide Essential Services in the category below and are over 85% of State Median Income, see chart below, **PLEASE** complete the attached application and email to **FamilySupport@dhs.arkansas.gov**. If you are below the income levels below, you may be eligible for our regular child care assistance program.

Emergency Responders
Health Care Providers
Manufacturing workers
Sanitation workers
Child Care personnel
Public Health personnel
Food Supply Chain personnel

85% State Median Income (SMI) Monthly		
Family Size	**Income Eligible**	**Over Income**
2-Person Families	$2,954.97	$2,954.98
3-Person Families	$3,650.76	$3,650.77
4-Person Families	$4,345.54	$4,345.55
5-Person Families	$5,040.83	$5,040.84
6-Person Families	$5,736.12	$5,736.13
7-Person Families	$5,866.49	$5,866.50
8-Person Families	$5,996.85	$5,996.86
9-Person Families	$6,127.22	$6,127.23
10-Person Families	$6,257.59	$6,257.60
11-Person Families	$6,387.95	$6,387.96

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PARENT/GUARDIAN INFORMATION:

Social Security # (*Optional*)	First Name MI Last Name (*applicant*)	Date of Birth	Gender: ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Race (see codes):	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Primary Language:	#of Parents in home:	Household Size:	Highest Level of Education or Training Completed:

Race Codes: A = Asian American B = Black/African American H = Hawaiian/Pacific Islander I = American Indian or Alaskan Native W = White/Caucasian O = Other

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)	Do you have assets in excess of $1,000,000? ☐ Yes ☐ No	School District (No abbreviations):

HOUSEHOLD INFORMATION: * A family's eligibility group is made up of one (1) or more adults who are working and child(ren) related by blood or law residing in the same house when at least one of the adults has physical custody of the child(ren) for whom application is made.

Social Security #	First Name MI Last Name	Date of Birth:	Gender	Citizen/ Legal Resident	Relationship to Parent/ Guardian	Child Care Needed	Race (see codes)
			☐ Male ☐ Female	☐ Yes ☐ No		☐ Yes ☐ No	
			☐ Male ☐ Female	☐ Yes ☐ No		☐ Yes ☐ No	
			☐ Male ☐ Female	☐ Yes ☐ No		☐ Yes ☐ No	
			☐ Male ☐ Female	☐ Yes ☐ No		☐ Yes ☐ No	

Do you provide essential work in one of the areas below related to COVID-19? ☐ **Yes** ☐ **No**

If Yes, check the areas that apply to you below:

- ☐ **Emergency Responders**
- ☐ **Health Care Providers**
- ☐ **Manufacturing Workers**
- ☐ **Sanitation Workers**
- ☐ **Public Health personnel**
- ☐ **Child Care personnel**
- ☐ **Food Supply Chain personnel**

Name of Employer: ______________________________ **Supervisor or Human Resources Contact:**______________________________________

Phone Number: ____ **Email Address:** ____

CERTIFICATION: I certify that I am an Essential employee at my place of employment, which is providing essential services during the COVID-19 pandemic, and I do not have access to a safe and healthy alternative childcare option. I understand that Child Care Assistance may only be extended for the duration of the COVID-19 pandemic. I certify that all information provided 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 Signature Date**

Child Care Provider Information:

Child Care Provider Signature	**Child Care Provider Signature Date**

	☐ Yes ☐ No	☐ Level 1 ☐ Level 2 ☐ Level 3
Child Care Provider License No.	**Quality Approved?**	**Better Beginnings Level**