ARKANSAS DEPARTMENT OF HUMAN SERVICES

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 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 ESSENTIAL SERVICES 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 for each child assistance is requested**
- ☐ **Social security number verification** for each household member (required 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.
- ☐ **Verification of essential employment:** most recent check stub received within the last 30 days, or employer statement on letterhead.
- ☐ **Valid email address**

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	Education/Child Care personnel
Health Care Providers	Public Health personnel
Manufacturing workers	Food Supply Chain personnel
Sanitation workers	

85% State Median Income (SMI)		
Family Size	**Income Eligible**	**Over Income**
2-Person Families	$3,343.43	$3,343.44
3-Person Families	$4,130.12	$4,130.13
4-Person Families	$4,916.82	$4,916.83
5-Person Families	$5,703.51	$5,703.52
6-Person Families	$6,490.20	$6,490.21
7-Person Families	$6,637.70	$6,637.71
8-Person Families	$6,785.21	$6,785.22
9-Person Families	$6,932.71	$6,932.72
10-Person Families	$7,080.22	$7,080.23
11-Person Families	$7,227.72	$7,227.73

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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), 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. 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 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**
- ☐ **Education/Child Care personnel**
- ☐ **Food Supply Chain personnel**

Name of Employer:_____ **Supervisor or Human Resources Contact:**_____

Phone Number:_____ **Email Address:** _____

Spouse Information (if applicable):

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**