



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).

Essential Service Worker Application Checklist

In order to process your ESSENTIAL SERVICE WORKER CHILD CARE APPLICATION, the following information is required:

APPLICATION:

- Completed application:** All sections must be completed, 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**
- Copy of social security card or social security number 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
- Provide verification of income for ALL adults in household for the last 30 days:** copies of consecutive check stubs, DCC Verification of Employment (VOE) form, employer statement on letterhead or agency email, 1040 Income Tax Return (if self-employed).
- Valid email address -** All notices will be sent electronically via email

SUBMISSION:

If you provide Essential Services in a category listed below, complete the attached application and submit the required documentation via email to: EssentialWorker@dhs.arkansas.gov (Enter Applicant's last name in email subject line)

- *Emergency Responder *Education/Child Care Personnel *Health Care Provider *Public Health Personnel
- *Manufacturing Worker *Food Supply Chain personnel *Sanitation Worker

Note: Income guidelines do not apply to Essential Service Worker Applications. All applicants are required to submit last 30 days of income to determine if the household is eligible for traditional child care assistance.

See income guideline:

Family Size	Monthly Income	Exceeded Income Limit
1	\$2,556.74	\$2,556.75
2	\$3,343.43	\$3,343.44
3	\$4,130.12	\$4,130.13
4	\$4,916.82	\$4,916.83
5	\$5,703.51	\$5,703.52
6	\$6,490.20	\$6,490.21

The regular child care application may be found on our website: <http://humanservices.arkansas.gov/dccece/Pages/default.aspx>



Early Childhood and Out of School Time Program Assistance
 Essential Service Worker Application
 Email Applications to: EssentialWorker@dhs.arkansas.gov
 (Enter Applicant's last name in email subject line)

Social Security # (Optional)		First Name 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	Primary Language:	#of Parents in home:	Household Size:	Highest Level of Education or Training Completed:		
Race Codes: A = Asian American I = American Indian or Alaskan Native		B = Black/African American W = White/Caucasian O = Other		H = Hawaiian/Pacific Islander			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		School District (No abbreviations):		

HOUSEHOLD INFORMATION: * List all information for household members

Social Security #	First Name	MI	Last Name	Date of Birth:	Gender	Citizen/ Legal Resident	Relationship to Parent/ Guardian	Child Care Needed	Race (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	

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

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: _____

TO BE COMPLETED BY THE APPROVED CCDF PROGRAM PARTICIPANT (Provider):

If selecting multiple facilities, please have the additional provider complete a Child Care Arrangement Form.

The form is available on our website: <http://humanservices.arkansas.gov/dcece/Pages/default.aspx>

Child Care Provider to Complete:		
CCDF Program Participant		
Child Care Provider Signature		Child Care Provider Signature Date
Child Care Provider License Number	Quality Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Better Beginnings Level <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3

Rights and Responsibilities

1. You understand that your Child Care Assistance may only be extended for the duration of the COVID-19 pandemic.
2. Child Care Assistance cannot be denied based on race, color, sex, age, disability, religion, national origin, or political belief.
3. 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.
4. 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.
5. CCDF Program Participant (childcare provider) may be selected according to parental choice. Essential families must choose an approved CCDF Program Participant. Information for CCDF participants may be found on our website: <http://humanservices.arkansas.gov/dccece/Pages/default.aspx>
6. Website information includes:
 - Childcare search tool
 - Better Beginnings rating
 - Facility complaints and Facility visits
7. DHS will not retroactively pay or reimburse Child Care expenses prior to approval.
8. A Child Care Arrangement form and change report form are required to change Child Care providers. Changes should not be made without prior approval.
9. 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.
10. Families declaring assets in excess of \$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 in excess of \$1,000,000.
11. 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. DHS is not responsible for any lapse of communication for failure to report an email change within ten (10) calendar days of the change.
12. The CCDF Program Participant (childcare provider) may charge the following fees:
 - Registration, late pickup, late payment, insurance, materials or reasonable fees
 - Difference between private pay rate and state rate
 - Fees for exceeded absentee days

<i>Trimester</i>	<i>Days Allowed</i>	<i>Not to Exceed</i>
<i>July – October</i>	<i>12</i>	<i>6 in a given month</i>
<i>November – February</i>	<i>16</i>	<i>8 in a given month</i>
<i>March – June</i>	<i>12</i>	<i>6 in a given month</i>

CERTIFICATION: I certify that I am an Essential employee at my place of employment, which is providing essential services during the COVID-19 pandemic. 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