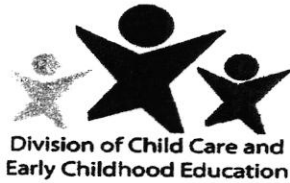


## APPLICATION CHECKLIST FOR ABC PRESCHOOL

- \_\_\_\_\_ 1. Completed and dated application form
  
- \_\_\_\_\_ 2. Documentation of child eligibility – 1 of the following required verifying income:  
~~A month's worth of consecutive paystubs dated within the last 30 days;~~ 2015 Federal Income Tax Form 1040 (line 37); 2015 Form W-2 (box 1); for self-employed or farmers – 2015 Form 1040 Schedule C (line 31) or Schedule F (line 36); documentation showing current eligibility for food stamps stamp benefits or Medicaid (must be dated within 30 days of application registration); letter from DHHS caseworker verifying household income.
  
- \_\_\_\_\_ 3. Copy of birth certificate, or hospital record or other official verification of birth date.
  
- \_\_\_\_\_ 4. Copy of Immunization record or proof of current immunizations.
  
- \_\_\_\_\_ 5. Copy of child's social security card.
  
- \_\_\_\_\_ 6. Health screening form for required EPSDT (well child checkup)

**\*\*\*\*\*There will be an enrollment packet of forms to be completed upon acceptance into the program**



# Arkansas Better Chance Program

PO Box 1437, Slot S-160  
Little Rock, AR 72203

## Primary Caregiver Application

<b>First Name:</b>		<b>Middle Initial:</b>		<b>Last Name:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Application Date:</b>		<b>Birth Date:</b>	
		MM-DD-YYYY / /		MM-DD-YYYY / /	
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No			SNAP # :		
<b>Ethnicity:</b>		<b>Race:</b>			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Other Spanish, Hispanic, Latino		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> Guaanian or Chamorro <input type="checkbox"/> Other <input type="checkbox"/> Immigrant <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Migrant <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian <input type="checkbox"/> Samoan <input type="checkbox"/> Other, Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Vietnamese			
<b>Education Level:</b> <input type="checkbox"/> Bachelor or Advance Degree <input type="checkbox"/> College degree or training school certificate <input type="checkbox"/> ESL <input type="checkbox"/> GED <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> No High School <input type="checkbox"/> Some College/Vocational/AA Degree <input type="checkbox"/> Some High School <input type="checkbox"/> Unknown					
<b>Employment Status:</b> <input type="checkbox"/> Farmer <input type="checkbox"/> Full-time & training <input type="checkbox"/> Employeed Full-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Job training/school/Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Part-time & training <input type="checkbox"/> Employeed Part-time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Self-Employeed <input type="checkbox"/> Unemployeed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Unknown					
Member of U.S. Military on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employer / school name:</b>			<b>Work Phone # :</b>		
<b>Home Phone #:</b>		<b>Cell #:</b>		<b>email:</b>	
<b>Home Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>County:</b>		<b>Township:</b> <input type="checkbox"/> Metropolitan <input type="checkbox"/> Rural <input type="checkbox"/> Urban			
<b># in family:</b>	<b># in household:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Medical Insurance:</b>		<b>Insurance Company:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Aetna Global Benefits <input type="checkbox"/> AHA Care <input type="checkbox"/> Ambetter <input type="checkbox"/> ARKids 1st <input type="checkbox"/> ARKids A <input type="checkbox"/> ARKids B <input type="checkbox"/> Blue Advantage <input type="checkbox"/> Blue Cross Blue Sheild <input type="checkbox"/> CareFirst <input type="checkbox"/> Cigna <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Health Coverage <input type="checkbox"/> QualChoice <input type="checkbox"/> TriCare <input type="checkbox"/> UnitedHealth Care			
<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Current Housing:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other		<b>Current Housing Date:</b>	
Has the family moved in the last 24 monthes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Primary Caregiver Income:</b>					
\$		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Yearly			

**Primary Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I declare that under the penalty of perjury and the rules and regulations of the Arkansas Better Chance Program that the sullpied information is true and correct at the time of application. I understand that the information I supplied may be independently verified by the Arkansas Division of Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.