



Lincoln Childcare Center, Inc.  
 1415 N. 9<sup>th</sup> Street  
 Fort Smith, AR 72901  
 (479) 782-4997



Arkansas Better Chance  
 Program  
 P.O. Box 1437, Slot S-160  
 Little Rock, Arkansas 72203

**PRIMARY CAREGIVER INFORMATION:**

<b>FIRST NAME</b>		<b>M. INITIAL</b>		<b>LAST NAME</b>	
<b>TODAY'S DATE</b> ____/____/____	<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	<b>BIRTHDAY</b> ____/____/____		<b>SOCIAL SECURITY NUMBER:</b> _____ <i>(COPY REQUIRED)</i>	<b>FOOD STAMPS</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>RELATIONSHIP TO CHILD</b>		<b>NUMBER IN FAMILY</b>		<b>NUMBER IN HOUSEHOLD</b>	
<b>MARITAL STATUS</b>	<input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>SINGLE</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>SEPARATED</b>				
<b>CELL PHONE</b> ( ) ____ - ____	<b>EMAIL ADDRESS</b>				
<b>HOME PHONE</b> ( ) ____ - ____	@				
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>ARKANSAS</b>			
<b>HAVE YOU MOVED IN THE LAST 24 MONTHS?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>CURRENT HOUSING DATE</b> ____/____/____	<b>CURRENT HOUSING</b>	<input type="checkbox"/> <b>HOMELESS</b> <input type="checkbox"/> <b>OWN</b> <input type="checkbox"/> <b>RENT</b> <input type="checkbox"/> <b>OTHER</b>		
<b>EMPLOYER/SCHOOL NAME</b>		<b>WORK NUMBER</b>			
<b>EDUCATION STATUS</b>	<input type="checkbox"/> <b>BACHELOR OR ADVANCED DEGREE</b> <input type="checkbox"/> <b>COLLEGE DEGREE OR TRAINING CERTIFICATE</b> <input type="checkbox"/> <b>SOME COLLEGE</b> <input type="checkbox"/> <b>GED</b> <input type="checkbox"/> <b>HIGH SCHOOL GRADUATE</b> <input type="checkbox"/> <b>GRADE 12</b> <input type="checkbox"/> <b>GRADE 11</b> <input type="checkbox"/> <b>GRADE 10</b> <input type="checkbox"/> <b>GRADE 9 OR LESS</b> <input type="checkbox"/> <b>NO HIGH SCHOOL</b> <input type="checkbox"/> <b>ESL</b>	<b>EMPLOYMENT STATUS*</b>	<input type="checkbox"/> <b>EMPLOYED FULL TIME</b> <input type="checkbox"/> <b>EMPLOYED PART TIME</b> <input type="checkbox"/> <b>FULL TIME &amp; SCHOOL</b> <input type="checkbox"/> <b>PART TIME &amp; SCHOOL</b> <input type="checkbox"/> <b>JOB TRAINING OR IN SCHOOL</b> <input type="checkbox"/> <b>EMPLOYED SEASONAL</b> <input type="checkbox"/> <b>SELF EMPLOYED</b> <input type="checkbox"/> <b>HOMEMAKER</b> <input type="checkbox"/> <b>RETIRED</b> <input type="checkbox"/> <b>DISABLED</b> <input type="checkbox"/> <b>UNEMPLOYED</b> <input type="checkbox"/> <b>OTHER</b>		

**\*EMPLOYMENT ELIGIBILITY DOCUMENTATION REQUIRED:**

- 1 MONTH OF CHECK STUBS**
- TAX RETURN**
- NOTARIZED STATEMENT OF NO INCOME**



*The Arkansas Better Chance program is funded through an appropriation in the Arkansas Department of Education (ADE) Public School Fund budget. ADE contracts with the DHS Division of Child Care and Early Childhood Education to administer the program. The Division is responsible for all operational duties associated with ABC. The State Board of Education is the final authority for approval of rules and grants. The Division gives regular reports and updates to the State Board of Education, as well as an annual report to the Joint Legislative Committee on Education.*



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**DEMOGRAPHIC INFORMATION:**

<b>PRIMARY LANGUAGE</b>		<b>SECONDARY LANGUAGE</b>	
<b>ETHNICITY</b>	<b>HISPANIC</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, MEXICAN <input type="checkbox"/> YES, OTHER <input type="checkbox"/> YES, PUERTO RICAN	<b>RACE</b>	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> OTHER

**IS THERE A SECONDARY CAREGIVER IN THE HOUSEHOLD?**

- YES (IF YES, COMPLETE SECONDARY CAREGIVER INFORMATION)  
 NO

**I DECLARE UNDER THE PENALTY OF PERJURY AND THE RULES AND REGULATIONS OF THE ARKANSAS BETTER CHANCE PROGRAM THAT THE INFORMATION SUPPLIED 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.**

<b>SIGNATURE</b>	<b>DATE</b>

**I UNDERSTAND THAT MY CHILD MAY BE SUBJECT TO INTERVIEWS BY DHS LICENSING STAFF, CHILD MALTREATMENT INVESTIGATORS, AND/OR LAW ENFORCEMENT OFFICIALS FOR THE PURPOSE OF DETERMINING LICENSING COMPLIANCE OR FOR INVESTIGATIVE PURPOSES. CHILD INTERVIEWS DO NOT REQUIRE PARENTAL NOTICE OR CONSENT. CHILDREN MAY BE INTERVIEWED INDIVIDUALLY OR IN A GROUP.**

**I UNDERSTAND THAT LICENSING COMPLIANCE FORMS ARE AVAILABLE FOR REVIEW UPON REQUEST.**

<b>SIGNATURE</b>	<b>DATE</b>



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**SECONDARY CAREGIVER INFORMATION:**

**ONLY USED WHEN THERE IS A SECONDARY CAREGIVER IN THE HOUSEHOLD**

<b>FIRST NAME</b>		<b>M. INITIAL</b>	<b>LAST NAME</b>	
<b>TODAY'S DATE</b> ____/____/____	<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	<b>BIRTHDAY</b> ____/____/____	<b>RELATIONSHIP TO CHILD:</b>	
<b>CELL PHONE</b> ( ) ____ - ____		<b>EMAIL ADDRESS</b>		
<b>HOME PHONE</b> ( ) ____ - ____		@		
<b>EMPLOYER/SCHOOL NAME</b>			<b>WORK NUMBER</b>	
<b>EDUCATION STATUS</b>	<input type="checkbox"/> <b>BACHELOR OR ADVANCED DEGREE</b> <input type="checkbox"/> <b>COLLEGE DEGREE OR TRAINING CERTIFICATE</b> <input type="checkbox"/> <b>SOME COLLEGE</b> <input type="checkbox"/> <b>GED</b> <input type="checkbox"/> <b>HIGH SCHOOL GRADUATE</b> <input type="checkbox"/> <b>GRADE 12</b> <input type="checkbox"/> <b>GRADE 11</b> <input type="checkbox"/> <b>GRADE 10</b> <input type="checkbox"/> <b>GRADE 9 OR LESS</b> <input type="checkbox"/> <b>NO HIGH SCHOOL</b> <input type="checkbox"/> <b>ESL</b>	<b>EMPLOYMENT STATUS*</b>	<input type="checkbox"/> <b>EMPLOYED FULL TIME</b> <input type="checkbox"/> <b>EMPLOYED PART TIME</b> <input type="checkbox"/> <b>FULL TIME &amp; SCHOOL</b> <input type="checkbox"/> <b>PART TIME &amp; SCHOOL</b> <input type="checkbox"/> <b>JOB TRAINING OR IN SCHOOL</b> <input type="checkbox"/> <b>EMPLOYED SEASONAL</b> <input type="checkbox"/> <b>SELF EMPLOYED</b> <input type="checkbox"/> <b>HOMEMAKER</b> <input type="checkbox"/> <b>RETIRED</b> <input type="checkbox"/> <b>DISABLED</b> <input type="checkbox"/> <b>UNEMPLOYED</b> <input type="checkbox"/> <b>OTHER</b>	

**\*EMPLOYMENT ELIGIBILITY DOCUMENTATION REQUIRED:**

- 1 MONTH OF CHECK STUBS**
- TAX RETURN**
- NOTARIZED STATEMENT OF NO INCOME**

**DEMOGRAPHIC INFORMATION:**

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<b>ETHNICITY</b> <b>HISPANIC</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>YES, CUBAN</b> <input type="checkbox"/> <b>YES, MEXICAN</b> <input type="checkbox"/> <b>YES, OTHER</b> <input type="checkbox"/> <b>YES, PUERTO RICAN</b>	<b>RACE</b> <input type="checkbox"/> <b>WHITE</b> <input type="checkbox"/> <b>BLACK, AFRICAN AMERICAN</b> <input type="checkbox"/> <b>AMERICAN INDIAN</b> <input type="checkbox"/> <b>CHINESE</b> <input type="checkbox"/> <b>FILIPINO</b> <input type="checkbox"/> <b>JAPANESE</b> <input type="checkbox"/> <b>KOREAN</b> <input type="checkbox"/> <b>VIETNAMESE</b> <input type="checkbox"/> <b>OTHER ASIAN</b> <input type="checkbox"/> <b>OTHER</b>



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# **ARKANSAS BETTER CHANCE PRESCHOOL FOR SCHOOL SUCCESS ELIGIBILITY APPLICATION**

## **REQUIRED DOCUMENTATION TO BE SUBMITTED:**

- **INCOME (30 DAYS) FOR PRIMARY AND SECONDARY CAREGIVER(S)**
- **COPY OF PRIMARY CAREGIVER'S SOCIAL SECURITY CARD.**
- **COPY OF THE CHILD'S PROOF OF BIRTH**
- **COPY OF THE CHILD'S SOCIAL SECURITY CARD**
- **COPY OF THE CHILD'S IMMUNIZATION RECORD**
- **COPY OF THE CHILD'S PHYSICAL OR WELL-CHILD CHECK-UP**

United Way of  
Fort Smith Area



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**CHILD INFORMATION:**

<b>FIRST NAME</b>		<b>M. INITIAL</b>		<b>LAST NAME</b>	
<b>TODAY'S DATE</b> ____/____/____	<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	<b>BIRTHDAY</b> ____/____/____ <i>*MUST PROVIDE PROOF OF BIRTH</i>		<b>SOCIAL SECURITY NUMBER:</b> _____ <i>*MUST PROVIDE COPY OF CARD</i>	<b>PARENTAL STATUS:</b> <input type="checkbox"/> <b>TWO PARENT</b> <input type="checkbox"/> <b>ONE PARENT</b>
<b>SCHOOL DISTRICT:</b> _____					

**HAS THIS CHILD ATTENDED A STATE-FUNDED PREK PROGRAM BEFORE?** YES NO  
 IF YES, WHERE \_\_\_\_\_

**IS THIS CHILD ENROLLED IN HIPPIY OR PAT PROGRAM?** YES NO

**IS THIS CHILD RECEIVING OR BEEN REFERRED FOR SPECIAL SERVICES?** YES NO  
 IF YES, WHERE \_\_\_\_\_

**IS THERE A IFSP/IEP?** \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:**

<b>PRIMARY LANGUAGE</b>		<b>SECONDARY LANGUAGE</b>	
<b>SPEAK ENGLISH AT HOME?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>ENGLISH SKILLS:</b>	<input type="checkbox"/> <b>VERY WELL</b> <input type="checkbox"/> <b>WELL</b> <input type="checkbox"/> <b>NOT WELL</b> <input type="checkbox"/> <b>NOT AT ALL</b>
<b>ETHNICITY</b>	<b>HISPANIC</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>YES, CUBAN</b> <input type="checkbox"/> <b>YES, MEXICAN</b> <input type="checkbox"/> <b>YES, OTHER</b> <input type="checkbox"/> <b>YES, PUERTO RICAN</b>	<b>RACE</b>	<input type="checkbox"/> <b>WHITE</b> <input type="checkbox"/> <b>BLACK, AFRICAN AMERICAN</b> <input type="checkbox"/> <b>AMERICAN INDIAN</b> <input type="checkbox"/> <b>CHINESE</b> <input type="checkbox"/> <b>FILIPINO</b> <input type="checkbox"/> <b>JAPANESE</b> <input type="checkbox"/> <b>KOREAN</b> <input type="checkbox"/> <b>VIETNAMESE</b> <input type="checkbox"/> <b>OTHER ASIAN</b> <input type="checkbox"/> <b>OTHER</b>

**DOES THE CHILD HAVE ANY ALLERGIES OR MEDICAL ALERTS?** YES NO  
 LIST: \_\_\_\_\_

**DATE OF THE CHILD'S LAST PHYSICAL OR WELL-CHILD CHECKUP?** \_\_\_\_/\_\_\_\_/\_\_\_\_



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**\*MUST PROVIDE A COPY INCLUDING HEARING & VISION SCREEN (must be within the last year).**

**NAME OF PHYSICIAN OR TREATMENT FACILITY** \_\_\_\_\_

**IS THE CHILD UP TO DATE ON IMMUNIZATIONS?** **YES** **NO**

*\*MUST PROVIDE CURRENT IMMUNIZATION RECORD*

**AUTHORIZATION TO DISCLOSE IMMUNIZATION RECORDS:**

I AUTHORIZE THE ARKANSAS DEPARTMENT OF HEALTH TO DISCLOSE IMMUNIZATION RECORDS TO LINCOLN CHILDCARE CENTER, INC. FOR THE CHILD LISTED ON THIS APPLICATION. I UNDERSTAND THAT THIS AUTHORIZATION WILL EXPIRE UPON DISCHARGE OF MY CHILD.

<b>SIGNATURE:</b>	<b>DATE:</b>

<b>DOES THE CHILD HAVE MEDICAL INSURANCE?</b>	<input type="checkbox"/> <b>YES</b>	<b>SPECIFY:</b>
	<input type="checkbox"/> <b>NO</b>	
		<input type="checkbox"/> <b>AETNA GLOBAL BENEFITS</b> <input type="checkbox"/> <b>AHA CARE</b> <input type="checkbox"/> <b>AMBETTER</b> <input type="checkbox"/> <b>ARKIDS 1<sup>ST</sup></b> <input type="checkbox"/> <b>ARKIDS A</b> <input type="checkbox"/> <b>ARKIDS B</b> <input type="checkbox"/> <b>BLUE ADVANTAGE</b> <input type="checkbox"/> <b>BLUE CROSS BLUE SHIELD</b> <input type="checkbox"/> <b>CAREFIRST</b> <input type="checkbox"/> <b>CIGNA</b> <input type="checkbox"/> <b>MEDICAID</b> <input type="checkbox"/> <b>MEDICARE</b> <input type="checkbox"/> <b>PRIVATE HEALTH COVERAGE</b> <input type="checkbox"/> <b>QUALCHOICE</b> <input type="checkbox"/> <b>TRICARE</b> <input type="checkbox"/> <b>UNITED HEALTHCARE</b>

**EMERGENCY CONSENT AUTHORIZATION:**

I DO HEREBY REQUEST AND GIVE CONSENT TO THE DIRECTOR OF LINCOLN CHILDCARE CENTER, INC. OR THE DULY APPOINTED REPRESENTATIVE FOR THE CHILD LISTED ON THIS APPLICATION TO RECEIVE SUCH MEDICAL OR SURGICAL AID AS MAY BE DEEMED NECESSARY AND EXPEDIENT BY A DULY LICENSED OR RECOGNIZED PHYSICIAN OR SURGEON IN CASE OF AN EMERGENCY WHEN I, THE PARENT OR CAREGIVER, CANNOT BE REACHED. CONSENT IS ALSO GIVEN FOR THE DIRECTOR, OR DULY APPOINTED REPRESENTATIVE TO TRANSPORT SAID CHILD FOR EMERGENCY MEDICAL TREATMENT.

<b>SIGNATURE:</b>	<b>DATE:</b>



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## AUTHORIZED PICK-UPS/EMERGENCY CONTACTS

*\*ONLY PERSONS LISTED ON THIS FORM WILL BE ALLOWED TO PICK THE CHILD UP. PHOTO ID'S WILL BE REQUIRED. AUTHORIZED PICK-UPS MUST BE AT LEAST 18 YEARS OF AGE.*

CHILD'S FIRST NAME	M.I.	LAST NAME

<b>MOTHER'S NAME</b>	<b>FATHER'S NAME</b>
<b>DO THEY LIVE IN THE HOME OF THE CHILD? Y N</b>	<b>DO THEY LIVE IN THE HOME OF THE CHILD? Y N</b>
<b>ADDRESS</b>	<b>ADDRESS</b>
<b>CELL PHONE</b>	<b>CELL PHONE</b>
<b>HOME PHONE</b>	<b>HOME PHONE</b>
<b>WORK PHONE</b>	<b>WORK PHONE</b>
<b>PLACE OF EMPLOYMENT/SCHOOL</b>	<b>PLACE OF EMPLOYMENT/SCHOOL</b>
<b>WORK/SCHOOL HOURS</b>	<b>WORK/SCHOOL HOURS</b>
<b>S M T W T F S _____ TO _____</b>	<b>S M T W T F S _____ TO _____</b>

IS THERE A COURT ORDER PREVENTING EITHER OF THE ABOVE FROM PICKING UP THE CHILD? **Y N**  
 IF YES WHO? \_\_\_\_\_

**\*COPY OF COURT ORDER MUST BE PROVIDED.**

**PERSON TO CONTACT WHEN PARENTS CANNOT BE REACHED:**

<b>EMERGENCY CONTACT (FIRST &amp; LAST NAME)</b>	
<b>RELATIONSHIP TO CHILD</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	
<b>WORK PHONE</b>	

**OTHER PERSONS BESIDES THOSE LISTED ABOVE WHO CAN PICK THE CHILD UP**

	PICK-UP 1	PICK-UP 2	PICK-UP 3	PICK-UP 4
<b>FIRST &amp; LAST NAME</b>				
<b>RELATIONSHIP TO CHILD</b>				
<b>PHONE</b>				



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**GENERAL INFORMATION ABOUT THE CHILD:**

<b>CHILD'S FULL NAME</b>			
<b>NICKNAME</b>		<b>DATE OF BIRTH</b>	
<b>DOES YOUR CHILD HAVE ANY SIBLINGS?</b>	<input type="checkbox"/> YES	<b>NAMES/AGES</b>	
	<input type="checkbox"/> NO		
<b>IS YOUR CHILD POTTY TRAINED?</b> <input type="checkbox"/> YES, FULLY <input type="checkbox"/> YES, SOME ACCIDENTS <input type="checkbox"/> IN PROCESS <input type="checkbox"/> NO	<b>IF NOT FULLY POTTY TRAINED, DOES YOUR CHILD WEAR UNDERWEAR OR PULL-UPS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ANYTHING WE NEED TO KNOW TO HELP YOUR CHILD IN TOLIETING?</b>	

<b>THINGS YOUR CHILD ENJOYS</b>
<b>THINGS YOUR CHILD DISLIKES</b>
<b>THINGS YOUR CHILD MAY NEED EXTRA HELP DOING</b>
<b>WHAT ARE YOUR CHILD'S STRENGTHS</b>
<b>WAYS TO COMFORT YOUR CHILD WHEN UPSET</b>
<b>YOUR CHILD'S FAVORITE ACTIVITY</b>
<b>HOLIDAYS YOUR FAMILY DOES NOT CELEBRATE</b>
<b>SPECIAL HOLIDAYS YOUR FAMILY CELEBRATES</b>
<b>WHAT DOES YOUR FAMILY VALUE MOST</b>
<b>WHAT MAKES YOUR FAMILY SPECIAL</b>
<b>DO YOU HAVE ANY AREAS OF CONCERN WITH YOUR CHILD</b>
<b>IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR FAMILY</b>
<b>IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR CHILD</b>



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