



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



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

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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PRIMARY CAREGIVER INFORMATION:

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

***EMPLOYMENT ELIGIBILITY DOCUMENTATION REQUIRED:**

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

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DEMOGRAPHIC INFORMATION:

PRIMARY LANGUAGE		SECONDARY LANGUAGE	
ETHNICITY	HISPANIC <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	RACE	<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.

SIGNATURE	DATE

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.

SIGNATURE	DATE

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SECONDARY CAREGIVER INFORMATION:

ONLY USED WHEN THERE IS A SECONDARY CAREGIVER IN THE HOUSEHOLD

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

***EMPLOYMENT ELIGIBILITY DOCUMENTATION REQUIRED:**

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

DEMOGRAPHIC INFORMATION:

PRIMARY LANGUAGE	SECONDARY LANGUAGE
ETHNICITY HISPANIC <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	RACE <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

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CHILD INFORMATION:

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

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:

PRIMARY LANGUAGE		SECONDARY LANGUAGE	
SPEAK ENGLISH AT HOME?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ENGLISH SKILLS:	<input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> NOT WELL <input type="checkbox"/> NOT AT ALL
ETHNICITY	HISPANIC <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	RACE	<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

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:

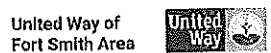
I AUTHORIZE THE ARKANSAS DEPARTMENT OF HEALTH TO DISCLOSE IMMUNIZATION RECORDS TO LINCOLN CHILDCARE CENTER, INC. FOR THE CHILD LISTED ON THIS APPLICATION. I UNDERSTAND THAT THIS AUTHORIZATION WILL EXPIRE UPON DISCHARGE OF MY CHILD.

SIGNATURE:	DATE:

DOES THE CHILD HAVE MEDICAL INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPECIFY: <input type="checkbox"/> AETNA GLOBAL BENEFITS <input type="checkbox"/> AHA CARE <input type="checkbox"/> AMBETTER <input type="checkbox"/> ARKIDS 1 ST <input type="checkbox"/> ARKIDS A <input type="checkbox"/> ARKIDS B <input type="checkbox"/> BLUE ADVANTAGE <input type="checkbox"/> BLUE CROSS BLUE SHIELD <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"/> UNITED HEALTHCARE
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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.

SIGNATURE:	DATE:



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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

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

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:

EMERGENCY CONTACT (FIRST & LAST NAME)	
RELATIONSHIP TO CHILD	
HOME PHONE	
CELL PHONE	
WORK PHONE	

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

	PICK-UP 1	PICK-UP 2	PICK-UP 3	PICK-UP 4
FIRST & LAST NAME				
RELATIONSHIP TO CHILD				
PHONE				

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GENERAL INFORMATION ABOUT THE CHILD:

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

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

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GETTING TO KNOW YOU!

Child's Name: _____

We believe families play an important role in the learning process for children. We want to get to know your child and your family in an effort to better teach your child.

Things your child likes: _____

Things your child doesn't like: _____

What are your child's strengths (what do they do well): _____

What does your child need help doing? _____

What will make your child a success? _____

Things your family enjoys doing together: _____

Special holidays your family celebrates: _____

Are there any holidays your family does not observe? _____

What makes your family special? _____

What does your family value most (what's important)? _____

If there anything you would like us to know about your child? _____

Is there anything else you would like us to know about your family? _____
