

**Families and Children Together, Inc.  
F.A.C.T., Inc.**

**Early Head Start (EHS) / Head Start (HS) / Arkansas Better Chance (ABC) Application**

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COPIES OF THE FOLLOWING DOCUMENTATION**

- 1. A form of legal documentation to prove the child's age:**  
birth certificate, hospital record or Medicaid/AR Kids card
- 2. Household income verification for the past twelve months:**  
One month of check stubs, tax returns, W-2s, employer statements, TEA, Child Support, Social Security, SSI, Unemployment, Veterans Benefits, SNAP, WIC, etc. Household income includes **all** means of support **for the last twelve months** from **all** parents/guardians of the child who also live in the same household as the child.

**If the child has a diagnosed disability, documentation relating to the disability must be provided along with this application. See section on Page 3.**

If your child is **accepted for enrollment** in one of our programs, then you will be asked to supply copies of the following documentation (you may also provide these documents now in order to expedite the enrollment process):

- 1. State birth certificate or hospital record**  
Applications for Arkansas state birth certificates are available from F.A.C.T., Inc. upon request.
- 2. Immunization Record**  
Shots **must be current** according to the age of the child. Check with your physician or local health clinic.
- 3. Medicaid Card/AR Kids or Private Insurance** (if applicable).  
Medicaid/AR Kids applications are available upon request.

***Should you have any questions regarding the required information, please contact the ERSEA Coordinator at (870) 862-4545 or your local center.***

Program applying for:     **Center Based** Your child will come to our facility.  
    **Home Based Early Head Start** Our teacher will come to your home.

**Please indicate below where you would like your child placed.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bearden HS/EHS/ABC        | <input type="checkbox"/> Lafayette HS-Lewisville         | <b>Home Based Options:</b><br><input type="checkbox"/> Calhoun County EHS<br><input type="checkbox"/> Columbia County EHS<br><input type="checkbox"/> Dallas County EHS<br><input type="checkbox"/> Ouachita County EHS<br><input type="checkbox"/> Union County EHS |
| <input type="checkbox"/> Blevins HS                | <input type="checkbox"/> Magnolia EHS                    |  |
| <input type="checkbox"/> Bradley HS                | <input type="checkbox"/> Magnolia East HS/ABC            |  |
| <input type="checkbox"/> Camden HS/EHS/ABC         | <input type="checkbox"/> Magnolia Walker HS              |  |
| <input type="checkbox"/> Emerson HS                | <input type="checkbox"/> McNeil HS                       |  |
| <input type="checkbox"/> Fairview HS/EHS-EI Dorado | <input type="checkbox"/> Morning Star HS/EHS-EI Dorado   |  |
| <input type="checkbox"/> Fordyce HS/EHS            | <input type="checkbox"/> Nevada HS-Rosston               |  |
| <input type="checkbox"/> Hampton HS/EHS            | <input type="checkbox"/> Prescott HS                     |  |
| <input type="checkbox"/> Harmony Grove HS          | <input type="checkbox"/> Strong HS/EHS/ABC               |  |
| <input type="checkbox"/> Hope HS                   | <input type="checkbox"/> Taylor ABC                      |  |
| <input type="checkbox"/> Junction City HS/EHS/ABC  | <input type="checkbox"/> West Woods HS/EHS/ABC-EI Dorado |  |

***Limited bus transportation available for:  
Bradley, Camden, Harmony Grove, and Lafayette Head Starts.  
There is NO transportation available for Early Head Start (infant and toddler program).***

Is anyone in your household expecting a baby?     Yes     No  
**If yes, please ask for a Pregnant Mom application.**

FACT, Inc. is an equal opportunity provider and employer.

F.A.C.T., Inc. takes many factors into consideration in order to determine eligibility. In addition to your income level and the age of your child, other child and family needs are noted. The following information will be used to help determine eligibility and for us to become familiar with your family.

**Applications are evaluated on a point system and those with the highest points are selected first.**

## Applicant & Family Member Information

### Applicant

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Jr., II, III</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Weight at BIRTH</u>
						lbs      oz
<u>Race</u>		<u>Hispanic</u>	<u>English Proficiency</u>		<u>Other Language</u>	<u>Other Language Proficiency</u>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
<u>Primary Health Coverage</u>			<u>Medicaid / Insurance</u>		<u>Social Security Number</u>	
<input type="checkbox"/> AR Kids	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private	<input type="checkbox"/> None	#	#	

How did you hear about us?  agency employee  child previously enrolled  family/friend  internet/website  
 newspaper  radio  referred by another agency  sibling attended  walk-in  word of mouth

### Parent/Guardian: Primary

E-mail address: \_\_\_\_\_

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Jr., Sr., II</u>	<u>Date of Birth</u>	<u>Gender</u>	
<u>Race</u>		<u>Hispanic</u>	<u>English Proficiency</u>		<u>Other Language</u>	<u>Other Language Proficiency</u>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
<u>Highest Grade Completed</u>		<u>Employment Status</u>		<u>Child's Relationship</u>	<u>Custody</u>	<u>Check all that apply:</u>
<input type="checkbox"/> Master's	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & School	<input type="checkbox"/> Biological/Adopt/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & School	<input type="checkbox"/> Foster	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Some college	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other Relative		
<input type="checkbox"/> Training Cert	<input type="checkbox"/> Grade 9/less					

Is parent attending school? WHERE: \_\_\_\_\_  
# of hours/semester: \_\_\_\_\_

If other than birth parent(s), please provide documentation of guardianship/custody.

### Parent/Guardian: Secondary - Only if in Household

E-mail address: \_\_\_\_\_

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Jr., Sr., II</u>	<u>Date of Birth</u>	<u>Gender</u>	
<u>Race</u>		<u>Hispanic</u>	<u>English Proficiency</u>		<u>Other Language</u>	<u>Other Language Proficiency</u>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None			<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate			<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			
<u>Highest Grade Completed</u>		<u>Employment Status</u>		<u>Child's Relationship</u>	<u>Custody</u>	<u>Check all that apply:</u>
<input type="checkbox"/> Master's	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & School	<input type="checkbox"/> Biological/Adopt/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & School	<input type="checkbox"/> Foster	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Some college	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Other Relative		
<input type="checkbox"/> Training Cert	<input type="checkbox"/> Grade 9/less					

Is parent attending school? WHERE: \_\_\_\_\_  
# of hours/semester: \_\_\_\_\_

If other than birth parent(s), please provide documentation of guardianship/custody.

### List each person living in the home.

Name ( First, Last)	Date of Birth	Relationship to Child

# Family Information, Income, & Contacts

## Family Information

Living Address Zip City State County

Mailing Address (if different) Zip City State County

Phone Numbers	Name of Contact	Type (check one)		
_____	<b>Parent/Guardian:</b> _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
_____	_____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
_____	_____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work

Parental Status (check one)	Primary Language at Home	Homeless Family	Active Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	Receiving WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes # _____ <input type="checkbox"/> No

**TANF (TEA, Work Pays, Career Pathways)**  Yes  No **Supplemental Security Income**  Yes  No

## EMPLOYMENT INFORMATION:

List employment history for the last twelve months for both parent(s) and/or all guardian(s) of the child.

**You must list ALL places of employment and proof of income must be provided for each.**

Parent Name	Employer	Work Address	Work Phone Number	Beginning Date	Ending Date

**OTHER INCOME/PUBLIC ASSISTANCE:** If a household member receives, or has received any of the following **during the last twelve months, proof must be provided with this application. Please check all boxes that apply.**

- Child Support:  Weekly  Bi-weekly  Monthly
- Social Security Disability/Death Benefits/Retirement
- Unemployment Benefits, Date Began Drawing: \_\_\_\_\_
- Scholarships, Grants
- Retirement
- Military Disability
- Other, (Specify) \_\_\_\_\_

**MEDICAL/DISABILITY/SPECIAL NEEDS:** Does your child have any special needs we should be aware of? Such as:

- Asthma
- Food Allergies
- Speech/Language Disorders
- Developmental Delay
- Behavior concerns
- ODD, OCD, ADHD
- Hearing Impairment
- Visual Impairment
- Orthopedic impairment or physical limitations
- Autism
- Counseling from therapist

Please describe needs: \_\_\_\_\_

List any medications your child is taking: \_\_\_\_\_

Does your child receive special education or related services (have an **IFSP** or **IEP**) and/or receive treatment from a doctor/therapist for any of the above special needs?  Yes  No

**NOTE: If child has a diagnosed disability, documentation relating to the disability must be provided along with this application.**

**ADDITIONAL FAMILY INFORMATION:** Does your family have any special circumstances, concerns or needs? Such as:

- Abusive home situation, alcohol, drugs, child or spousal abuse
- Applicant is a foster child
- Applicant currently has an open child welfare case. Please explain: \_\_\_\_\_
- Child's parent is currently incarcerated (in prison/jail)
- Current address is a temporary living arrangement due to loss of housing or economic hardship. Fill out a Residency Questionnaire
- First time parent
- Parent/guardian has a disability or special need. Please describe: \_\_\_\_\_
- Parent/guardian has no work experience or formal education in childcare
- Parent/guardian is unemployed due to loss of job or being unable to work
- Recent death in family within last 12 months
- Other: Please explain: \_\_\_\_\_
- None

Child currently enrolled in or has previously attended a childcare center or preschool?  No  Yes Where \_\_\_\_\_

Do you have a child currently attending:  Head Start  ABC  other preschool program

Is the child related to a staff member of F.A.C.T., Inc.? If so, please state who and what the relationship is: \_\_\_\_\_

**\*\*This information will only be used for placement of the child if they are selected for enrollment.**

**I certify that the above information is true. I understand that if any information is found to be false, my family's participation in this Agency's programs may be terminated, and that I may be subject to legal action. In addition, if my family participates in the ABC program and any information is found to be false, I shall be subject to repayment of funds to the Division of Child Care & Early Childhood Education and referral for prosecution. I also understand that this information is confidential and is accessible to me during normal business hours.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Applications cannot be processed until a review of the information and documentation with the parent/guardian is completed. Please call your nearest center to make an appointment for this review. \*If you cannot reach anyone at your nearest center during the summer months, please call the central office at (870) 862-4545.**

Bearden HS, EHS 870-687-2955  
 Bearden ABC 870-687-2020  
 Blevins HS 870-874-2206  
 Bradley HS 870-894-6153  
 Camden HS, EHS, ABC 870-836-5227  
 Emerson HS 870-547-2564  
 Fairview–El Dorado HS, EHS 870-864-0117  
 Fordyce HS, EHS 870-352-3333

Hampton HS, EHS 870-798-3004  
 Harmony Grove HS 870-574-2757  
 Hope HS 870-777-8540  
 Junction City HS, EHS, ABC 870-924-2554  
 Lafayette HS 870-921-5401  
 McNeil HS 870-695-3900  
 Magnolia East HS, ABC 870-234-1701  
 Magnolia EHS 870-234-3447

Magnolia/Walker HS 870-901-7100  
 Morning Star HS, EHS 870-862-2755  
 Nevada HS 870-871-1334  
 Prescott HS 870-887-0623  
 Strong HS, EHS, ABC 870-797-7378  
 Taylor ABC 870-694-6018  
 West Woods HS, EHS, ABC 870-875-1714

**Staff Use Only**

**I have conducted either an in-person or telephone interview with the family regarding their application and eligibility. I certify that I have examined this application and that it is complete with all necessary documentation attached.**

Signature of Staff Person Submitting: \_\_\_\_\_ Date \_\_\_\_\_

Staff Comments: (to include any special notes on a family's circumstances; reason for telephone interview if in-person is not possible.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application left at: \_\_\_\_\_

by: \_\_\_\_\_