

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 eligible families in the state of Arkansas.

**IN ORDER TO PROCESS YOUR ESSENTIAL SERVICE WORKER CHILD CARE APPLICATION, THE FOLLOWING INFORMATION IS REQUIRED:**

**APPLICATION:**

- Completed application:** All sections must be completed, and 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/Proof of Citizenship 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.
- Valid email address**
- Copy of a Social Security Card for each child needing assistance**

If you provide Essential Services in the category below and are over 85% of State Median Income, see chart below, **PLEASE** complete the attached application and email to [FamilySupport@dhs.arkansas.gov](mailto:FamilySupport@dhs.arkansas.gov). If you are below the income levels below, you may be eligible for our regular child care assistance program.

Emergency Responders  
Health Care Providers  
Manufacturing workers  
Sanitation workers

Child Care personnel  
Public Health personnel  
Food Supply Chain personnel

**85% State Median Income (SMI) Monthly**

Family Size	Income Eligible	Over Income
2-Person Families	\$2,954.97	\$2,954.98
3-Person Families	\$3,650.76	\$3,650.77
4-Person Families	\$4,345.54	\$4,345.55
5-Person Families	\$5,040.83	\$5,040.84
6-Person Families	\$5,736.12	\$5,736.13
7-Person Families	\$5,866.49	\$5,866.50
8-Person Families	\$5,996.85	\$5,996.86
9-Person Families	\$6,127.22	\$6,127.23
10-Person Families	\$6,257.59	\$6,257.60
11-Person Families	\$6,387.95	\$6,387.96

PARENT/GUARDIAN INFORMATION:

Social Security # <i>(Optional)</i> 498-98-0941	First Name MI Last Name ( <i>applicant</i> ) Jenna E. Clark			Date of Birth 3-18-84	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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Race (see codes): W	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Primary Language: English	#of Parents in home: 2	Household Size: 4	Highest Level of Education or Training Completed: Bachelor's degree
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Race Codes: A = Asian American B = Black/African American H = Hawaiian/Pacific Islander I = American Indian or Alaskan Native  
W = White/Caucasian O = Other

Mailing Address 2633 N. Indian Oaks	City/State Fayetteville, AR	Zip 72704	County Washington	Home Phone/Cell: 479-422-2290
Street Address (if not the same)	City/State	Zip	County	Message Phone:

Current/Valid Email Address (required) Clark.jennae@gmail.com	Do you have assets in excess of \$1,000,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	School District (No abbreviations): Springdale School District
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HOUSEHOLD INFORMATION: \* A family's eligibility group is made up of one (1) or more adults who are working and child(ren) related by blood or law residing in the same house when at least one of the adults has physical custody of the child(ren) for whom application is made.

Social Security #	First Name	MI	Last Name	Date of Birth:	Gender	Citizen/ Legal Resident	Relationship to Parent/ Guardian	Child Care Needed	Race (see codes)
373-43-2952	London	E.	Clark	1-13-13	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	daughter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	W
069-43-0151	Sydney	R.	Clark	3-1-14	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	daughter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	W
					<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
- Health Care Providers
- Manufacturing Workers
- Sanitation Workers

Public Health personnel (water & wastewater)

Child Care personnel

Food Supply Chain personnel

Name of Employer: MANA Medical Assoc. Supervisor or Human Resources Contact: Dawn Hellard  
Phone Number: 479-582-7302 Email Address: dawn.hellard@mana.md

Spouse Information (if applicable):

Name of Employer: Springdale Water Utilities Supervisor or Human Resources Contact: Kim Patulak (HR)  
Phone Number: 479-751-5751 Email Address: Kpatulak@springdalewater.com

CERTIFICATION: I certify that I am an Essential employee at my place of employment, which is providing essential services during the COVID-19 pandemic, and I do not have access to a safe and healthy alternative childcare option. 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.

Jenna Clark  
Applicant Signature

8/8/20  
Applicant Signature Date

Child Care Provider Information:

Child Care Provider Signature

Child Care Provider Signature Date

Yes  No

Level 1  Level 2  Level 3

Child Care Provider License No.

Quality Approved?

Better Beginnings Level



## STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH  
Division of Vital Records

13 000982

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

2013-00982  
ADMIN CORR RW  
7-21-14 #21

CHILD

CERTIFIER  
ATTENDANT

MOTHER

FATHER

INFORMANT

## CERTIFICATE OF LIVE BIRTH - 103

1. CHILD'S NAME (First, Middle, Last) <b>LONDON ELIZABETH CLARK</b>			2. DATE OF BIRTH (Month, Day, Year) <b>January 13, 2013</b>	3. TIME OF BIRTH <b>5:46 PM</b>
4. SEX <b>Female</b>	5. CITY, TOWN, OR LOCATION OF BIRTH <b>Fayetteville</b>	6. COUNTY OF BIRTH <b>Washington</b>		
7. PLACE OF BIRTH <b>Hospital</b>		8. FACILITY NAME (If not institution, give street and number) <b>Washington Regional Medical Center</b>		
9. I certify that this child was born alive at the place and time and on the date stated.  <i>Signature</i> <b>Annetta Terrill</b>		10. DATE SIGNED <b>1-17-13</b>	11. ATTENDANT'S NAME AND TITLE (if other than certifier) (Type/Print) <b>LAURA R COLLINS M.D.</b>	
12. CERTIFIER'S NAME AND TITLE (Type/Print) <b>ANNETTA TERRILL BIRTH CERT. REP.</b>		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3215 N NORTH HILLS BLVD Fayetteville, AR 72703</b>		
14. DATE FILED BY REGISTRAR (Month, Day, Year) <b>JAN 18 2013</b>		15. REGISTRAR'S SIGNATURE <b>Paul W Johnson</b>		
16a. MOTHER'S NAME (First, Middle, Last) <b>JENNA ELIZABETH CLARK</b>		16b. MAIDEN SURNAME <b>BASS</b>	17. MOTHER'S DATE OF BIRTH (Month, Day, Year) <b>March 18, 1984</b>	
18. BIRTHPLACE (State or Foreign Country) <b>MISSOURI</b>		19a. RESIDENCE - STATE <b>ARKANSAS</b>	19b. COUNTY <b>Washington</b>	19c. CITY OR TOWN, AND ZIP CODE <b>Fayetteville 72704</b>
19d. STREET AND NUMBER OR RURAL ROUTE <b>2633 N. INDIAN OAKS</b>		19e. INSIDE CITY LIMITS? <b>Yes</b>		
21. FATHER'S NAME (First, Middle, Last) <b>CHRISTOPHER DOUGLAS CLARK</b>		22. DATE OF BIRTH (Month, Day, Year) <b>March 21, 1984</b>		
24a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.  <i>(Signature of Parent or Other Informant)</i>				
24b. Do you want a social security number for your baby? <b>Yes</b>				

INFORMATION FOR MEDICAL AND HEALTH CARE ONLY

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

JULY 21, 2014

*Melinda Allen*  
Melinda Allen  
State Registrar

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IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

WARNING:





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<b>Statement Date</b>	<b>07/23/2020</b>
<b>Account Number</b>	<b>185190003</b>
<b>Payment Due</b>	<b>08/10/2020</b>

<b>Service Summary</b>	
Previous Balance	49.95
Payment(s) Received	-49.95
Balance Forward	0.00
Current Charges	49.95
<b>Total Amount Due</b>	<b>\$49.95</b>

**Bank Draft - Do Not Pay**

CHRISTOPHER D CLARK  
2633 N INDIAN OAKS DR  
FAYETTEVILLE AR 72704-7089



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<b>Services</b>				
<b>From</b>	<b>To</b>	<b>Days</b>	<b>ONT Number</b>	<b>Service Address</b>
07/22/2020	08/21/2020	31	CXNK00493357	2633 INDIAN OAKS DR
<b>Current Service Detail</b>				
Balance Forward				0.00
Internet-Residential-100 Mbps				49.95
Total Internet				49.95
Total Charges				49.95
<b>Total Amount Due 08/10/2020</b>				<b>\$49.95</b>
\$4.93 late charge applies after 5 p.m. on 08/10/2020				

▲ KEEP  
▼ SEND

Please check if returning information on the reverse side.



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**Payment Methods?** See back of bill for our convenient payment options.

<b>Account Number</b>	<b>185190003</b>
<b>Location Number</b>	<b>19317632F</b>
<b>Total Due 08/10/2020</b>	<b>\$49.95</b>

**Bank Draft - Do Not Pay**

CHRISTOPHER D CLARK



OZARKSGO  
PO BOX 22114  
TULSA OK 74121-9946

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601851900030000000004995





## YOUR SOCIAL SECURITY CARD

Keep this stub with your personal records. The other side contains important information.

Please note: The date we issued this card is shown below the signature line.

ADULTS: Sign this card in ink immediately.  
CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
DO NOT CARRY THIS CARD WITH YOU.  
Do not laminate.

|||||  
LONDON ELIZABETH CLARK  
2633 N INDIAN OAKS  
FAYETTEVILLE AR 72704-7089

