

The University of Arkansas at Pine Bluff
Early Head Start-Child Care Partnership
1200 North University Drive, Pine Bluff, Arkansas 71601
(870) 575-8817

Application/Recruitment Process

If you need any assistance getting the required information or completing the application or if any of your contact information changes, please contact us.

The enrollment process of your child is not complete without all the information listed below:

- Application- completed, signed, and dated
- Proof of Residency: (Utility bill, State or Federal ID, Completed current Lease Agreement, or Current Mortgage Payment that listed the address)
- Parent and child social security card
- Driver's License or Photo Identification Card
- Birth Certificate (or other official verification of the child's age)
- *Family proof of income: (one of the following) Check Stubs, Verification of Employer, Self-Employment – 1040 schedule C, Unemployment Benefits/ Workers Compensation, SSI or SS, Va Benefits/ Pensions, Retirement Income, Tea/Work Pay, Royalties, Work-Study Income, Child Support Proof, Contributions, etc.

Or

- School Schedule
- Immunization or shot record
- Dental screen
- Physical with Lead & Hematocrit or Hemoglobin level listed
- Child's Medical or insurance card (if applicable)
- IFSP (for a child with suspected or diagnosed disabilities)
- Documentation from a physician of any diagnosed medical conditions such as but not limited to; Asthma, Diabetes, Sickle Cell, Anemia, etc., and any prescribed medications that would need to be administered during school hours.

**The documentation needs to reflect the preceding 12 months of income. This is a federally funded program, and there are income guidelines that determine eligibility*

We will notify you as soon as possible whether your child is eligible and has a space in our program. If your child is eligible but there is no space available, he/she may be placed on a waiting list. Our program selects applicants based on selection priority and not on a first come first serve basis.

Sincerely,

UAPB EHS-CCP

***NOTE:** Our program does not provide transportation, and information about public transportation options/assistance is provided at each center.*

Applicant & Family Member Information

Applicant									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility		Medicaid #	
						<input type="checkbox"/> Not Eligible			
						<input type="checkbox"/> On Medicaid			
						<input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #				Dentist/Dental Home			

Primary Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes		<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No		<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other					
	<input type="checkbox"/> Master's							If teen parent, subsidized?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____									

Secondary or Other Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes		<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No		<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other					
	<input type="checkbox"/> Master's							If teen parents, subsidized?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____									

Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little					<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None					<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient					<input type="checkbox"/> Proficient	

Family Information, Income & Contacts

Applicant Name: _____ Birthday _____

Family Information

Family Living Address

Started Living At Date _____ Living Address _____ Address Line 2 _____ ZIP _____ City _____ State _____ County _____

Family Mailing Address

Same as living? Yes No Started Using Date _____ Mailing Address _____ Address Line 2 _____ ZIP _____ City _____ State _____

Phone Number(s) _____ Type (check one) _____ Note (extension or best time to call) _____ Opt-In for Text Messages _____
 Cell Home Work Other Yes No
 Cell Home Work Other Yes No
 Cell Home Work Other Yes No

Parental Status (check one) _____ Primary Language at Home _____ Homeless Family _____ Active Duty Military _____ Referred by Child Welfare Agency _____ Receiving SNAP _____ WIC _____ WIC ID (if applicable) _____
 One Two Yes No Yes No Yes No Yes No Yes No

Family Income

Income Verified by _____ Verification Date _____ TANF Status _____ SSI _____
 Yes No Yes No

Family Member	Amount	Per (for example week, month, year)	Annual Amount	Description (for example SSI, Job, Child Support)	Verification (for example W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			

Income Notes _____

Child's Needs

Does your child a disability (diagnosed by a doctor or specialist)? Yes No

Does the child have an IEP or IFSP? Yes No

If yes, please list specific disability: _____

Emergency Contacts

Contact 1	Name	Relationship	Emergency Contact	Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<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
Contact 2	Name	Relationship	Emergency Contact	Release To
				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<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

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____