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:**
   State birth certificate, hospital record, Medicaid/AR Kids card, or state/county immunization record

   For ABC programs, a state birth certificate or hospital record **MUST** be provided.

2. **Household income verification for the past twelve months:**
   One month of check stubs, tax returns, W-2s, employer statements, TEA, SSI, Unemployment, 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.

3. **Immunization Record**
   Shots **must be current** according to the age of the child. Check with your physician or local health clinic.

4. **Medicaid Card/AR Kids or Private Insurance** (if applicable).
   Medicaid/AR Kids applications are available upon request.

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

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

Please indicate below where you would like your child placed.

- ☐Bearden HS/EHS/ABC
- ☐Bradley HS
- ☐Camden HS/EHS/ABC
- ☐Emerson HS
- ☐Fairview HS/EHS-El Dorado
- ☐Fordyce HS/EHS
- ☐Hampton EHS
- ☐Hope HS
- ☐Junction City HS/EHS/ABC
- ☐Magnolia EHS
- ☐Magnolia East HS/ABC
- ☐McNeil HS
- ☐Morning Star HS/EHS-El Dorado
- ☐Nevada HS-Rosston
- ☐Strong HS/EHS/ABC
- ☐Taylor ABC
- ☐West Woods HS/EHS/ABC-El Dorado

Limited bus transportation available for:
Bradley Head Start
There is NO transportation available for Early Head Start (infant and toddler program).

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

First | Middle | Last | Jr., II, III | Date of Birth | Gender | Weight at **BIRTH**

lbs oz

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Primary Health Coverage
☐AR Kids ☐Medicaid ☐Private ☐None

Medicaid / Insurance #

Social Security Number #

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:

First | Middle | Last | Jr., Sr., II | Date of Birth | Gender

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed
☐ Master's ☐ Bachelor's ☐ Associate's ☐ Some college ☐ Training Cert
☐ HS Graduate ☐ GED ☐ Grade 11 ☐ Grade 10 ☐ Grade 9/less

Employment Status
☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed
☐ Full Time & School ☐ Part Time & School ☐ Training or School ☐ Retired or Disabled

Child's Relationship
☐ Biological/Adopt/Step ☐ Foster ☐ Grandchild ☐ Other Relative

Custody
☐ Yes ☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

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:

First | Middle | Last | Jr., Sr., II | Date of Birth | Gender

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes ☐ No

English Proficiency
☐ None ☐ Little ☐ Moderate ☐ Proficient

Other Language

Other Language Proficiency
☐ Poor ☐ Moderate ☐ Proficient

Highest Grade Completed
☐ Master's ☐ Bachelor's ☐ Associate's ☐ Some college ☐ Training Cert
☐ HS Graduate ☐ GED ☐ Grade 11 ☐ Grade 10 ☐ Grade 9/less

Employment Status
☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed
☐ Full Time & School ☐ Part Time & School ☐ Training or School ☐ Retired or Disabled

Child's Relationship
☐ Biological/Adopt/Step ☐ Foster ☐ Grandchild ☐ Other Relative

Custody
☐ Yes ☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

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*)
_____	***Parent/Guardian***:_____	☐ *Cell* ☐ *Home* ☐ *Work*
_____	_____	☐ *Cell* ☐ *Home* ☐ *Work*
_____	_____	☐ *Cell* ☐ *Home* ☐ *Work*

Parental Status (check one)	Primary Language at Home	Homeless Family	Active Military	Military Veteran	Referred by Child Welfare Agency
☐ One ☐ Two		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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.***

☐ ***SNAP*** *(food stamps)*

☐ *Supplemental Security Income (**SSI**)*

☐ *TANF (**TEA**, **Work Pays**, **Career Pathways**)*

☐ *Unemployment Benefits, Date Began Drawing:* _____

☐ ***WIC*** *Household ID #* _____

MEDICAL/DISABILITY/SPECIAL NEEEDS: ***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 (such as parenting classes, workshops or college courses) 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
Bradley HS 870-894-6153
Camden HS, EHS, ABC 870-836-5227
Emerson HS 870-696-6001
Fairview-El Dorado HS, EHS 870-864-0117
Fordyce HS, EHS 870-352-3333
Hampton EHS 870-798-3004
Hope HS 870-777-8540
Junction City HS, EHS, ABC 870-924-5615
McNeil HS 870-739-9920
Magnolia East HS, ABC 870-626-5026
Magnolia EHS 870-234-3447
Morning Star HS, EHS 870-862-2755
Nevada HS 870-871-1334
Strong HS,EHS, ABC 870-797-3015
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 in community at:_____

By (staff person):_____

Revised 8/6/2025