



**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Early Childhood Education and Out of School Time Program Assistance**  
**Child Care Arrangement Verification**

This is NOT an approval for services.

Name of Casehead/Applicant \_\_\_\_\_

**The CCDF Program Participant (Child Care Provider) must complete the information below**

List children of casehead/applicant who are enrolled and complete all applicable information for each child.  
 Return form to casehead upon completion.

Child's Name	Age	Starting Date

Signature of Facility Director of Designee		Print Name					
Name of Child Care Facility		Telephone Number					
Mailing Address		City		Zip Code		County	
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
License No.		Quality Approved?		Level 1	Level 2	Level 3	Level 4
Facility Email Address:							

Check Facility type:  Child Care Center  Licensed Child Care Home  Registered Child Care Family Home  Out of School Time

For additional information contact:

Family Support Specialist:

Phone:

Fax:

Email: