

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 026  
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date \_\_\_\_\_ Code Number 016-20-01-006 ✓

Name of Agency Division of County Operations  
Department of Human Services  
Contact Person Sandra Miller, Assistant Director, OPPD

Statutory Authority for Promulgating Rules AR Code 20-76-401

|  | Date  |
|--|---|
| Intended Effective Date                                  |   |
| <input type="checkbox"/> Emergency                       | Legal Notice Published . . . . . 5-6-01         |
| <input checked="" type="checkbox"/> 10 Days After Filing | Final Date for Public Comment . . . . . 6-5-01  |
| <input type="checkbox"/> Other                           | Filed with Legislative Council . . . . . 5-4-01 |
|  | Reviewed by Legislative Council . . . . .       |
|  | Adopted by State Agency . . . . . 6-18-01       |

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

[Signature]  
Signature

682-8375

Phone Number

Director of County Operations  
Title

4-20-01  
Date

FILED  
AR. REGISTER DIV.  
01 JUN -8 PM 3:43  
SECRETARY OF STATE  
LITTLE ROCK, ARKANSAS

**Arkansas Department of Human Services  
Division of County Operations  
TEA Child Care Notice of Action**

If you need this material in a different format, such as large print, contact your DHS County Office.

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_

The following action(s) has been taken regarding your eligibility for child care assistance:

**Section I. TEA Child Care**

- |   |   |
|---|---|
| <input type="checkbox"/> No change was made regarding your eligibility for child care assistance. | <input type="checkbox"/> Your child care assistance will end on _____ |
|---|---|

**Section II. TEA Extended Child Care**

- |  |   |
|--|---|
| <input type="checkbox"/> DHS will pay _____% and you will pay _____% per _____ to the child care provider effective _____. | <input type="checkbox"/> The amount of child care that you pay has changed. DHS will pay _____% and you will pay _____% per _____ to the child care provider effective _____. |
| <input type="checkbox"/> No change was made regarding your eligibility for child care assistance.                          | <input type="checkbox"/> Your child care assistance will end on _____   |

**REASON FOR ACTION:**

Our policy supporting this action is \_\_\_\_\_. The above action will be/has been taken on \_\_\_\_\_ . If you disagree with the action taken, you have the right to a hearing which must be requested by \_\_\_\_\_ Date \_\_\_\_\_

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AR. REGISTER DIV.  
01 JUN - 8 PM 3:43  
COURT REPORTER  
SECRETARY OF STATE  
STATE OF ARKANSAS

**Please Read The Back Of This Notice For Information About What To Do If You Disagree With This Action, And Your Right To A Hearing.**

\_\_\_\_\_  
Signature of County Office Representative

\_\_\_\_\_  
Phone Number

### **Your Right to a Hearing**

If you disagree with the action the agency plans to take/has taken, you may request and receive a hearing. Child Care assistance will continue pending a hearing. If assistance is continued at its present level or reinstated until a decision is reached, you may be required to repay the additional benefits if the hearing decision is not in your favor. The latest you may file an appeal is 30 calendar days from date of this notice.

### **How to File for a Hearing**

If you are not satisfied with the decision on your case, you may request a hearing by completing form DHS-1200 (Appeal for a Hearing), or by writing the Appeals and Hearings Section, P. O. Box 1437, Slot 1001, Little Rock, AR 72203-1437. Form DHS-1200 can be obtained from the local Human Services Office.

### **Your Right to Representation**

If you request a hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. If you wish to have a lawyer, you may ask the local Human Services Office to help you arrange for one. If free legal services are available where you live, you may ask your Human Services Office for the address and phone number.

Prior to the hearing, you and/or your representative have the right to review your record and any other evidence which will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses, and to question any person who is presented as a witness against you.

### **Your Responsibility to Report Changes**

It is your responsibility to report changes in school attendance, employment, earned income, and any other changes that could affect your eligibility for child care. Changes must be reported within 10 calendar days to your child care worker. Failure to report changes may result in an overpayment and action may be taken by DHS to collect the overpayment.

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REGISTER DIV.  
JUN - 8 PM 3:43  
SHARON F. REES  
SECRETARY OF STATE  
STATE OF ARKANSAS

## **INSTRUCTIONS**

### **DCO-1412**

#### **Purpose**

Form DCO-1412, TEA Child Care Notice of Action, is used to notify a TEA recipient or a former TEA recipient of any action or change made regarding TEA child care assistance.

#### **Completion**

##### **Sections I. and II.**

The Case Manager will indicate the action taken by checking ( ) and completing the appropriate item.

In the appropriate spaces, the following dates will be entered:

1. The actual date on which the action will be or has been taken.
2. The date which is 10 days following the date the DCO-1412 is sent. In cases in which a 10 day advance notice is given, this date will be the same as the actual date on which the action will be taken.

A clear and concise statement as to the reason for the action will be shown in the space provided. This statement should be specific and in language which the recipient can be expected to understand. The specific TEA manual policy reference will be shown.

#### **Filing**

The original copy will be mailed to the recipient. For counties that are using the Generic Six part file folder for all programs, a copy will be file in the TEA section. For all other counties, a copy will be filed in the Supportive Services section of the TEA case record.

DEPARTMENT of Human Services

DIVISION of County Operations

PERSON COMPLETING THIS STATEMENT Sandra Miller, Assistant Director

Office of Program Planning & Development

TELEPHONE: 682-8251

FAX NO. 682-1597

**FINANCIAL IMPACT STATEMENT**

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** - TEA Form DCO-1412, TEA Child Care Notice of Action

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?      Yes                      No X

This form provides specific notice regarding any action or changes made to TEA child care assistance which would not cause a financial impact.

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

**2000-2001 Fiscal Year**

General Revenue  
Federal Funds  
Cash Funds  
Special Revenue  
Other  
Total

**2001-2002 Fiscal Year**

General Revenue  
Federal Funds  
Cash Funds  
Special Revenue  
Other  
Total

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

**2000-2001 Fiscal Year**

None

**2001-2002 Fiscal Year**

None

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

None

## Legal Notices 1200

NOTICE  
OF  
RULEMAKING

Pursuant to Arkansas Code 20-76-201 (Arkansas Personal Responsibility and Public Assistance Reform Act) as amended by Arkansas Act 1567 of 1999, the Director, Division of County Operations issues a proposed new form for use in the Transitional Employment Assistance (TEA) program. Form DCO-1412, TEA Child Care Notice of Action, will be used to notify a TEA recipient or former TEA recipient of any action or changes made regarding TEA child care assistance.

Copies of the proposed policy may be obtained by writing the Division of County Operations, P.O. Box 1437, Slot 1220, Little Rock, AR 72203, Attention: Office of Program Planning & Development. All comments must be submitted in writing to the address indicated above no later than 30 days from the date of this notice.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.  
/s/Ruth Whitney  
Director  
2298219f

FILED  
AR. REGISTER DIV.  
01 JUN -8 PM 3:43  
SHARON J. GUST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_