Coordinated Application 2023-2024

Complete application in blue or black ink.

Circle the Ready Start Network that you are applying for early childhood care and education.

(Ouachita Parish)

Student Information

Child's Name: _____
FIRST   MIDDLE INITIAL   LAST

Date of Birth: _____ _____/_____ _____/_____ _____ _____ _____   Home Language: _____

Gender: o Male   o Female   Race: _____   Last 4 of Social Security Number _____

Have You Applied for Child Care Assistance Program (CCAP)?   o Yes   o No   o N/A
Are You Approved for CCAP?   o Yes   o No   o N/A
Are You on the CCAP Waitlist?   o Yes   o No   o N/A

1. PARENT/LEGAL GUARDIAN living in home WITH Child   RELATIONSHIP to CHILD: _____

NAME: _____
FIRST   MIDDLE INITIAL   LAST

ADDRESS_____
STREET   CITY   STATE   ZIP CODE

PHONE:_____EMAIL:_____

2. PARENT/LEGAL GUARDIAN living in home WITH Child   RELATIONSHIP to CHILD: _____

NAME: _____

ADDRESS_____
STREET   CITY   STATE   ZIP CODE

PHONE: _____EMAIL:_____

Has this child had an Ages & Stages Screening? o Yes   o No   Date: _____ Location: _____
Does the child have a current IEP or IFSP? *(Child is receiving services through the school system or Early Steps)*
o Yes   o No   Concern/Diagnosis:_____
Does this child receive Speech Services? (IEP)   o Yes   o No
Does this child receive Early Intervention Services? (IFSP)   o Yes   o No
Has the child been referred by psychological services?   o Yes   o No
Does the child receive SSI?   o Yes   o No

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Family Income Information

Number of Adults in household: _____   Number of Adults contributing to Income: _____

Number of Children in household: _____   o Approved for USDA/CACFP Eligibility Determination

Adult Name	Employer/Income Source	Time Period/Income (weekly, bimonthly, monthly etc.)

Program Preferences

Review the list of participating programs and write your 1st, 2nd and 3rd choices in order of preference below.

Ranking	Program Name
1ST choice	
2nd choice	
3rd choice	
If your 1st choice does not have available seats, this does not guarantee enrollment in your 2nd choice program.	

Additional Information

If a child has any siblings currently **attending** any participating program (list programs) above, please list below:

   Program: Sibling:

   _____   _____

If a child has any siblings currently **applying** to any program above, please list below:

   Program: Sibling:

   _____   _____

I, the undersigned, understand that only ONE application needs to be filled out for my child, and I hereby give my permission for the information provided here to be shared with the Children's Coalition for Northeast Louisiana.

_____   _____

Print Name of Parent/Guardian: **Date of Birth:**

_____   _____

Parent/Guardian Signature: **Date Signed:**