



# East Carroll Coordinated Application- 2022-2023

This application is to be used to apply for all sites.

Have You Applied for CCAP? Yes  No

\_\_\_\_\_ Date Application Completed

Are You Approved for CCAP? Yes  No

Are You on the CCAP Waitlist? Yes  No

**To Be Completed by the Program.** Indicate if child was:

Enrolled If enrolled, name of Program and Date Enrolled: \_\_\_\_\_

Placed on Program Waitlist  Placed on Community Waitlist

## Student Information

**Child's Name:** \_\_\_\_\_  
First Middle Initial Last

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_

**Gender:**  Male  Female **Race:**  Caucasian  African American  Other: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Number(s)** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

**Mailing Address:** \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

**Name of Person the child resides with:** \_\_\_\_\_

**Relationship with Child:** \_\_\_\_\_

Does this child receive Special Education Services? (IEP) Yes  No

Does this child receive Speech Services? (IEP)  Yes  No

Does this child receive Early Intervention Services? (IFSP)  Yes  No

Has child been referred by Psychological services?  Yes  No

Does the child have a disability?  Yes  No

If Yes, what is the disability? \_\_\_\_\_

Does the child have an SSI?  Yes  No

Does this child have a suspected disability?  Yes  No

If Yes, what is the disability? \_\_\_\_\_

## Family Income Information

Number of Adults in household: \_\_\_\_\_

Number of Adults contributing to Income: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_

Approved for USDA/CACFP Eligibility Determination

Adult Name:	Employer Name:	Total Income:
Total Family Income:		

**Child's Name:** \_\_\_\_\_  
First
Middle Initial
Last

Instructions: Select ONE program from EACH COLUMN in order of preference. Only rank programs for which you are eligible.

Choice 1	Choice 2	Choice 3
<input type="checkbox"/> Southside Elementary School	<input type="checkbox"/> Southside Elementary School	<input type="checkbox"/> Southside Elementary School
<input type="checkbox"/> Wee Learner's (Child Care)	<input type="checkbox"/> Wee Learner's (Child Care)	<input type="checkbox"/> Wee Learner's (Child Care)
<input type="checkbox"/> DCAA Head Start	<input type="checkbox"/> DCAA Head Start	<input type="checkbox"/> DCAA Head Start

\*\*Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> DOES NOT guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences for siblings/residential area.

**Head Start Supplement- This page is ONLY REQUIRED IF Head Start is one of your top three choices.**

\*\*\*Answer these questions ONLY if you are applying to Head Start

<b>Teen Parent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Homeless in the last year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<b>Person's Role in Household</b> <input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household Member <input type="checkbox"/> Resides outside the home	
<b>Family type</b> <input type="checkbox"/> Two parent family <input type="checkbox"/> Foster family		One parent family <input type="checkbox"/> (mother figure only) <input type="checkbox"/> Other: _____	One parent family <input type="checkbox"/> (father figure only)
<b>Primary Occupational Status (check only one)</b>	<b>Paying Job:</b> <input type="checkbox"/> Full Time (more than 34 hrs per week) <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal - non- Agricultural <input type="checkbox"/> Seasonal - Agricultural <input type="checkbox"/> Employed and in school	<b>In School Full Time and Employed Part Time:</b> <input type="checkbox"/> Towards high school diploma/GED <input type="checkbox"/> Towards trade/business qualification <input type="checkbox"/> Towards college degree <input type="checkbox"/> Other <input type="checkbox"/> In school and employed	<b>Employed Full Time and In School Part Time</b> <input type="checkbox"/> Towards high school diploma/GED <input type="checkbox"/> Towards trade/business qualification <input type="checkbox"/> Towards college degree <input type="checkbox"/> Other <input type="checkbox"/> Employed and in school
	<b>Other:</b> <input type="checkbox"/> In job training program <input type="checkbox"/> Homemaker <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<b>Highest level of education (check only one)</b> <input type="checkbox"/> No school completed <input type="checkbox"/> Some K-12 school (no diploma) <input type="checkbox"/> High School graduate/ GED <input type="checkbox"/> Some college (no degree)	
<b>Was the child referred to Head Start?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, by whom:</b> <input type="checkbox"/> Public School System <input type="checkbox"/> Community Agency <input type="checkbox"/> Other: _____	
<b>Income Verification: Staff Only</b>			
<input type="checkbox"/> Individual Tax Form		<input type="checkbox"/> W-2 Form	
<input type="checkbox"/> Public Assistance		<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Pay Stubs	
		<input type="checkbox"/> Written Employer Statement	
		<input type="checkbox"/> Documentation of No Income	
		Staff Signature: _____	

**Additional Information:**

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

Program:

Sibling:

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

Program:

Sibling:

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How did you learn about the participating programs and eligibility?

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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 - Lead Agency and programs (the choices I designated above) in the East Carroll Childcare Network.

\_\_\_\_\_  
**Print Name of Parent/Guardian:**

\_\_\_\_\_  
**Date of Birth:**

\_\_\_\_\_  
**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date Signed:**