



Ready Start Richland Network Coordinated Application- 2022-2023

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

Have You Applied for CCAP? Yes No N/A
 Are You Approved for CCAP? Yes No N/A
 Are You on the CCAP Waitlist? Yes No N/A

_____ Date Application Completed

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

Are you applying for a **Birth to Three Seat** at Little Feathers, Stepping Stones, or Tender Touch Nursery II? Yes No

To Be Completed by the Birth to Three Program: Is this a redetermination application? Yes No

Student Information

Child's Name: _____
First Middle Initial Last

Date of Birth: ____/____/____ **SSN:** _____

Gender: Male Female **Race:** Caucasian African American Other: _____

Phone Number: _____ **Cell Phone:** _____

E-mail: _____

Physical Address: _____
Street

City State Zip Code

Mailing Address: _____
Street

City State Zip Code

Name of Person(s) the child resides with: _____

Relationship with Child: _____

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:		

Has this child had a development screening? Yes No Date: _____ Location: _____

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? _____

Program Preferences

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"/> Delhi Elementary School (School)	<input type="checkbox"/> Delhi Elementary School (School)	<input type="checkbox"/> Delhi Elementary School (School)
<input type="checkbox"/> Delhi Head Start/ Early Head Start (Head Start)	<input type="checkbox"/> Delhi Head Start/ Early Head Start (Head Start)	<input type="checkbox"/> Delhi Head Start/ Early Head Start (Head Start)
<input type="checkbox"/> Holly Ridge Elementary School (School)	<input type="checkbox"/> Holly Ridge Elementary School (School)	<input type="checkbox"/> Holly Ridge Elementary School (School)
<input type="checkbox"/> Legacy Head Start (Head Start)	<input type="checkbox"/> Legacy Head Start (Head Start)	<input type="checkbox"/> Legacy Head Start (Head Start)
<input type="checkbox"/> Little Feathers Childcare & Preschool (Child Care, Birth-3 Site)	<input type="checkbox"/> Little Feathers Childcare & Preschool (Child Care, Birth-3 Site)	<input type="checkbox"/> Little Feathers Childcare & Preschool (Child Care, Birth-3 Site)
<input type="checkbox"/> Mangham Elementary School (School)	<input type="checkbox"/> Mangham Elementary School (School)	<input type="checkbox"/> Mangham Elementary School (School)
<input type="checkbox"/> Mangham Head Start (Head Start)	<input type="checkbox"/> Mangham Head Start (Head Start)	<input type="checkbox"/> Mangham Head Start (Head Start)
<input type="checkbox"/> Rayville Elementary School (School)	<input type="checkbox"/> Rayville Elementary School (School)	<input type="checkbox"/> Rayville Elementary School (School)
<input type="checkbox"/> Rayville II Head Start (Head Start)	<input type="checkbox"/> Rayville II Head Start (Head Start)	<input type="checkbox"/> Rayville II Head Start (Head Start)
<input type="checkbox"/> Start Elementary School (School)	<input type="checkbox"/> Start Elementary School (School)	<input type="checkbox"/> Start Elementary School (School)
<input type="checkbox"/> Stepping Stones (Child Care, Birth-3 Site)	<input type="checkbox"/> Stepping Stones (Child Care, Birth-3 Site)	<input type="checkbox"/> Stepping Stones (Child Care, Birth-3 Site)
<input type="checkbox"/> Tender Touch Nursery (Child Care)	<input type="checkbox"/> Tender Touch Nursery (Child Care)	<input type="checkbox"/> Tender Touch Nursery (Child Care)
<input type="checkbox"/> Tender Touch Nursery II (Child Care, Birth-3 Site)	<input type="checkbox"/> Tender Touch Nursery II (Child Care, Birth-3 Site)	<input type="checkbox"/> Tender Touch Nursery II (Child Care, Birth-3 Site)

**Ranking a program 1st or 2nd 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

Teen Parent <input type="checkbox"/> _Yes <input type="checkbox"/> _No		Homeless in the last year? <input type="checkbox"/> _Yes <input type="checkbox"/> _No	
Marital Status <input type="checkbox"/> _Single <input type="checkbox"/> _Married <input type="checkbox"/> _Separated <input type="checkbox"/> _Widowed <input type="checkbox"/> _Divorced		Person's Role in Household <input type="checkbox"/> _Mother/Mother Figure <input type="checkbox"/> _Father/Father Figure <input type="checkbox"/> _Household Member <input type="checkbox"/> _Resides outside the home	
Family type <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)
Primary Occupational Status (check only one)	Paying Job: <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	In School Full Time and Employed Part Time: <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	Employed Full Time and In School Part Time <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
	Other: <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	Highest level of education (check only one) <input type="checkbox"/> _No school completed <input type="checkbox"/> _Associate degree <input type="checkbox"/> _Some K-12 school (no diploma) <input type="checkbox"/> _Bachelor's degree <input type="checkbox"/> _High School graduate/ GED <input type="checkbox"/> _Master's degree <input type="checkbox"/> _Some college (no degree) <input type="checkbox"/> _Doctorate degree	
Was the child referred to Head Start? <input type="checkbox"/> _Yes <input type="checkbox"/> _No	If Yes, by whom: <input type="checkbox"/> _Public School System <input type="checkbox"/> _Community Agency <input type="checkbox"/> _Other: _____		
Income Verification: Staff Only			
<input type="checkbox"/> _ Individual Tax Form	<input type="checkbox"/> _ W-2 Form	<input type="checkbox"/> _ Pay Stubs	
<input type="checkbox"/> _ Public Assistance	<input type="checkbox"/> _ Unemployment	<input type="checkbox"/> _ Written Employer Statement	
<input type="checkbox"/> _ Other: _____	<input type="checkbox"/> _ Documentation of No Income Staff Signature: _____		

Birth to 3 Supplement- This page is ONLY REQUIRED IF applying for a Birth to 3 seat.

***Provide the following documents ONLY if you are applying for a Birth to 3 seat at Little Feathers, Stepping Stones, or Tender Touch Nursery II

- Special Populations (Experiencing Homelessness or Foster Care) who are Categorically Eligible:**
 - ___ McKinney-Vento verification form to be completed for families experiencing homelessness
 - ___ DCFS Documentation verifying foster status
- Child and Family Documentation:**
 - ___ Updated Vaccination Record
 - ___ Statement of Exemption from Immunizations
 - ___ Verify child's date of birth using a state-issued or foreign birth certificate or a current passport or visa
 - ___ Verify person complete application is the parent listed on the birth certificate. *(If applicant is no parent on birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted).*
 - ___ Louisiana driver's license or state-issued ID card
 - ___ Current utility bill with the parent's name and address.
 - ___ Current lease or mortgage statement
 - ___ In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)
- Work (Earned Income) or School/Training Documentation:**
 - ___ Four (4) sequential pay statements for **EACH ADULT or CAREGIVER IN THE HOUSEHOLD** (within two months from the date of filling out this application.) **(Minimum of 20 HOURS per WEEK)**
 - ___ Parents or guardians who are enrolled in a school or training program provide a transcript to show full-time or part time status (full time is at least twelve credit hours per week, part time is less than 12 credit hours). **OR**, A letter from the register on school or training letterhead with hours attending and courses being taken, or a letter from a school advisor signed on the institution's letterhead could also verify student status.
 - ___ An official letter from your employer stating *all* of the following: Where parent/guardian is employed, work hours, rate of pay, and start date of employment.
 - ___ Parents or guardians who are employed intermittently, self-employed, or who do not have tax forms, check stubs, or other applicable income verification documentation must submit a Declaration of Income for Irregular Employment form.
- Actively Seeking Employment Documentation:**
 - ___ HIRE account registration with date of registration
 - ___ Parents or guardians who are **actively seeking employment** can submit proof of unemployment pay statement
- Unearned Income Documentation:**
 - ___ Positive match via eScholar DirectMatch system *(This is not sufficient evidence of eligibility on its own. Must verify employment, training/school, or actively seeking employment in addition to the income).*
 - ___ SNAP/Food Stamps- must included the child's name and valid effective dates. If using this documentation, family must provide employment or actively seeking employment or school/training documentation. SNAP/Food stamps is not a stand along eligibility qualifier. (Certified through _____)
 - ___ A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits. SSI benefits for any other household member must be accompanied by other income documentation, if applicable.
 - ___ A statement of no income for a family claiming no unearned income benefits (only if none of the above applies, with no earned income)

Additional Information:

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

Program:

Sibling:

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

Program:

Sibling:

How did you learn about the participating programs and eligibility? Check all that apply.

Friend/Family

Facebook

Director/Administrator

Television

Flyer

Postcard

Radio

Other _____

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/Birth to 3 Seat Coordinator (the choices I designated above) in the Ready Start Richland Network to match my child to a seat.

Print Name of Parent/Guardian:

Date of Birth:

Parent/Guardian Signature:

Date:

Your Application is Completed!

What's Next?

1. The Program Partner reviews your application to determine if you are eligible for their program.
2. Letters notifying parents of acceptance into publicly funded programs (Head Start and LA4) will be mailed out on Friday, May 6th, 2022.
3. Parents **MUST RETURN** acceptance letters no later than Friday, May 13th, 2022 in order to be accepted into the program.
4. Steps for registration for the program will be included in the notification letter.

