**MORE Network Coordinated Application 2019-2020 ONE – Eligibility**

**\_\_\_Placed \_\_\_Not Placed**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **CHILD’S NAME** | |  | | | | |  | |  | | | | | | | |  | | | | |
| **First Name** | | | | | **MI** | | **Last Name # 1** | | | | | | | | **Last Name # 2** | | | | |
| **DATE OF BIRTH** | | **\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_** | | | | | **SSN** | **\_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_** | | | | | | | | | | **GENDER** | | | **Male**  **Female** |
| **AGE** |  | | | **PHONE NUMBERS** | | **\_\_ \_\_ \_\_- \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_**  **\_\_ \_\_ \_\_- \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_** | | | | | | **EMAIL** | | |  | | | | | | |
| **Race** | | |  | **O Caucasian O African American** | | | | | | |  | | |  | **O other:**  **\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **PHYSICAL ADDRESS** | | | | **Street** | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | **State** | | | | | | | **Zip** | |
| **MAILING ADDRESS** | | | | **Street** | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | **State** | | | | | | | **Zip** | |
| **Person CHILD Resides With** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **RELATIONSHIP TO CHILD** | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Does child receive Special Education Services? (IEP)** | | | | | | | | | | **Does child receive Speech Services? (IEP)** | | | | | | | | | | | |
| **YES** | | | | | **NO** | | | | | **YES** | | | | | | | | | **NO** | | |
| **Does child receive Early Intervention Services? (IFSP)** | | | | | | | | | | **Has child been referred by Psychological services?** | | | | | | | | | | | |
| **YES** | | | | | **NO** | | | | | **YES** | | | | | | | | | **NO** | | |
| **Does child have a suspected disability?** | | | | | | | | | | **If YES, what is the disability?** | | | | | | | | | | | |
| **YES** | | | | | **NO** | | | | |  | | | | | | | | | | | |

**MORE Network Coordinated Application TWO – Application**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY INCOME INFORMATION** | | | | | | | |
| Number of Adults |  | Number of Adults Contributing to Income | |  | Number of Children |  | Approved for USDA/CACFP Eligibility Determination |
| **Adult Name** | | | **Employer Name** | | | | **Total Income** |
|  | | |  | | | |  |
|  | | |  | | | |  |
|  | | |  | | | |  |
| **Total Family Income** | | | | | | |  |

**\*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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME** |  | |  |  | |  |
| **First Name** | | **MI** | **Last Name # 1** | | **Last Name # 2** |
| ***Please rank the programs below in order of preference. Put a “1” for your first choice,”2” for your second choice, and so on. Only rank programs for which you are eligible.*** | | | | | | |
| **RANKING** | | **PROGRAM** | | | **TYPE** | |
|  | | Anna’s Lollipop Lane | | | Child Care | |
|  | | Beekman Charter School | | | Charter School | |
|  | | Little Ones | | | Child Care | |
|  | | Little Angels | | | Child Care | |
|  | | MCIO Head Start - Bastrop | | | Head Start | |
|  | | Morehouse Magnet School | | | Public School | |
|  | | Our House Child Care Center | | | Child Care | |
|  | | Prep Center | | | Child Care | |

**MORE Network Coordinated Application Three – Application**

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

|  |  |
| --- | --- |
| **Program** | **Siblings** |
|  |  |
|  |  |

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

|  |  |
| --- | --- |
| **Program** | **Siblings** |
|  |  |
|  |  |

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 MORE Community Network.

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

|  |
| --- |
|  |

**Parent/Guardian Signature Date**

**MORE Network Coordinated Application THREE – Head Start Supplement**

**This page is ONLY required if Head Start is 1st or 2nd choice.**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Teen Parent** | **YES** | | **NO** | | **Homeless in the last year** | | | | | **YES** | | | | **NO** |
| **Marital Status** | **Single Separated**  **Married Divorced**  **Widowed** | | | | | | **Person’s role in household** | | **Mother/Mother Figure**  **Father/Father Figure**  **Household member**  **Resides outside the home** | | | | | |
| **Family type** | **\_\_Two parent family** | | | | | **One parent family**  **\_\_(mother figure only)** | | | | | **One parent family**  **\_\_(father figure only)** | | | |
| **\_\_Foster family** | | | | | **\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Primary Occupational Status (check only one)** | **Paying Job:** | | | | | **In School Full Time and Employed Part Time:** | | | | | | **Employed Full Time and In School Part Time** | | |
| \_\_Full Time (more than 34  hrs per week) | | | | | \_\_Towards high school  diploma/GED | | | | | | \_\_Towards high school  diploma/GED | | |
| \_\_Part Time | | | | | \_\_Towards trade/business  qualification | | | | | | \_\_Towards trade/business  qualification | | |
| \_\_Seasonal –  non- Agricultural | | | | | \_\_Towards college degree | | | | | | \_\_Towards college degree | | |
| \_\_Seasonal - Agricultural | | | | | \_\_Other | | | | | | \_\_Other | | |
| \_\_Employed and in school | | | | | \_\_In school and employed | | | | | | \_\_Employed and in school | | |
| **Other:** | | | | | **Highest level of education (check only one)** | | | | | | | | |
| \_\_In job training program | | | | | \_\_No school completed | | | | | | \_\_Associate degree | | |
| \_\_Homemaker | | | | |
| \_\_Unable to work due to  disability | | | | | \_\_Some K-12 school (no  diploma) | | | | | | \_\_Bachelor’s degree | | |
| \_\_Retired | | | | | \_\_High School  graduate/GED | | | | | | \_\_Master’s degree | | |
| \_\_Unemployed | | | | | \_\_Some college (no  degree) | | | | | | \_\_Doctorate degree | | |
| **Was child referred to Head Start?** | | | | **If YES, by whom:** | | | | | | | | | | |
| **YES** | | **NO** | | **Public School System** | | | | **Community Agency** | | | | | **Other:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Income Verification: Staff Only** | | | | | | | | | | | | | | |
| **\_\_ Individual Tax Form \_\_ W-2 Form \_\_Pay Stubs \_\_ Written Employer Statement**  **\_\_ Public Assistance \_\_ Unemployment \_\_ Documentation of No Income**  **\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |