**MORE Network Coordinated Application 2020-2021 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** |
|  |  | 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |