



# Ready Start Morehouse Network Coordinated Application- 2022-2023

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

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

Are you applying for a **Birth to Three funded Seat** at Little Angel's or Little One's?  Yes  No

**To Be Completed by the Birth to Three Program:** Is this a redetermination application?  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

Have You Applied for Child Care Assistance Program (CCAP)?  Yes  No  N/A

Are You Approved for CCAP?  Yes  No  N/A

Are You on the CCAP Waitlist?  Yes  No  N/A

## 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:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**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:** \_\_\_\_\_

Has this child had an Ages & Stages 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 receive 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"/> Beekman (Charter School)	<input type="checkbox"/> Beekman (Charter School)	<input type="checkbox"/> Beekman (Charter School)
<input type="checkbox"/> Little One's (Child Care, <b>Birth to 3 Site</b> )	<input type="checkbox"/> Little One's (Child Care, <b>Birth to 3 Site</b> )	<input type="checkbox"/> Little One's (Child Care, <b>Birth to 3 Site</b> )
<input type="checkbox"/> Little Angels (Child Care, <b>Birth to 3 Site</b> )	<input type="checkbox"/> Little Angels (Child Care, <b>Birth to 3 Site</b> )	<input type="checkbox"/> Little Angels (Child Care, <b>Birth to 3 Site</b> )
<input type="checkbox"/> MCIO Head Start- Bastrop (Head Start)	<input type="checkbox"/> MCIO Head Start- Bastrop (Head Start)	<input type="checkbox"/> MCIO Head Start- Bastrop (Head Start)
<input type="checkbox"/> Morehouse Parish Schools (School)	<input type="checkbox"/> Morehouse Parish Schools (School)	<input type="checkbox"/> Morehouse Parish Schools (School)
<input type="checkbox"/> Our House (Child Care)	<input type="checkbox"/> Our House (Child Care)	<input type="checkbox"/> Our House (Child Care)
<input type="checkbox"/> Prep Center (Child Care)	<input type="checkbox"/> Prep Center (Child Care)	<input type="checkbox"/> Prep Center (Child Care)
<input type="checkbox"/> Radiance- Bastrop (Child Care)	<input type="checkbox"/> Radiance- Bastrop (Child Care)	<input type="checkbox"/> Radiance- Bastrop (Child Care)

\*\*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"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<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"/> 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	
<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"/> Pay Stubs <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Written Employer Statement <input type="checkbox"/> Documentation of No Income <input type="checkbox"/> Other: _____    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 Angel's or Little One's

- Special Populations (Foster Care) who are Categorically Eligible:**
  - \_\_\_ DCFS Documentation verifying foster status
- Family Status**
  - \_\_\_ Employed or in training
  - \_\_\_ Actively Seeking Employment
  - \_\_\_ McKinney-Vento verification form to be completed for families experiencing homelessness
- Child and Family Documentation (One or more of these are needed for all members of the household to verify the members of the household and household size.):**
  - \_\_\_ 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)
  - \_\_\_ Updated Vaccination Record
  - \_\_\_ Statement of Exemption from Immunizations
- 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 – Note: if family found eligible for B-3 seats through ASE in previous year(s), parent must be eligible through Employment/School/Training eligibility.**
  - \_\_\_ 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:**
  - \_\_\_ Child support, alimony, disability benefits, retirement benefits, etc.
  - \_\_\_ 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)
- Income verification through EC Directmatch** (May not be applicable for all families. Families whose income is confirmed through EC Directmatch still need to provide proof of employment and working 20 hours or more per week, actively seeking employment, or school/training.

## 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?

Friends/Family

Facebook

Director/Administrator

Television

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 Coordinator (the choices I designated above) in the Ready Start Morehouse Network.

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

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

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

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