



READY START MOREHOUSE NETWORK COORDINATED APPLICATION- 2021-2022

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 PDG Birth to Three Seat at Little Angel's or Little One's?

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: _____ 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:

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"/> Beekman (Charter School)	<input type="checkbox"/> Beekman (Charter School)	<input type="checkbox"/> Beekman (Charter School)
<input type="checkbox"/> Little One's (Child Care, PDG Birth to 3 Site)	<input type="checkbox"/> Little One's (Child Care, PDG Birth to 3 Site)	<input type="checkbox"/> Little One's (Child Care, PDG Birth to 3 Site)
<input type="checkbox"/> Little Angels (Child Care, PDG Birth to 3 Site)	<input type="checkbox"/> Little Angels (Child Care, PDG Birth to 3 Site)	<input type="checkbox"/> Little Angels (Child Care, PDG Birth to 3 Site)
<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)

**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: _____	

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

***Provide the following documents ONLY if you are applying for a PDG Birth to 3 seat at Little Angel's or Little One's

Proof of Income - *Note: Use hourly rate and income formula whenever possible for the most accurate and consistent verification. Select which item(s) you have verified:*

- Positive match via the eScholar DirectMatch system
- Four (4) consecutive check stubs for EACH PARENT or CAREGIVER IN THE HOUSEHOLD for the current year (within 2 months from the date of filling out this application.) **Must be at least 20 hours a week.**
- An official letter from your employer stating **all** of the following:
 - Where parent/guardian is employed, the hourly rate of pay, and the average number of hours parent/guardian works per week. **Must be at least 20 hours a week.**
- Transcript with hours of participation in training or education program within 45 days of application/enrollment. **Must be at least 20 hours a week.**
- Detailed school schedule or statement from an accredited college or training program deeming status. **Must be at least 20 hours a week.**
- SNAP/Food Stamps - must include the child's name and valid effective date
- 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.
- Current foster care placement agreement from DCFS
- Parents or guardians who claim zero income of any kind must each submit a Statement of No Income form
- Screenshot or copy of account registration for LA Works HIRE (Helping Individuals Reach Employment).
- Parents or guardians who are employed intermittently, self-employed, or who do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income must submit a Declaration of Income for Irregular Employment form.
- Families in a temporary living arrangement due to loss of housing or economic hardship (homeless) should have their status verified using the LEA-defined procedures for verifying homeless status.

Proof of Immunization - **Select which item you have verified**

- Updated Vaccination Record
- Statement of Exemption from Immunizations

Proof of Age - **Select that both items have been verified:**

- Verify child's date of birth using a state-issued or foreign birth certificate or a current passport or visa. (For example: Date of birth for 2021-2022 3-year-old program applicants must fall within the date range of October 1, 2017 - September 30, 2018.)
- Verify person completing application is the parent listed on the birth certificate.
 - If person completing application is NOT listed on the birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted.*

Proof of Residence - **Select which item you have verified:**

- Louisiana driver's license
- State-issued ID card
- Current utility bill with the parent's name and address.
- Current lease or mortgage statement
- If the parent and child live with a family member or friend, that person is to provide verification with a letter in addition to one of the above items.
- In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)

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?

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/ PDG 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:

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 3rd, 2021.
3. Parents **MUST RETURN** acceptance letters no later than Friday, May 10th, 2022 in order to be accepted into the program.
4. Steps for registration for the program will be included in the notification letter.

