

STUDENT'S NAME _____
 FIRST MIDDLE LAST

MALE FEMALE AGE: _____ DATE OF BIRTH: _____ Home Language: _____
 # of Parents/Guardians & Children in Home: _____ # of children in home: _____

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

_____ Date Application Completed

Does the child have a current IEP or IFSP? (Child is receiving services through the school system or Early Steps)
 Yes No Concern/Diagnosis: _____

1. PARENT/LEGAL GUARDIAN living in home WITH Child RELATIONSHIP to CHILD: _____

NAME: _____
 LAST FIRST MIDDLE
 ADDRESS _____
 STREET CITY STATE ZIP CODE
 PHONE: _____ EMAIL: _____

2. PARENT/LEGAL GUARDIAN living in home WITH child RELATIONSHIP TO CHILD: _____

NAME: _____
 LAST FIRST MIDDLE
 ADDRESS _____
 STREET CITY STATE ZIP CODE
 PHONE: _____ EMAIL: _____

How did you learn about the participating programs and eligibility? _____

ALTERNATE CONTACT

1. CONTACT NAME: _____ PHONE#: _____ RELATIONSHIP: _____
 2. CONTACT NAME: _____ PHONE#: _____ RELATIONSHIP: _____

Ranking	Program (see flyer for all Programs)	Types (Circle One)			Brother or Sister in program	
1st Choice		Childcare	Headstart	School	Yes	No
2nd Choice		Childcare	Headstart	School	Yes	No
3rd Choice		Childcare	Headstart	School	Yes	No

* If your 1st choice does not have available seats, this does not guarantee enrollment in your 2nd choice program.

Parent/Guardian permission for information sharing

I, the undersigned, understand that sharing the information I have provided in this application across early childhood programs in my community will facilitate matching my child to a seat, and I hereby give permission for the information provided here to be shared with the programs/Lead Agency in the OPENnetwork.

_____ Signature (parent or legal guardian)

_____ Date

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 Flower Academy or Open Arms After Hours Child Enrichment Center.

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.