

Louisiana Department of Education  
Child Care Assistance Program

Application for Child Care Assistance

<b>OFFICE USE ONLY</b>	
CID _____	Worker _____
<input type="checkbox"/> New Application	<input type="checkbox"/> Redetermination
_____ Redet M/Y	

1. **IDENTIFYING INFORMATION:** This form should be completed by the caregiver or other household member who is responsible for paying child care costs.

**PLEASE PRINT ALL INFORMATION**

NAME: LAST	FIRST	MIDDLE INITIAL
HOME ADDRESS: STREET	APT. NO.	CITY PARISH ZIP
MAILING STREET/ ADDRESS: P.O. BOX	APT. NO.	CITY PARISH ZIP
TELEPHONE #S: HOME: ( )	WORK: ( )	OTHER PHONE: ( )
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you participating in a Transitional Living Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. **HOUSEHOLD COMPOSITION:** For this program, a household includes these individuals who live together: Head of Household, Head of household's legal or non-legal spouse, and all dependent children under age 18. List yourself first, then other household members with the oldest members listed first.

NAME (FIRST, MI, LAST)	RELATIONSHIP TO YOURSELF	BIRTH DATE	RACE	SEX	(OPTIONAL) SSN	MARITAL STATUS
	Self					

Is any adult or caregiver listed above disabled?  Yes  No If yes, list the person's name and attach verification of disability (doctor's statement, etc) Name: \_\_\_\_\_

Are all children listed above U. S. citizens?  Yes  No If no, list their names: \_\_\_\_\_

3. **CHILDREN NEEDING CARE:** List the times each day that child care is needed for each child (if school-aged children need care both before- and after-school, list both times; example: 7:00 to 8:00 and 3:30 to 6:00). **NOTE:** If you have not yet selected a child care provider, enter the child's name, age, time each day care is needed, and check the type of care that you plan to use.

NAME OF CHILD	AGE	TYPE OF CARE ONE PER CHILD	NAME/ADDRESS/PHONE# OF PROVIDER	PROVIDER / CHILD RELATIONSHIP	TIME NEEDED EACH DAY	COST OF CARE
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				

4. List children from Children Needing Care who attend/will attend Head Start, Pre-Kindergarten, Kindergarten, or school this year:

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5. Are immunizations current on all children in need of child care?  Yes  No If no, list their names:

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6. **PERSONS WHO ARE EMPLOYED:** Enter the name of each caregiver and person age 18 and over listed in Household Composition (on page one) who is working. List ALL jobs (working means full-time, part-time, temporary, self-employment, or odd-job employment, even if the job has just started or will end soon). **Send in check stubs for the 4 most recent pay periods (for each person who is employed).** If check stubs are not available, we will supply a form for the employer to complete to verify earnings for the 4 most recent pay periods.

PERSON EMPLOYED	NAME AND ADDRESS OF EMPLOYER	EMPLOYMENT BEGIN DATE	WORK HOURS/WEEK	WORK DAYS/WEEK	GROSS AMOUNT EARNINGS	HOW OFTEN PAID

7. **OTHER TYPES OF INCOME:** Check the appropriate column next to the type of income that you or any member of your household receives or has applied for. **Send in proof of any income that is checked.**

SOURCE OF INCOME		RECEIVES	APPLIED FOR	PERSON WHO APPLIED/RECEIVES	AMOUNT RECEIVED	HOW OFTEN
A.	Child Support					
B.	Alimony					
C.	Unemployment Benefits					
D.	SSI-Supplemental Security Income					
E.	Social Security Benefits					
F.	Veteran's Benefits					
G.	Retirement Benefits					
H.	Other Disability Benefits					
I.	Adoption Subsidy					
J.	Worker's Compensation					

8. **PERSONS WHO ARE IN SCHOOL OR TRAINING:** Enter the name of each caregiver and person age 18 and over listed in Household Composition (on page one) who is attending a job training or educational program. **Send in verification of school or job training attendance, including the number of hours in class each week and the anticipated date of completion.**

PERSON IN TRAINING	NAME AND ADDRESS OF SCHOOL	CLASS HOURS/WEEK	CLASS DAYS/WEEK	ANTICIPATED COMPLETION DATE

9. **PERSONS WHO ARE LOOKING FOR EMPLOYMENT:** Enter the name of each caregiver and person age 18 and over listed in Household Composition who needs child care assistance to look for work: \_\_\_\_\_

10. **SPECIAL NEEDS:** Does any child, under age 18, need specialized child care because of a physical, mental, or emotional condition?  Yes  No If yes, who? \_\_\_\_\_ For what type of condition? \_\_\_\_\_

Is any child receiving SSI or other disability benefits?  Yes  No If yes, send copy of award letter or copy of a recent check.

**RIGHTS AND RESPONSIBILITIES:**

The fact that you are applying for or receiving assistance from this agency means you have certain rights and responsibilities.

You have the right to confidentiality -- that means that the information given by you will not be released without your written consent, except to agencies and officials as allowed by law. We do not discriminate in the delivery of services. This means you will not be treated differently from others because of your race, color, sex, age, disability, religious beliefs, nation origin or political beliefs. If you think you have been discriminated against, you can file a complaint which will be investigated and appropriate action will be taken.

A decision will be made on your application **within 30 days** after the date the application is received. You will receive written notice of the decision. You can request a Fair Hearing to have the Department of Education review the decision of the CCAP Household Eligibility office handling your case if you think it is not fair. You or your representative may request a Fair Hearing, orally or in writing, if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

**AGREEMENT:** I agree to let the office know within ten days if any of the following changes occur. I understand that I must report changes that occur after I send in my application, as well as changes that occur after I am determined eligible.

- Change in Address
- Change in Members of my Household, including anyone who moves in or out
- Change in employment, including an interruption for at least three weeks, a change of employer, or a change in the number of hours worked
- Change in income if household's gross monthly income changes more than \$100 in earned income or \$50 in unearned income
- Change in job training or educational program, including an interruption for at least three weeks, a change of programs, or a change in the number of hours of attendance
- Change in Child Care Providers or Provider's Type
- Change in location of where care is being provided
- My child care provider moves in with me or I move in with my child care provider or we begin sharing the same mailing address (with the exception of a post office box)
- Change in Days or Hours Child(ren) are in the child care provider's care
- Beginning or ending of disability

Providing false information, withholding information, or failing to report any of the changes as described above is subject to penalty under the law. If providing false information or withholding information causes an overpayment for child care, you may be required to repay the amount of ineligible benefits made on your behalf. If you purposely fail to report any information that causes ineligible benefits to be made on your behalf, fraud charges may be brought against you and you may be disqualified from participating in the program.

Social Security Numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide Social Security Numbers.

I give permission to the Agency to contact whomever necessary to verify my need for assistance. In addition, I hereby waive the confidentiality of my name and Social Security Number, if provided, so that information may be furnished to employers, government agencies, and any other parties deemed necessary in order to verify my income and need for assistance, or for data collection or statistical purposes.

With my signature below, I certify that I have read and understand my rights and responsibilities. I hereby declare that the times care is needed as listed in item 3 are the times when I and any other Training or Employment Mandatory Participant are working and/or attending a job training or educational program or traveling to and from these activities. I certify under penalty of perjury that all information given on this application form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE RETURN THE COMPLETED APPLICATION FOR CHILD CARE ASSISTANCE TO:**

**CCAP Household Eligibility**  
P.O. Box 260037  
Baton Rouge, LA 70826

**Telephone:** 1.877.453.2721  
**Fax:** 225.342.3906

**STATE OF LOUISIANA  
VOTER REGISTRATION AGENCIES  
DECLARATION FORM**

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)**

I want to register to vote.

I do not want to register to vote.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)**

Yes, I would like help.

No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact Louisiana Department of Education at 1-877-543-2727.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to The Louisiana Department of Education, 1201 North Third Street, Baton Rouge, LA 70802 or CCAP Household Eligibility P.O. Box 260037, Baton Rouge, LA 70826 forms.

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<b>Signature or Mark</b>	<b>Name Typed or Printed</b>	<b>Date</b>
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Signatures of Two Witnesses If Signed With Mark:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**COMPLAINTS**

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

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**Comments/Remarks (for official use only):**



# Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →  
**QUESTIONS?** - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY: **WD:** \_\_\_\_\_ **PCT:** \_\_\_\_\_ **REG. TYPE:** \_\_\_\_\_ **IN/OUT:** \_\_\_\_\_ **REG #** \_\_\_\_\_

Please print clearly in ink, preferably black.

**Reason for Application:**  New Voter Registration  Updating Voter Registration

**Eligibility** 1. Are you a citizen of the United States of America?  Yes  No  
 Will you be 18 years of age on or before election day?  Yes  No  
 If you answered "No" to these questions, do not complete this form. You are not eligible to vote at this time.

**Name** 2. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 FULL MIDDLE OR MAIDEN NAME: \_\_\_\_\_ SUFFIX (Sr., Jr., II) \_\_\_\_\_

**Residence Address** (Where you live and claim homestead exemption, if any)  
 HOUSE # & STREET (NO P.O. BOX): \_\_\_\_\_ UNIT/APT #: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE LA ZIP CODE: \_\_\_\_\_

**Give Location** (If Necessary)


3.  Check if no postal service at your residence address above and supply mailing address here.  
**Mailing Address** (If different from Residence Address)  
 HOUSE # & STREET/P.O. BOX: \_\_\_\_\_ UNIT/APT #: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Birthdate** 4. MM / DD / YYYY  
**5. \*SSN** XXX - XX - XXXX  
**6. Sex**  M  F  
**7. Race** (Optional)  WHITE  BLACK  ASIAN  
 HISPANIC  AMERICAN INDIAN  
 OTHER \_\_\_\_\_

**Party Affiliation** 8.  DEM  GRN  IND  LBT  
 REP  NO PARTY  
 OTHER (Specify) \_\_\_\_\_  
**9. Place of Birth** CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_  
 PARISH/COUNTY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**Mother's Maiden Name** 10. \_\_\_\_\_  
**11. Email** (Optional) \_\_\_\_\_  
**12. Phone** (Optional) Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LA DL/ID Card #** 13. \_\_\_\_\_  
 I do not have a LA DL/ID card  
**14. Do you need assistance in voting?**  No  Yes, Reason: \_\_\_\_\_

**Place of Last Residence** 15. HOUSE # & STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
**16. Place of Last Registration** STATE: \_\_\_\_\_  
 PARISH/COUNTY: \_\_\_\_\_  
**17. Former Registered Name, if any** \_\_\_\_\_

**Affirmation and Signature** (read and sign or make your mark)  
 18. I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.  
 Applicant Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**Witnesses** (If your signature is a mark, you must have two witnesses sign)  
 19. Witness #1 Signature:  \_\_\_\_\_ Witness #1 Print Name: \_\_\_\_\_  
 Witness #2 Signature:  \_\_\_\_\_ Witness #2 Print Name: \_\_\_\_\_

\* Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.

**Note:** If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY

New Registration Updated Registration:  Address Change  Name Change  Party Change  Change to Assistance in Voting

REMARKS: \_\_\_\_\_

CIRCLE ONE:  
 PA MV RG SDA SS (Disability)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

**QUESTIONS?** - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

## APPLICATION INSTRUCTIONS

**USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO:** 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

**TO REGISTER AND BE ELIGIBLE TO VOTE AN APPLICANT MUST:** 1) be a U.S. citizen; 2) be 17 years old (16 years old if registering to vote in person at the Registrar's Office or the Office of Motor Vehicles), but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony; 4) not be under a judgment of full or limited interdiction where your right to vote has been suspended; 5) reside in the state and parish in which you seek to register and vote.

**Instructions: the grey section numbers on this page correspond to the grey section numbers on the application.**

*Reason for Application:* Check "New Voter Registration", if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration", if you are making any change to your present registration. If new registration, fill out the form completely.

1. *Eligibility* - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you answered "No" to these questions, do not complete this application form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.
2. *Name* - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name".*
3. *Residence Address* - "Residence Address" means the address (Number, Street, City, State and Zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school while attending. Do not use a post office box for your "Residence Address". If you use a rural route and box number, you may draw a map in box labeled "Give Location" to provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores or landmarks near residence and write the name of the landmark.  
*Mailing Address* - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (Number, Street, City, State and Zip). Otherwise a mailing address may be provided and you may use a Post Office Box for a mailing address.
4. *Birthdate* - Print your date of birth. The month and day of your birth remains confidential by law.
5. *Social Security Number* - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number, you **must** attach either one or more documents to prove your identity, residence and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN number remains confidential and is only used for registration purposes.*
6. *Sex* - Check male or female (*for statistical purposes only*).
7. *Race* - Race/Ethnic origin is optional (*for statistical purposes only*).
8. *Party Affiliation* - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, Libertarian or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party you wish to affiliate. If you do not want to register with a political party affiliation check "No Party", or if you do not complete this section, your party affiliation will be listed as "no party". If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.
9. *Place of Birth* - Print the city/town, parish/county, state and country of your birth place (*for statistical purposes only*).
10. *Mother's Maiden Name* - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".
11. *Email* - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*
12. *Phone* - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*
13. *LA DL/ID Card #* - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card". *This ID number remains confidential and is for official use only.*
14. *Assistance in Voting Needed?* - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes", write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.
15. *Place of Last Residence* - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".
16. *Place of Last Registration* - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application. **Important:** *Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.*
17. *Former Registered Name* - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.
18. *Affirmation and Signature* - Read the affirmation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are affirming and that they meet the requirements to register to vote.*
19. *Witnesses* - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid.

**Mailing Instructions** - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at [www.geauxvote.com](http://www.geauxvote.com) or by calling the toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote.

**Online Voter Registration** - Voter registration is also available at [www.geauxvote.com](http://www.geauxvote.com) and you may register online before the 20<sup>th</sup> day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.

SEAL HERE WITH TAPE

Fold 4

RET: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Place  
Stamp  
Here

SEAL HERE WITH TAPE

Fold 3

SEAL HERE WITH TAPE

Fold 2

Fold 1