



2016-2017 Early Childhood Program Family Eligibility Worksheet

ELIGIBILITY WORKSHEET: All items must be checked off and all highlighted areas must be completed after being verified by appropriate personnel.

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:

- _____ Two (2) 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.) *Use tables below to calculate.*
- _____ An official letter from your employer stating all of the following:
 - Where parent/guardian is employed
 - Hourly rate of pay
 - The average number of hours parent/guardian works per week.
- _____ SNAP/Food Stamps – must include the child's name and valid effective dates. (Certified thru _____)
- _____ A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.
- _____ Current foster care placement agreement from DCFS
- _____ Parents who are homeless or unemployed must submit a letter of support and income documentation from support source.
- _____ Other: _____
 - May be subject to review. (Note: Tax documentation is allowable only if no other form of income verification documentation exists.)

(Family Size: _____; Number of Children in Family: _____)

Monthly Income Calculation Table: How to Translate Income into a Monthly Figure	
Pay Period	Formula
Hourly	(Hourly wage x 40 hours per week) x 4.33
Monthly, same gross pay each month	Use gross salary
Paid same gross amount exactly 2 times per month (e.g., 1 st and 15 th of month)	Gross salary x 2
Paid same gross amount every 2 weeks (e.g., every other Friday)	(Gross salary ÷ 2) x 4.33
Weekly	Gross salary x 4.33

INCOME LIMITS SHOWN ARE EFFECTIVE FOR 2016-2017 ENROLLMENT ONLY

LA 4, NSECD, PreK Expansion Grant: 185% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,470	3 People ~ \$3,108
4 People ~ \$3,746	5 People ~ \$4,385
6 People ~ \$5,023	7 People ~ \$5,663
8 People ~ \$6,304	9 People ~ \$6,945

Child Care Assistance Program (CCAP)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,150	3 People ~ \$2,656
4 People ~ \$3,162	5 People ~ \$3,688
6 People ~ \$4,173	7 People ~ \$4,268
8 People ~ \$4,363	9 People ~ \$4,458

Head Start: 100% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,335	3 People ~ \$1,680
4 People ~ \$2,025	5 People ~ \$2,370
6 People ~ \$2,715	7 People ~ \$3,061
8 People ~ \$3,408	9 People ~ \$3,754

Head Start: 130% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,736	3 People ~ \$2,184
4 People ~ \$2,633	5 People ~ \$3,081
6 People ~ \$3,530	7 People ~ \$3,979
8 People ~ \$4,430	9 People ~ \$4,880

Birth Certificate – Initial that both items have been verified:

- _____ Verify child's date of birth (For example: Applicants for 2016-2017 4 year old programs (LA 4, NSECD, PreK Grant) must fall between October 1, 2011- September 30, 2012.) Date of Birth:
- _____ 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 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.
- _____ Homeless

Approved Date: _____

Personnel Approving Application: _____

CERTIFICATION

- I confirm that the information provided on this form has been completed by the parent/legal guardian and is true and correct to the best of my knowledge.
- I have verified original documents as are applicable and determined that this child meets applicable eligibility requirements.
- I understand that I may be audited for accuracy and eligibility. I further understand that should this student be found ineligible, the agency, organization, district, school or center may be required to return any funds received for this child or future funds may be reduced.
- If any information changes, I will notify the Lead Agency and/or Office of Early Childhood and submit new information if required.

Original Signature of Authorized Personnel

Date signed