



# Louisiana's Early Childhood Programs

## Child Eligibility Determination

# Topics to be Covered

1. Eligibility Criteria for LA 4, NSECD, and the PreK Expansion Grant
2. Child Care Assistance Program

# Early Childhood Enrollment Requirements

**Bulletin 140 mandates that Louisiana have locally-managed enrollment systems that:**

**1. Coordinate Information: Families know of all available seats**

– *Inform families about the availability of publicly-funded programs*

**2. Coordinate Eligibility: Families easily know what programs they qualify for**

– *Ensure families are referred to available publicly-funded programs*

**3. Coordinate Applications: Families apply to all programs through one application**

– *Collect family preferences regarding enrollment choices*

**3. Match Based on Preference: Families enroll their child in the highest ranked preference available**

– *Enroll children based on family preference so no one occupies more than one seat*

# Coordinated Eligibility Requirements

**Bulletin 140 mandates that Louisiana have locally-managed enrollment systems that:**

- 2. Coordinate Eligibility: Families easily know what programs they qualify for**
  - Ensure families are referred to available publicly-funded programs*

# Definition of “At-Risk”

- *Children in families with incomes at or below 185% of the Federal Poverty Level are considered eligible for free and reduced price lunch and are therefore considered “at-risk.”*
- *Foster Children and Homeless Families are automatically eligible for publicly-funded seats.*
- *Special Needs and ELL children may be eligible to receive services but must still qualify to participate in publicly-funded programs.*

**PRE K ELIGIBILITY DETERMINATION  
LA 4, NSECD, PreK Expansion Grant**

# Prekindergarten Program Eligibility Overview

## Program-wide Eligibility Criteria



Age



Income



Immunizations

# Age Requirement

**Children must be 4 years old by September 30 of their prekindergarten year.**

Use the child's birth certificate to:

- Verify date of birth, and
- Verify that the person completing the application is the person listed on the birth certificate.

OR

Verify court-issued documentation showing permanent or temporary legal custody, such as

- Custody Judgments
- Child Placement Order from DCFS
- Provisional Custody by Mandate
- Military Power of Attorney

# Allowable Proof of Income

## Parents must provide ONE of the following:

- Check Stubs
- SNAP/Food Stamps
- 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.
- Unemployment Benefits – must submit a Monetary Determination letter from the Workforce Commission
- 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.
- Tax documentation is allowable only if no other form of income verification documentation exists.

# Allowable Proof of Income

## Check Stubs

- ✓ Collect two (2) consecutive check stubs for the current year (within 2 months from the date they are completing the application) for each parent or caregiver in the home.
- ✓ Eligibility is based on gross **HOUSEHOLD** income. Therefore, if there are 2 or more adults contributing to the financial needs of the family, all of them must provide proof of income.
- ✓ Income verification is **ONLY** based on the **REGULAR** or **BASE PAY** rate.

# Income Limits

***What does 185% of the Federal Poverty Level look like?***

## Federal Income Limits: 185% FPL

*(Effective January 2016 for 2016-2017 Enrollment)*

Family Size	Gross Annual Income	Gross Monthly Income
1	21,978.00	\$1,832
2	29,470.50	\$2,470
3	37,166.50	\$3,108
4	44,862.50	\$3,746
5	52,558.50	\$4,385
6	60,254.50	\$5,023

# How to Translate Income Into a Monthly Figure

Monthly Income Calculation Table	
Pay Period	Formula
Hourly	(Hourly wage x 40 hours per week) x 4.33
Monthly <i>(same gross pay each month)</i>	Use gross salary
Paid exactly 2 times per month <i>(e.g., 1<sup>st</sup> and 15<sup>th</sup> of month)</i>	Gross salary x 2
Biweekly <i>(same gross amount every 2 weeks)</i>	(Gross salary ÷ 2) x 4.33
Weekly	Gross salary x 4.33

# Calculating Monthly Income

- ✓ Income is most consistently and accurately calculated using the **HOURLY RATE** formula.
- ✓ Gross income must be calculated using a 40-hour week.

**Example:** If Mrs. Smith provides a check stub showing an hourly rate of \$19, you will calculate it as  $(\$19 \times 40) \times 4.33$ . Mrs. Smith's monthly income is \$3,290. She is a single mom and has one child, (family size of 2), therefore she would **NOT** be eligible.

- ✓ If the parent/guardian claims that they do not work 40 hours per week, they will need to get a letter from their employer indicating how many hours they work. You may then recalculate their income based on that amount.

**Example:** You receive a letter which shows Mrs. Smith only works 20 hours per week. You may calculate her income as  $(\$19 \times 20) \times 4.33$  which equals \$1,645.40 which makes her child eligible.

# Example Check Stub Calculation #1

Use the income limit table and calculation formulas to determine if the following family is eligible:

**Ms. Sabrina has a family of 2.**

Period Ending	Date Issued	Employee	Social Security No.	Employee Name	Department	Check No.
08/28/2015	08/28/15	WASHSA	*****	SABRINA	0000006801	A00018404
Earnings Type	Units	Current	Year-To-Date	Tax Withholdings	Current	Year-To-Date
REG.	64.00	640.00	2,880.00	Federal	41.91	284.88
				FICA & Medicare	48.96	220.32
				State	9.81	45.96
				S.D.I.		
				S.U.I.		
Total Allowances		0.00	0.00			
Total Earnings	64.00	640.00	2,880.00			
Total Reductions		0.00	0.00			
Adjusted Earnings		640.00	2,880.00	Total Deductions		
				Net Pay	539.32	2,328.84

\$10 x 40 hours per week = \$400 x 4.33 = **\$1,732 per month → ELIGIBLE**

# Example Check Stub Calculation #2

Use the income limit table and calculation formulas to determine if the following family is eligible:

**Mr. Roland has a family of 6. He gets paid exactly twice a month. His wife does not work.**

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
BQ4	005632	000522		0000130004	1

Taxable Marital Status:	Married
Exemptions/Allowances:	
Federal:	2
LA:	2

**Earnings Statement**

Period Beginning: 03/16/2015  
 Period Ending: 03/31/2015  
 Pay Date: 03/31/2015

**RÖLAND**

Earnings	rate	hours	this period	year to date
Regular	5208.34		5,208.34	31,250.04
Incentive Comp				2,800.00
Merit				5,000.00
<b>Gross Pay</b>			<b>\$5,208.34</b>	<b>39,050.04</b>

Deductions	Statutory	this period	year to date
Federal Income Tax		-588.20	5,544.62

<b>Net Check</b>	<b>\$0.00</b>
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\* Excluded from federal taxable wages

Your federal taxable wages this period are \$4,446.45

$\$5,208.34 \times 2 \text{ times per month} = \mathbf{\$10,416.34 \text{ per month}} \rightarrow \mathbf{NOT \text{ ELIGIBLE}}$

# Example Check Stub Calculation #3

Use the income limit table and calculation formulas to determine if the following family is eligible:

**Mr. Ricky has a family of 5. It has already been determined that his wife makes \$250 per week.**

Pay Period: 06/07/2013 - 06/13/2013

Employee	SSN	Status (Fed/State)	Allowances/Extra
Ricky Bell, 2007 North 8th Street, West Monroe, LA 71291	***-**-****	Married/Married	Fed-0/0/LA-0/0
	Pay Period: 06/07/2013 - 06/13/2013		Pay Date: 06/14/2013

Earnings and Hours	Qty	Rate	Current	YTD Amount
Officer Salary Regular			807.69	19,384.56
On Call			0.00	50.00
			807.69	19,434.56

Taxes	Current	YTD Amount
Federal Withholding	-80.00	-1,930.00
Social Security Employee	-50.07	-1,204.94
Medicare Employee	-11.71	-281.80
LA - Withholding	-22.36	-538.51
	-164.14	-3,955.25

Net Pay	643.55	15,479.31
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$\$807.69 \text{ per week} \times 4.33 = \$3,497.30 + \$1,082.50 = \text{\$4,579.80 per month} \rightarrow \text{NOT ELIGIBLE}$



# Snap Benefits

## Case Details

Here is your benefits/services information as of 07/02/2015.

Case Category	SNAP
Case Status	Active
Benefit Amount	\$ 649.0
Application Date	05/08/2012
Certification Start Date	08/2015
Certification End Date	07/2016
Last Benefit was Issued on	07/01/2015

## Upload Documents

To upload Documents to this case, click the Upload button.

 Upload

## Household Information

Name	SSN	Member Status	Date of Birth	Income Included in Case?	Receives Benefits?	Reason for not receiving benefits?	Income and Expense info
[REDACTED]	***-**-****	Self-recipient	05/18/1981	Yes	Yes	Active	N/A
[REDACTED]	***-**-****	Child (Including adoptive, step)	12/07/2003	Yes	Yes	Active	N/A

CAFÉ Case Detail report will include current certification dates as well as a list of included family members.

# Unallowable Proof of Income

The following list includes items that **ARE NOT** allowable for income verification:

- × W-2 or 1099 forms OR tax returns as a primary source. These may only be used if no other form of income documentation exists.
- × Medicaid Documentation (Income eligibility is 200%)
- × Child Support as an independent source (UNLESS it is the sole source of income AND is court ordered. MUST provide court documents as well as a letter stating that no other income is received.

# Immunization Requirements

Children must be current on all age-appropriate immunizations pursuant to R.S 17:170.

## School Entry Complete-Minimum:

- 4-DTP, 3-Polio (last DTP and Polio after 4th birthday),
- 2-MMR after 1st birthday
- 3-Hep B

\***Child Care Center:** Hib also required

\*\* Beginning Aug 2003, **Varicella** (chicken pox) vaccine or history of the disease is required for school and daycare entry.

Parents may claim exemption from the immunization requirements due to medical, religious, or philosophical reasons. [The Statement of Exemption form](#) must be submitted.

# LINKS Certificate Of Immunizations



**State of Louisiana Universal Certificate of Immunizations**

Expiration Date: 07/16/2017 Vaccine: MFKINGOCCCAL  
This record is invalid without a proper expiration date

Childs Name: [REDACTED] Date of Birth: 06/16/2006 Parent or Guardian: L. LINDSEY  
 SIIS Patient ID: 3311402

Vaccine	MONTH, DAY AND YEAR EACH DOSE WAS GIVEN							
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7	Dose 8
DTaP/DTP/Td	08/17/2006	10/16/2006	12/18/2006	09/28/2007	06/22/2010			
OPV/IPV	08/17/2006	10/16/2006	12/18/2006	06/22/2010				
MMR	09/21/2007	06/22/2010						
Hib	08/17/2006	10/16/2006	12/18/2006	09/28/2007				
Hep A	06/21/2007	10/08/2012						
Hep B - 3 Dose	06/16/2006	08/17/2006	10/16/2006	12/18/2006				
Varicella	06/21/2007	06/22/2010						
Influenza	12/18/2006	10/27/2009	10/20/2011	10/08/2012				
Pneumo (PCV)	08/17/2006	10/16/2006	12/18/2006	09/28/2007	06/22/2010			

\* **School Entry Complete-Minimum:** 4-DTP, 3-Polio,(last DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B  
 \*\* **Daycare Center:** Hib also required  
 \*\*\* Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry.

**Varicella History:**

*I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana. Department of Health and Hospitals, Office of Public Health until the expiration date above.*

October 15, 2015

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Clinic of Issue \_\_\_\_\_

**Falsification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars, or both, pursuant to R.S. 14:132 or R.S. 14:133.**

The sole purpose of this form is to document a patient's immunization history to authorized child care/school officials in accordance with Louisiana laws and regulations. It is not intended for use as a government-issued form of identification and cannot be accepted as a primary source of identification. The Louisiana Department of Health and Hospitals and its affiliated departments do not monitor or have control over the usage of this form. Therefore, these entities cannot be liable or responsible for any unauthorized alteration or misuse of this form or its contents.

Form must have a current expiration date.

LINKS Website:  
<https://linksweb.oph.dhh.louisiana.gov/linksweb/main.jsp>

# CHILD CARE ASSISTANCE PROGRAM

# Overview

**Child Care Assistance Program (CCAP)**- provides low-income, working households with access to quality, affordable child care that allows them to continue working and contributes to the healthy, emotional and social development of the child.

## NOTES:

*\* Applies to children 12 and under*

*\* Special Needs Children can receive assistance till the age of 18*

# Preliminary Eligibility

1. Are you responsible for paying child care costs for a child age 12 and under or a child under 18 with a disability who lives with you?
2. Do you, your spouse, and any other caregivers of children who live in your home, work or attend an educational or training program at least 30 hours a week in combination?
  - If not participating in one or a combination of these activities, do these person's receive disability income?
3. Is your household's total monthly gross earned and unearned income less than the amount listed below for your household size? (gross income refers to income before any deductions from the paycheck)

2 persons \$2,150	4 persons \$3,162	6 persons \$4,173	8 persons \$4,363
3 persons \$2,656	5 persons \$3,668	7 persons \$4,268	9 persons \$4,458

**If you answered YES to all of the above questions, you may be eligible for child care assistance.**

**\*income limits are subject to change.**

# How Do Families Qualify?

- Currently, households are required to pay a co-pay based on a sliding scale. The amount of assistance is based on:
  - *family size*
  - *gross income*
  - *number of children in care*
  - *the total number of hours all household adults work, attend education or training program (minimum of 30 hours per week required)*
  - *the maximum rates paid by the state*

# Income Verification

All of the following may be used to verify income:

- Last 4 check stubs
- Written statements from employer
- Tax Returns
- Wage Forms
- Prints outs (child support, SSI, employer, etc.)

**This is a preliminary determination only. The CCAP analyst may request additional information. Only the Louisiana Department of Education can determine final eligibility.**

# Current Rates

Child care provider Type	Regular Care	Regular Care for Infants/Toddlers (under age 3)	Special Needs Care Incentive	Special Needs Care Incentive for Infants/Toddlers (under age 3)
Type III Early Learning Center	\$21.50	\$22.50	\$25.65	\$26.65
School Child Care Center	\$15.00	\$16.00	\$18.50	\$19.50
Family Child Care Provider	\$15.00	\$16.00	\$18.50	\$19.50
In-Home Provider	\$14.50	\$15.50	\$17.90	\$18.90
Military Child Care Centers	\$21.50	\$22.50	\$25.65	\$26.65

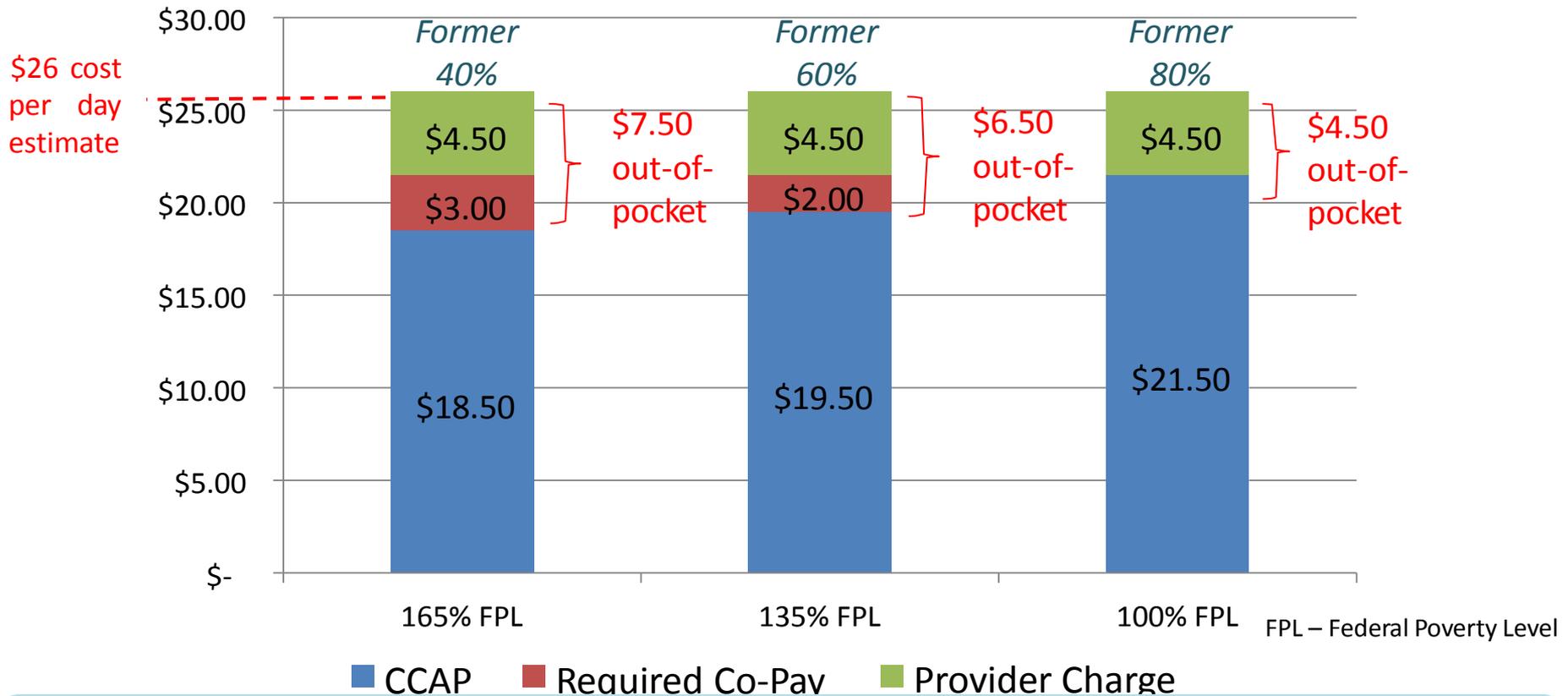
# CCAP Sliding Fee Scale

Current Payout % Rate	CCAP Subsidy - PreK	CCAP Subsidy – Infant/Toddler	State Required Co-Pay
40%	\$18.50	\$19.50	\$3
60%	\$19.50	\$20.50	\$2
80-100%	\$21.50	\$22.50	0

STEP, Child Welfare, and Homeless families included in 100% Payout Rate

***Co-pay is based on household income with three tiers - \$3, \$2, \$0 per day The household is required to pay the provider charge above the state rate.***

# CCAP Sliding Fee Scale



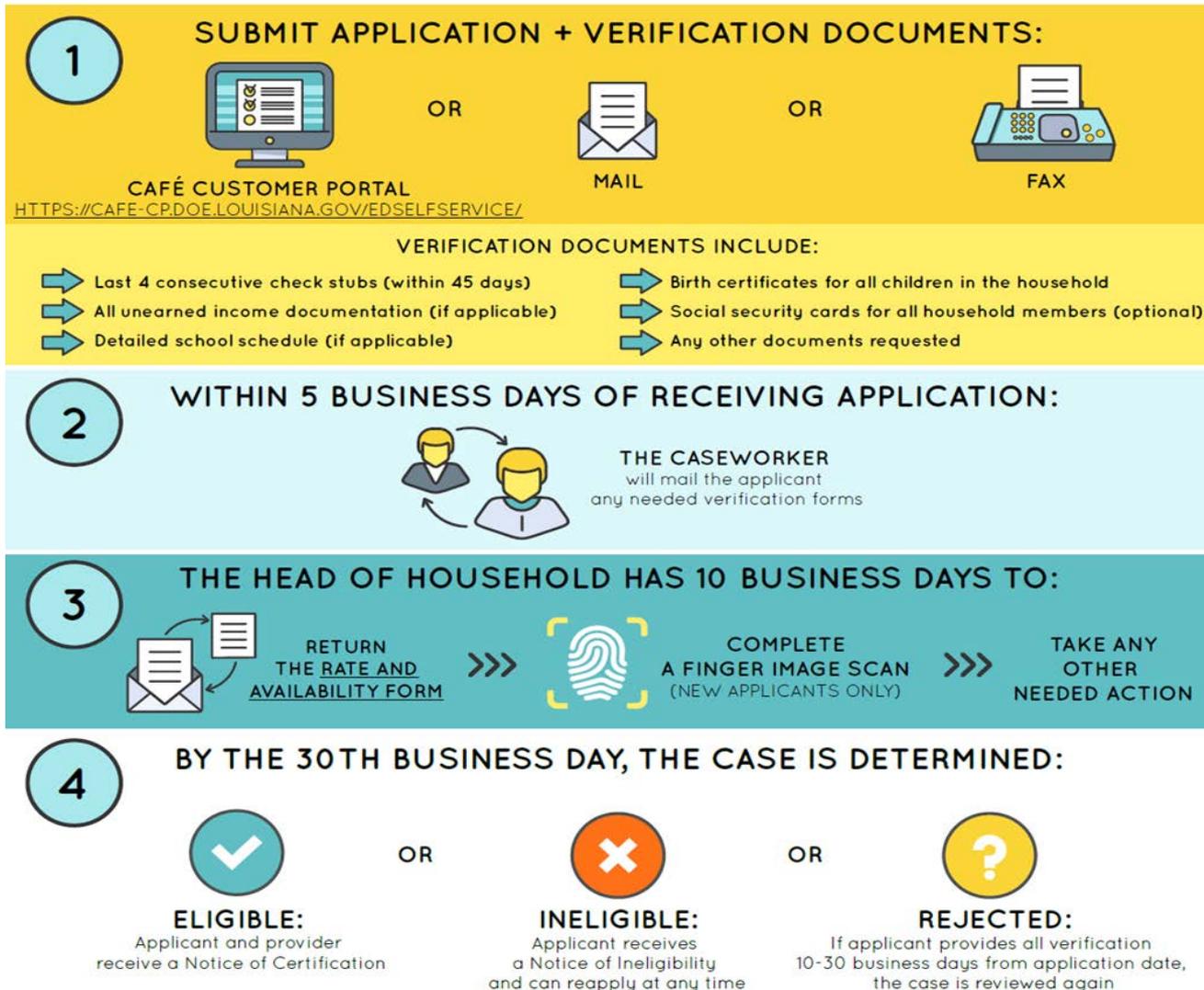
***Co-pay is based on household income with three tiers - \$3, \$2, \$0 per day The household is required to pay the provider charge above the state rate.***

# CCAP Application

Families wishing to apply online to the state for CCAP should do so by visiting :

<https://cafe-cp.doe.louisiana.gov/edselfservice/>

# Application Processing



# Contact Information

## **For all questions related to prekindergarten programs:**

Lindsey Bradford

(225) 219-9334

[Lindsey.Bradford@la.gov](mailto:Lindsey.Bradford@la.gov)

## **For all questions related to Child Care Assistance:**

Telephone: 1.877.453.2721

Fax: 225.342.3906

Email: [LDECCAP@la.gov](mailto:LDECCAP@la.gov)

CCAP Household Eligibility

P.O. Box 260037

Baton Rouge, LA 70826

QUESTIONS?