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| **Family Name** |  |
| **Date of Application** |  |
| **Status (circle)** | Accepted Rejected Waitlisted |

|  |  |
| --- | --- |
| **Received ✔** | **Family Status (Check all that apply for all adults of household)** |
|  | Employed or In School/Training (20 hours per week minimum) |
|  | Actively Seeking Employment |
|  | Experiencing Homelessness |
|  | Child in Foster Care\* |

\**Categorically eligible children should be enrolled immediately.*

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| Child and Family Documentation (All families need the following for each child and/or adult in the household) |
| **Received ✔** | **Date** | **Document** |
|  |  | Immunization records or Immunization Exemption (child only) |
|  |  | Identification and proof of residency (e.g., State Issued ID, such as driver's license or social security card (head of household applying on behalf of child)  |
|  |  | Birth certificate or hospital record (child only) |
|  |  | Custodial documentation (**only** if not biological parent of child) such as Custody Judgments, Child Placement Agreement from DCFS, Provisional Custody by Mandate, Military Power of Attorney, Non-Legal Custodian Affidavit. |

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| Work (Earned Income) or School/Training Documents (Select all that apply) |
| **Received ✔** | **Date** | **Document** |
|  |  | First Pay Statement within two months of application\* |
|  |  | Second Pay Statement within two months of application\* |
|  |  | Third Pay Statement within two months of application (not mandatory) |
|  |  | Letter from employer on company letter head describing hours worked per week, rate of pay, and start date of employment (if pay statements are unavailable or do not include hourly rate or hours worked per week)  |
|  |  | Statement of irregular employment form and state hours worked per week, earned income, and start date of work (if self employed)  |
|  |  | Official school or training transcript with full time or part-time status indicated (enrolled within two months of the application) |
|  |  | A detailed school schedule (if applicable) from an accredited college or training program deeming full-time status |
|  |  | Letter from a school advisor signed on the institution's letterhead verifying student status |

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| Actively Seeking Employment (Check all that apply)\* |
| **Received ✔** | **Date** | **Document** |
|  |  | HIRE Account Registration screen shot with client name and date of registration |
|  |  | Unemployment statementswith client’s name and date of payments for all adults in the household who are not employed or in training. |

\*At least one of these are the only **required** documents for “actively seeking employment” family members.

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| Unearned Income (Families may not have all listed documents. Check all that apply.) |
| **Received ✔** | **Date** | **Document** | **If unearned income, write monthly total in this column** |
|  |  | Direct Match Verification |  |
|  |  | Child Support Documents  |  |
|  |  | Veteran’s Affairs Benefits |  |
|  |  | Social Security Benefits or Income |  |
|  |  | Retirement benefits |  |
|  |  | Other:  |  |
| Total Unearned Income |  |

|  |
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| Special Populations (Categorically Eligible) |
| **Received ✔** | **Date** | **Document** |
|  |  | McKinney Vento Form: Louisiana Student Residency Questionnaire Form completed by parent AND signed by official Homeless Liaison |
|  |  | DCFS Foster Care Verification |

|  |
| --- |
| Adult 1 Income |
| Hourly Rate of Pay | Pay Statement Occurrence | Dates of Pay statements within two months of Application | Hours worked per week | Gross pay per pay statement |
|  | * Weekly
* Bi-weekly
* Twice-per- month
* Monthly
* Other
 | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Total Monthly Pay |  |

|  |
| --- |
| Adult 2 Income |
| Hourly Rate of Pay | Pay Statement Occurrence | Dates of Pay statements within two months of Application | Hours worked per week | Gross pay per pay statement |
|  | * Weekly
* Bi-weekly
* Twice-per- month
* Monthly
* Other
 | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Total Monthly Pay |  |

*Make additional copies of this page for additional adults in household if needed*

Total Income for Family (earned + unearned): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Below 85% SMI (circle): Y N

Total Adults in household:\_\_\_\_\_\_\_\_\_\_\_\_Total Children in household:\_\_\_\_\_\_\_\_\_\_\_Total Members of Household:\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Total Income Limit (Circle household size) |
| 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
| $3,939 | $4,866 | $5,793 | $6,720 | $7,646 | $7,820 | $7,994 |

|  |
| --- |
| Child(ren) Applying to B-3 Seats (add additional rows for additional children as needed) |
| Name | Date of Birth | Age Group | Placement Center  | Special Needs? | Docs Received? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Additional Notes:

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Eligibility Determined by (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Determined by (sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_