

2020-2021 EARLY CHILDHOOD PROGRAM FAMILY ELIGIBILITY WORKSHEET

CHILD'S NAME _____ DATE OF BIRTH _____ APPLICATION DATE _____

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:

- _____ Positive match via the eScholar DirectMatch system
- _____ 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 provided to calculate.***
- _____ An official letter from your employer stating ***all*** of the following: Where parent/guardian is employed, the hourly rate of pay, and 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. SSI benefits for any other household member must be accompanied by other income documentation, if applicable.
- _____ Current foster care placement agreement from DCFS
- _____ Parents or guardians who claim zero income of any kind must each submit a Statement of No Income form.
- _____ Parents or guardians who are employed intermittently, self-employed, or who do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income must submit a Declaration of Income for Irregular Employment form.
- _____ Families in a temporary living arrangement due to loss of housing or economic hardship (homeless) should have their status verified using the LEA-defined procedures for verifying homeless status.
- _____ Other: _____
 - May be subject to review. (Note: 2019 tax documentation is allowable only if no other form of income verification documentation exists. Previous tax years are not allowed.)

Proof of Age – Initial that both items have been verified:

- _____ Verify child's date of birth using a state-issued or foreign birth certificate or a current passport or visa. (For example: Date of birth for 2020-2021 4-year-old program (LA 4, NSECD) applicants must fall within the date range of October 1, 2015 - September 30, 2016.)
- _____ 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 or a Non-Legal Custodian Affidavit 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.
- _____ In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)

CERTIFICATION

- I confirm that the information provided on this form has been submitted 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 funding may be reduced.
- I agree to retain for five years, for local audits and state-level monitoring and auditing purposes, original versions of pages 1 and 2 of this document.

Signature of Authorized Personnel

Date signed

EARLY CHILDHOOD PROGRAM FAMILY ELIGIBILITY

2020 - 2021 INCOME ELIGIBILITY LIMITS

Total Number of People in Household: ;
Number of Adults in Household: ; **Number of Children in Household:** ;
Total Monthly Household Income \$

LA 4, NSECD: 200% FPL (effective January 2020)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,873	3 People ~ \$3,620
4 People ~ \$4,367	5 People ~ \$5,113
6 People ~ \$5,860	7 People ~ \$6,607
8 People ~ \$7,353	9 People ~ \$8,100

Child Care Assistance Program (CCAP): 55% SMI (effective February 1, 2020)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,411	3 People ~ \$2,978
4 People ~ \$3,545	5 People ~ \$4,113
6 People ~ \$4,680	7 People ~ \$4,786
8 People ~ \$4,893	9 People ~ \$4,999

Head Start: 100% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,437	3 People ~ \$1,810
4 People ~ \$2,183	5 People ~ \$2,557
6 People ~ \$2,930	7 People ~ \$3,303
8 People ~ \$3,677	9 People ~ \$4,050

Head Start: 130% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,868	3 People ~ \$2,353
4 People ~ \$2,838	5 People ~ \$3,324
6 People ~ \$3,809	7 People ~ \$4,294
8 People ~ \$4,780	9 People ~ \$5,265

*Income limits are current as of January 2020 and may be subject to change.
The LDOE may amend this document as needed.*

INCOME CALCULATION GUIDE

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