

## 2021-2022 EARLY CHILDHOOD PROGRAM FAMILY ELIGIBILITY WORKSHEET

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

**Proof of Income – 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 in the attached guide to calculate. Use hourly rate and income formula whenever possible for the most accurate and consistent verification.**
- \_\_\_\_\_ 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: 2020 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 2021-2022 4-year-old program (LA 4, NSECD) applicants must fall within the date range of October 1, 2016 - September 30, 2017.)
- \_\_\_\_\_ 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

### 2021-2022 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, PDG: 200% FPL (effective January 2021)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,903	3 People ~ \$3,660
4 People ~ \$4,417	5 People ~ \$5,173
6 People ~ \$5,930	7 People ~ \$6,687
8 People ~ \$7,443	9 People ~ \$8,200

Child Care Assistance Program (CCAP): 65% SMI (effective February 1, 2021)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,927	3 People ~ \$3,616
4 People ~ \$4,304	5 People ~ \$4,993
6 People ~ \$5,682	7 People ~ \$5,811
8 People ~ \$5,940	9 People ~ \$6,069

Head Start: 100% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,452	3 People ~ \$1,830
4 People ~ \$2,208	5 People ~ \$2,587
6 People ~ \$2,965	7 People ~ \$3,343
8 People ~ \$3,722	9 People ~ \$4,100

Head Start: 130% FPL	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,887	3 People ~ \$2,379
4 People ~ \$2,871	5 People ~ \$3,363
6 People ~ \$3,855	7 People ~ \$4,346
8 People ~ \$4,838	9 People ~ \$5,330

*Income limits are current as of January 2021 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 <sup>st</sup> and 15 <sup>th</sup> 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

Name of Child \_\_\_\_\_ Name of School/Center \_\_\_\_\_

# 2021-2022 NSECD Student Information

## Section 1: Child's Information

**TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN**

*Please read and answer each item carefully. Incomplete forms will NOT be considered. Please PRINT clearly.*

Child's Name: \_\_\_\_\_ Age Group: 3 4 Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Household Size: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Name of parent(s) or legal guardian(s) with whom the child primarily resides: \_\_\_\_\_

What is their relationship to the child?

- Both Parents in same household   
  Primary parent and step-parent   
  Mother only  
 Father only   
  Other \_\_\_\_\_

How many people aged 18 years or older live in the household? \_\_\_\_\_

How many people under age 18 live in the household? \_\_\_\_\_

Check if this child is a *twin or a multiple birth*. Sibling(s) name(s): \_\_\_\_\_

## Section 2: Eligibility Verification

**TO BE COMPLETED BY THE PROVIDER**



- If this student's eligibility is being determined for the first time, you **MUST** complete the Family Eligibility Worksheet or the determination worksheet provided by your Network.
- If the student's eligibility has already been determined by your Community Network, you may continue with this section.

Please indicate the documentation you have on file for this student. *Incomplete verification checklists will not be approved:*

- Income Eligibility Documentation: DirectMatch, Check stubs, SNAP, etc.  
      Parent/Guardian 1 Type (Required): \_\_\_\_\_  
      Parent/Guardian 2 Type (Required, if applicable): \_\_\_\_\_  
 Birth Certificate (Date of birth and parent/guardian verified.)  
      Appropriate custody documentation verified and attached, if applicable. (Type: \_\_\_\_\_)  
 LINKS Immunization Record (Exp. Date: \_\_\_\_\_)  
 Verification of Louisiana Residency (Type: \_\_\_\_\_)

**TO BE CERTIFIED BY THE PROVIDER:** *I confirm that the information provided on this form has been submitted by the parent/legal guardian, is true and correct to the best of my knowledge, and is currently on file. I have verified the above documents as are applicable. 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.*

\_\_\_\_\_  
**Signature of Authorized School Personnel**

Name of Child \_\_\_\_\_ Name of School/Center \_\_\_\_\_

### **Section 3: Parental Choice Certification and Slot Confirmation**

***Parents: Please read each item carefully and sign below. Incomplete forms will NOT be considered:***

***By signing below, I understand and agree to all of the following:***

1. My child is eligible for the Nonpublic Schools Early Childhood Development (NSECD) Program because he or she meets the eligibility requirements listed in the NSECD Eligibility & Enrollment Procedures and Provider Responsibilities.
2. I have chosen and voluntarily elect to have my child attend the above named school as a participant in the NSECD Program. I acknowledge that by confirming my child's attendance at the above named school, his/her name will be removed from the rosters at any other school(s) where I may have applied. I further acknowledge that should I sign a Slot Confirmation Form at more than one school, the school my child will attend will be assigned by the NSECD Office and may not be my first choice.
3. The information provided on my child's application is true and correct to the best of my knowledge. I also acknowledge that all documentation submitted is accurate and authentic. If the information changes, I will notify a program staff person of the new information.
4. I will ensure that my child regularly attends classes and regularly arrives on time during the school year, and I understand that my child must attend four (4) instructional hours on a given school day in order for my child to be credited for attending school.
5. It is my responsibility, to apply to the Free and Reduced Meal Program offered by the school (as applicable in my school district), and if my child does not qualify for the Free and Reduced Meal Program, it is my responsibility to pay the cafeteria fees required by the school. I further understand that my child may be disenrolled if there is an outstanding balance for three (3) months.
6. The school I have chosen must agree to provide high-quality, developmentally appropriate early childhood development classes under the terms and conditions listed in the NSECD Eligibility & Enrollment Procedures and Provider Responsibilities in order to be eligible to participate in the NSECD program and to receive reimbursement for teaching my child.
7. I give permission for the school, NSECD program officials, and any state-affiliated researchers to collect and use any of my child's personally identifying information and assessment data during his or her school years to evaluate the efficacy of the program, deliver support services, and for other lawful purposes.
8. It is my responsibility to provide for my child: uniforms, material or supply fees, field trip costs, before and after school enrichment program fees, and any other expenses for voluntary student activities outside the 6-hour instructional day as required by the school. I also acknowledge that my child may be disenrolled for nonpayment of before and after school care fees if there is an outstanding balance for three (3) consecutive months.
9. The school I have chosen will receive payment on my behalf of my child from the Department of Education, and if my child does not attend classes regularly enough for the school to be reimbursed for two consecutive months, my child may be removed from the NSECD Program, and the school will receive no payment for any educational services delivered to my child during this time period.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
**Date**

**COMPLETED FORMS SHOULD BE RETURNED TO**  
[Lindsey.Bradford@la.gov](mailto:Lindsey.Bradford@la.gov)