



Union Parish Ready Start Community Network

2023 - 2024

1206 Marion Hwy

Farmerville, LA 71241

Phone: 318-368-9715

Fax: 318-368-3311

Child's Name _____

Age _____

Birthdate _____

Special Populations (Foster Care) who are Categorically Eligible

Received ✓	Date	Document
		DCFS Documentation verifying foster status

**Categorically eligible children should be enrolled immediately.*

Child and Family Documentation

(One or more of these are needed for all members of the household to verify the members of the household and household size)

Received ✓	Date	Document
		Verify child's date of birth using a state-issued or foreign birth certificate or a current passport or visa
		Verify person completing application is the parent listed on the birth certificate. <i>(If applicant is not parent on birth certificate, court issued custody papers, or a Non Legal Custodian Affidavit must be submitted).</i>
		Louisiana driver's license or state-issued ID card for adult(s) in the household
		Immunization record for all children needing care in the ECE Fund Seats (Current and Up to Date)
		Current utility bill with the head of household's name and address
		Current lease or mortgage statement for the head of household
		In a temporary living arrangement due to loss of housing or economic hardship using the LEA-defined procedures for verifying homeless status
		Birth certificates, hospital records, or state-issued ID(s) for all other dependent children in the household not receiving care through CCAP B-3 Seats

Work
(Earned Income or School/Training Documentation)

Received ✓	Date	Document
		Four (4) sequential pay statements for EACH ADULT or CAREGIVER IN THE HOUSEHOLD (within 45 days from the date of filling out this application). Use tables included to calculate. Use the hourly rate and income formula whenever possible. (MINIMUM OF 20 HOURS PER WEEK)
		Parents or guardians who are enrolled in a school or training program provide a current transcript to show full time or part time status (full time is at least 12 credit hours per week, part time is less than 12 credit hours). OR , A “student enrollment” letter from the registrar on school or training letterhead with hours attending and courses being taken, or a letter from a school advisor signed on the institution’s letterhead could also verify student status. Parent(s) must be enrolled during the year of the child receiving care.
		An official letter from your employer stating all of the following: Where parent/guardian is employed, work hours, rate of pay, and start date of employment, <i>signed and dated by the employer.</i>
		Parents or guardians who are employed intermittently, self-employed, or who do not have tax forms, check stubs or other applicable income verification documentation must submit a Declaration of Income for Irregular Employment form.

Actively Seeking Employment Documentation

If Family found eligible for CCAP B-3 Seats through ASE in previous year(s), parent must be eligible through Employment/School/Training eligibility.

Received ✓	Date	Document
		HIRE account
		Parents or guardians who are actively seeking employment can submit proof of unemployment pay statement

Unearned Income and Actively Seeking Work

Received ✓	Date	Document
		Child support, alimony, disability benefits, retirement benefits, etc.
		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. (Certified through)
		If not earning any kind of income at all, submit a Statement of No Income for a family claiming no unearned income benefits (only if none of the above applies, with no earned income)

***If a Statement of No Income form was completed and on file for a 2022 – 2023 B-3 Seat, it isn’t permissible to turn one in for 2023 – 2024 year.**

Earned Income or Training Documents (Select all that apply)

Received ✓	Date	Document
		First Pay Statement within 45 days of application*
		Second Pay Statement within 45 days of application*
		Third Pay Statement within 45 days of application*
		Fourth Pay Statement within 45 days of application*
		School or training schedule with full time or part-time status indicated (enrolled within two months of the application)

Total Income Limit (Circle household size)

2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People
\$4,020	\$4,966	\$5,912	\$6,858	\$7,804	\$7,981	\$8,159	\$8,336

Total Adults in Household: _____

Total Children in household: _____

Adult 1 Income

***This must be filled out by applicant if applicable.**

Hourly Rate of Pay *Applicant must fill this out.	Pay Statement Occurrence	Dates of Pay statements within 45 days of Application	Hours worked per week	Gross pay per pay statement
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice-per-month <input type="checkbox"/> Monthly <input type="checkbox"/> Other	1.		
		2.		
		3.		
Total Monthly Pay				

Adult 2 Income

***This must be filled out by applicant if applicable.**

Hourly Rate of Pay *Applicant must fill this out.	Pay Statement Occurrence	Dates of Pay statements within 45 days of Application	Hours worked per week	Gross pay per pay statement
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice-per-month <input type="checkbox"/> Monthly <input type="checkbox"/> Other	1.		
		2.		
		3.		
Total Monthly Pay				

Make additional copies of this page for additional adults in household

Total Income for Family: _____

Child(ren) Applying to CCAP B-3 Seats					
Name	Date of Birth	Age Group	Placement Center	Special Needs?	Documents Received

Early Learning Center of Choice- _____

Phone Number(s)- _____

Address- _____

Signed by Parent(s) _____

Date _____

Signed by Parent(s) _____

Date _____

2023-2024 ECE Fund State Match Family Eligibility Worksheet

2023-2024 INCOME ELIGIBILITY LIMITS

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

ECE Fund State Match Seats and Child Care Assistance Program (CCAP):
85% SMI
(effective February 1, 2023)

Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$4,020	3 People ~ \$4,966
4 People ~ \$5,912	5 People ~ \$6,858
6 People ~ \$7,804	7 People ~ \$7,981
8 People ~ \$8,159	9 People ~ \$8,336

The below tables are not ECE Fund qualifiers, but helpful for families who may need other program information.

LA4 and NSECD: 200% FPL (effective January 2023)

Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$3,287	3 People ~ \$4,143
4 People ~ \$5,000	5 People ~ \$5,857
6 People ~ \$6,713	7 People ~ \$7,570
8 People ~ \$8,427	9 People ~ \$9,283

Head Start: 100% FPL

Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,643	3 People ~ \$2,072
4 People ~ \$2,500	5 People ~ \$2,928
6 People ~ \$3,357	7 People ~ \$3,785
8 People ~ \$4,213	9 People ~ \$4,642

Head Start: 130% FPL

Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,136	3 People ~ \$2,693
4 People ~ \$3,250	5 People ~ \$3,807
6 People ~ \$4,364	7 People ~ \$4,921
8 People ~ \$5,477	9 People ~ \$6,034

Income limits are current as of February 2023 and may be subject to change. The LDOE may amend this document as needed.

INCOME CALCULATION GUIDE

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

For Office Use Only-

Eligibility Determination Completed By _____ on (Date) _____

For Office Use Only-

Child's Name	
Parent(s) Name	
Date of Application	
Status (circle)	Accepted Rejected Waitlisted
Rejection Determination	
Early Learning Center	