

EARLY CHILDHOOD PROGRAM FAMILY ELIGIBILITY

2018-2019 INCOME ELIGIBILITY LIMITS

LA 4, NSECD, Pre-K Expansion Grant: 185% of the Federal Poverty Level	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,538	3 People ~ \$3,204
4 People ~ \$3,870	5 People ~ \$4,536
6 People ~ \$5,202	7 People ~ \$5,868
8 People ~ \$6,534	9 People ~ \$7,200
Child Care Assistance Program (CCAP): 55% of the State Median Income	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$2,403	3 People ~ \$2,684
4 People ~ \$3,257	5 People ~ \$3,778
6 People ~ \$4,299	7 People ~ \$4,397
8 People ~ \$4,495	9 People ~ \$4,592
Head Start: 100% of the Federal Poverty Level	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,372	3 People ~ \$1,732
4 People ~ \$2,092	5 People ~ \$2,452
6 People ~ \$2,812	7 People ~ \$3,172
8 People ~ \$3,532	9 People ~ \$3,892
Head Start: 130% of the Federal Poverty Level	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,783	3 People ~ \$2,251
4 People ~ \$2,719	5 People ~ \$3,187
6 People ~ \$3,655	7 People ~ \$4,123
8 People ~ \$4,591	9 People ~ \$5,059

INCOME CALCULATION GUIDE

Monthly Income Calculation Table: How to Translate Income into a Monthly Figure	
Pay Period	Formula
Paid hourly	(Hourly wage x 40 hours per week) x 4.33
Paid monthly, <i>same gross pay each month</i>	Use gross salary
Paid same gross amount exactly 2 times per month (e.g., 1 st and 15 th)	Gross salary x 2
Paid same gross amount every 2 weeks (e.g., every other Friday)	(Gross salary / 2) x 4.33
Paid weekly	Gross salary x 4.33

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 the item(s) you have verified. Only one is required.

- _____ 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.***
- _____ 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.
- _____ SNAP/Food Stamps – must include the child's name and valid effective dates. (Certified through _____)
- _____ 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 the Department of Children and Family Services (DCFS)
- _____ Families who claim zero income of any kind must 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 DCFS 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). Community Networks should follow LEA-defined procedures for verifying homeless status.
- _____ Other: _____
- May be subject to review. Note: *2017 tax documentation is allowable only if no other form of income verification documentation exists. Previous tax years are not allowed.*

(Total Household Size: _____; Number of Children in Household: _____)

Birth Certificate – Initial that both items have been verified:

- _____ Verify child's date of birth (*For example: Date of birth for 2018-2019 4-year-old program (LA 4, NSECD, PEG) applicants must fall within the date range of October 1, 2013 through September 30, 2014.*)
- _____ 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 must be submitted.*

Proof of Residence - Select the item(s) 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.*
- *If any information changes, I will notify the Lead Agency and/or Office of Early Childhood and submit new information if required.*

Signature of Authorized Personnel _____

Date signed _____