

Office of Early Childhood

2024-2025 ECE Fund State Match Eligibility Worksheet

(This is an administrative form which should only be completed by authorized personnel.)

Eligibility Status (Circle): Eligible Ineligible Application Date: _____

Child's Name: _____ Date of Birth: _____

✓	Date	Categorically Eligible Verification
		Current foster care placement agreement from DCFS.

Select which item(s) you have verified and note the verification date.

✓	Date	Income Verification
		Four (4), or the available number of pay statements based on frequency, consecutive pay statements for each parent/guardian and adult included in the household number for the current year (within 60 days prior to the date of filling out the application). <i>Use the tables in the 2024-2025 Income Eligibility Limits to calculate. Use hourly rate and income formula whenever possible for the most accurate and consistent verification.</i> HOUSEHOLD INFORMATION REQUIRED
		An official letter from the parent/guardian's employer, signed and dated, stating all of the following: Where parent/guardian is employed, the hourly rate of pay, and average number of hours parent/guardian works per week. HOUSEHOLD INFORMATION REQUIRED
		Parent(s)/guardian(s) and adults included in the household number who claim zero income of any kind must each submit a Statement of No Income Form. HOUSEHOLD INFORMATION REQUIRED
		Parent(s)/guardian(s) who are employed intermittently, self- employed, or who do not have pay statements or applicable Department of Children and Family Services printouts to verify their income must submit a Declaration of Income for Irregular Employment Form. HOUSEHOLD INFORMATION REQUIRED
		Actively Seeking Employment - copy of either unemployment benefits or HIRE account in the head of household and/or legal/non-legal spouse's name.
		School/Training Enrollment - Official school or training transcript with full time or part-time status indicated (enrolled within 60 days of the application), detailed school schedule (if applicable) from an accredited college or training program deeming full-time status, or letter from a school advisor signed on the institution's letterhead verifying student status
		Family has unearned income to be added to their monthly income calculations such as; disability benefits, alimony benefits, child support, veteran's benefits, social security income, supplemental security income

Initial to indicate that you have verified both items and note the verification date.

Initial	Date	Age Verification Documentation
		Verify the applicant 's child's date of birth using a state-issued or foreign birth certificate, hospital record, immunization forms, current passport, or visa.
		Verify the person completing the application is the parent listed on the birth certificate or hospital record.
<i>If the person completing an application is NOT listed on the birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted.</i>		

		Verify court-issued custodial documentation showing permanent or temporary legal custody, such as custody judgments, Child Placement Agreement from DCFS, Non-Legal Custodian Affidavit, notarized Provisional Custody by Mandate, or notarized Military Power of Attorney.
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Select which item(s) you have verified and note the verification date. All documents below are required.

✓	Date	Residence Verification Documentation
		Louisiana Driver's License of head of household and legal/non-legal spouse, if applicable
		State-issued ID Card of head of household and legal/non-legal spouse, if applicable*
		Current utility bill with the head of household's name and address or Current lease or mortgage statement with head of household's name and signature
		Birth certificates, hospital records, immunization forms, baptismal records, or other state-issued ID for all dependent children under the age of 18 years to verify household size, if verifying income with pay statements only.
		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. <ul style="list-style-type: none"> Family Member/Friend Proof of Residence Provided:
		If the family is experiencing homelessness, the appropriate McKinney-Vento Verification has been completed

HOUSEHOLD INFORMATION

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

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

How many people under age 18 live in the household? _____

Total Household Size: _____ Total Monthly Household Income: _____

If two adults in the household, both adults are working, in training, or actively seeking employment Yes No

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, <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 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

BIRTH DATE RANGE (2024-2025 Year)		AGE GROUP	Number of eligible children in family in age band
10/1/2023	Present	Infant	
10/1/2022	9/30/2023	1-Year-Old	
10/1/2021	9/30/2022	2-Year-Old	
10/1/2020	9/30/2021	3-Year-Old	
Older		Ineligible	

ECE Fund State Match, CCAP B-3 Seats, and CCAP Voucher Income Eligibility (effective January 2024)	
85% State Median Income	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 Persons - \$4,187	3 Persons - \$5,173
4 Persons - \$6,158	5 Persons - \$7,143
6 Persons - \$8,128	7 Persons - \$8,313
8 Persons - \$8,498	9 Persons \$8,683

Local Match, LA 4, NSECD: 200% FPL (effective January 2024)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$3,407	3 People ~ \$4,303
4 People ~ \$5,200	5 People ~ \$6,097
6 People ~ \$6,993	7 People ~ \$7,890
8 People ~ \$8,787	9 People ~ \$9,683

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