

## 2017-2018 Early Childhood Program Family Eligibility Worksheet

**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:**

- \_\_\_\_\_ 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 below to calculate.***
  - \_\_\_\_\_ An official letter from your employer stating all of the following:
    - Where parent/guardian is employed
    - Hourly rate of pay and frequency 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 thru \_\_\_\_\_)
  - \_\_\_\_\_ 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 DCFS
  - \_\_\_\_\_ Parents unemployed must submit a letter of support and income documentation from support source.
  - \_\_\_\_\_ 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: 2016 tax documentation is allowable only if no other form of income verification documentation exists. Previous tax years are not allowed.)

**(Family Size: \_\_\_\_\_; Number of Children in Family: \_\_\_\_\_)**

<b>Monthly Income Calculation Table: How to Translate Income into a Monthly Figure</b>	
<b>Pay Period</b>	<b>Formula</b>
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

### INCOME LIMITS SHOWN ARE EFFECTIVE FOR 2017-2018 ENROLLMENT ONLY

<b>LA 4, NSECD, PreK Expansion Grant: 185% FPL</b>	
<b>Family Size/Gross Monthly Income</b>	<b>Family Size/Gross Monthly Income</b>
2 People ~ \$2,504	3 People ~ \$3,148
4 People ~ \$3,793	5 People ~ \$4,437
6 People ~ \$5,081	7 People ~ \$5,726
8 People ~ \$6,370	9 People ~ \$7,015

<b>Child Care Assistance Program (CCAP)</b>	
<b>Family Size/Gross Monthly Income</b>	<b>Family Size/Gross Monthly Income</b>
2 People ~ \$2,150	3 People ~ \$2,656
4 People ~ \$3,162	5 People ~ \$3,688
6 People ~ \$4,173	7 People ~ \$4,268
8 People ~ \$4,363	9 People ~ \$4,458

<b>Head Start: 100% FPL</b>	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,353	3 People ~ \$1,702
4 People ~ \$2,050	5 People ~ \$2,398
6 People ~ \$2,747	7 People ~ \$3,095
8 People ~ \$3,443	9 People ~ \$3,792

<b>Head Start: 130% FPL</b>	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$1,759	3 People ~ \$2,212
4 People ~ \$2,665	5 People ~ \$3,118
6 People ~ \$3,571	7 People ~ \$4,024
8 People ~ \$4,476	9 People ~ \$4,929

**Birth Certificate – Initial that both items have been verified:**

- \_\_\_\_\_ Verify child's date of birth (*For example: Applicants for 2017-2018 4 year old programs (LA 4, NSECD, PreK Grant) must fall between October 1, 2012- September 30, 2013.*) Date of Birth:
- \_\_\_\_\_ 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 which item you have verified (2 required):**

- \_\_\_\_\_ 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 two of the above items.
- \_\_\_\_\_ In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)

**Approved Date:** \_\_\_\_\_

**Personnel Approving Application:** \_\_\_\_\_

**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 funds 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.*

**Original Signature of Authorized Personnel**

**Date signed**