

2023-2024 CCAP B-3 Seats Family Eligibility Worksheet

CHILD'S NAME _____ DATE OF BIRTH _____ APPLICATION DATE _____

- Special Populations (Foster Care) who are Categorically Eligible**
 _____ DCFS Documentation verifying foster status
- Child and Family Documentation** (One of more of these are needed for all members of the household to verify the members of the household and household size)
 _____ 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. *(If applicant is not parent on birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted).*
 _____ Louisiana driver's license or state-issued ID card for adult(s) in the household
 _____ 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
 _____ Current utility bill with the head of household's name and address.
 _____ Current lease or mortgage statement for the head of household
 _____ If in a temporary living arrangement due to loss of housing or economic hardship using the LEA-defined procedures for verifying homeless status
 _____ Immunization record for all children needing care in the ECE Fund Seats
- Work (Earned Income) or School/Training Documentation**
 _____ 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 on page 2 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 with anticipated future graduation date *(full time is at least twelve 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, *signed and dated by the employer.*
 _____ 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 – Note: if family found eligible for CCAP B-3 Seats through ASE in previous year(s), parent must be eligible through Employment/School/Training eligibility**
 _____ HIRE account
 _____ Parents or guardians who are **actively seeking employment** can submit proof of unemployment pay statement
- Unearned Income Documentation**
 _____ 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.
 _____ 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 not earning any kind of income at all, submit** a Statement of No Income or handwritten letter from the head of household stating there is no income earned by the family.

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

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

