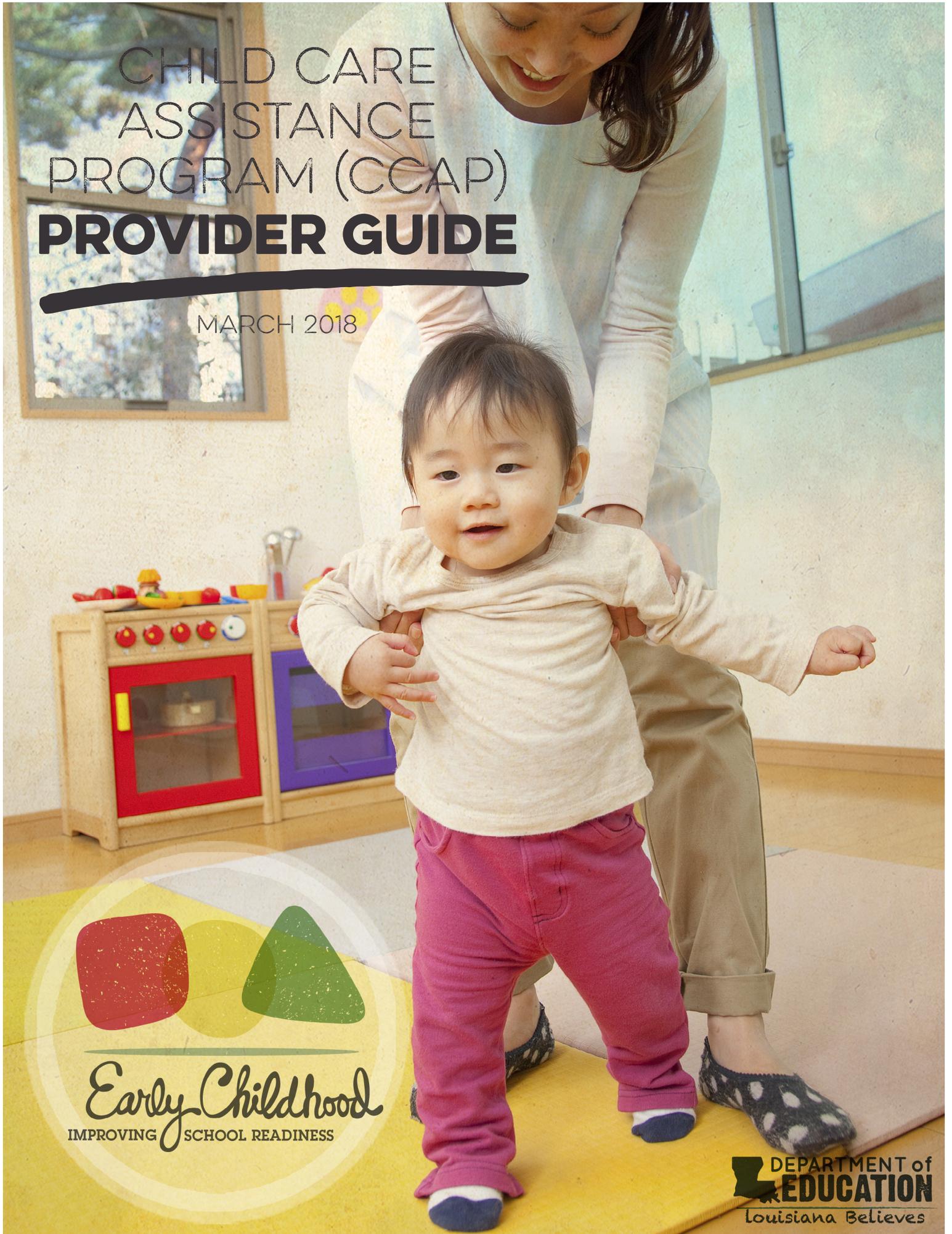


# CHILD CARE ASSISTANCE PROGRAM (CCAP) **PROVIDER GUIDE**

MARCH 2018



*Early Childhood*  
IMPROVING SCHOOL READINESS

 **DEPARTMENT of  
EDUCATION**  
Louisiana Believes

Revised 2/18

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# ➔➔➔ CHILD CARE ASSISTANCE APPLICATION PROCESS <<<<

1. Determine if you are eligible for child care assistance.
2. Are you responsible for paying child care costs for a child under 13 or a child under 18 with a disability who lives with you?
3. Does every adult in your household work or attend school or a training program for at least 20 hours a week?
  - If not participating in one or a combination of these activities, do these persons receive disability income?
  - Do you attend an accredited education or training program as a full-time student?
4. Is your household's total monthly gross earned and unearned income less than the amount listed below for your household size?  
(gross income refers to income before any deductions from the paycheck)

2 PERSONS \$2,403	3 PERSONS \$2,684	4 PERSONS \$3,257	5 PERSONS \$3,778	6 PERSONS \$4,299	7 PERSONS \$4,397	8 PERSONS \$4,495	9 PERSONS \$4,592
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If you answered YES to all of the above questions, you may be eligible for child care assistance. \* Limits are Subject to change

## CATEGORICALLY ELIGIBLE:

Is your child a participant in the Early Head Start Childcare Partnership, have an IEP or IFSP, Homeless, or STEP/TANF recipient?

**1 SUBMIT APPLICATION + VERIFICATION DOCUMENTS:**


OR


CAFÉ CUSTOMER PORTAL
FAX

[HTTPS://CAFE-CP.DOE.LOUISIANA.GOV/EDSELFERVICE/](https://cafe-cp.doe.louisiana.gov/edselfservice/)

**VERIFICATION DOCUMENTS INCLUDE:**

- ➔ Last 4 consecutive check stubs (within 45 days of application date)
- ➔ All unearned income documentation (if applicable)
- ➔ Detailed school schedule (if applicable) or statement from an accredited college or training program deeming full-time status
- ➔ Birth certificates for all children in the household
- ➔ Social security cards for all household members (optional)
- ➔ IEP, IFSP, or SSI award letter (if applicable)
- ➔ Any other documents requested

**2 WITHIN 5 BUSINESS DAYS OF RECEIVING A COMPLETE APPLICATION:**



**THE ANALYST**  
will request any additional verification that is needed to make an eligibility decision.

**3 AFTER THE APPLICATION HAS BEEN SUBMITTED, THE APPLICATION WILL BE PLACED IN ONE OF THE FOLLOWING CATEGORIES:**



**COMPLETE:**  
CCAP Application and necessary documents have been received to make an eligibility decision.

OR



**INCOMPLETE APPLICATION:**  
The applicant does not provide the verification needed to determine eligibility. Applicant can reapply at any time.

OR



**AWAITING VERIFICATION:**  
Analyst has requested additional verification from the head of household.

**4 IF THE APPLICATION STATUS IS COMPLETE, THE APPLICANT WILL EITHER BE:**

**CERTIFIED TO RECEIVE FUNDS:**  
Applicant can begin receiving services. **Categorically eligible children are automatically placed within this category.**

OR

**CERTIFIED TO WAITLIST:**  
Applicant will remain on the wait list until additional funding is received.

**5 IF ELIGIBLE TO RECEIVE CCAP FUNDS:**



**COMPLETE A FINGER IMAGE SCAN**  
(NEW APPLICANTS ONLY)



CCAP HOUSEHOLD ELIGIBILITY: P.O. BOX 260037 • BATON ROUGE, LA 70826  
TELEPHONE: 1-877-453-2721 • FAX: 225-342-3906 • LDECCAP@LA.GOV



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## PRACTICE SCENARIO

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Briana B. Rouge, age 23 (DOB: January 14th, 1995), is the mother of Cara, age 4 (DOB: February 28th, 2014). She has come to your child care center and would like to enroll Cara in your program, but needs help filling out the CCAP application. Briana works 25 hours/week as a cashier at Walgreens with an hourly wage of \$8.00 for (\$800.00 per month). She receives \$200.00 per month in child support payments from Cara's father, who does not live with Briana. Briana is also a part-time student at Higher Education University (HEU) College where she goes to class for 6 hours per week. She and Cara live with Briana's mother, Regina Rouge (age 40, DOB: March 23rd, 1978) and Regina's boyfriend of 14years, Tom Baton (age 38, DOB: April 1, 1980). Regina is a waitress at Toasty's Diner where she works about 30 hours/week and makes \$8.00 per hour (\$960.00 per month). Tom works full-time at River Construction, but has not been working for the past 3 weeks due to an injury he received while working on the job. He's been receiving \$150/week from worker's compensation fund (\$600 per month). Briana would like Cara to receive child care services from 8:00 a.m.- 3:00 p.m. Monday through Friday. Briana lives at 3716 Quality Way Blvd., Baton Rouge, LA 70802. Their phone number is (225)342-0090.

# APPLICATION FOR CHILD CARE ASSISTANCE



## APPLICATION FOR CHILDCARE ASSISTANCE

**NEW APPLICATION:**  Yes  No

**REDETERMINATION:**  Yes  No

<b>1. IDENTIFYING INFORMATION:</b> This form should be completed by the head of household or other household member who is responsible for paying child care costs.			
<b>PLEASE PRINT ALL INFORMATION</b>			
Last Name:	First Name:	Middle Initial:	
Home Address Street:			Apt. No.:
City:	Parish:	ZIP:	
Mailing Address Street:		P.O. Box:	Apt. No.:
City:	Parish:	ZIP:	
Telephone Number:	Home: ( )	Work: ( )	Other Phone: ( )
Are you considered <a href="#">homeless</a> according to McKinney Vento Homeless Assistance Act? <input type="radio"/> Yes <input type="radio"/> No			
Are you participating in a Transitional Living Program? <input type="radio"/> Yes <input type="radio"/> No			
Do you certify that your family assets do not exceed \$1,000,000? <input type="radio"/> Yes <input type="radio"/> No			

<b>2. HOUSEHOLD COMPOSITION:</b> For this program, a household includes these individuals who live together: Head of Household, Head of household's legal or non-legal spouse, and all dependent children under age 18. List yourself first, then other household members with the oldest members listed first.						
Name (First, MI, Last)	Relationship to Yourself	Birth Date	Race	Sex	SSN (Optional)	Marital Status
	Self					
Is any adult or Head of Household listed above disabled? <input type="radio"/> Yes <input type="radio"/> No						
If yes, list the person's name and attach verification of disability (doctor's statement, proof of disability [i.e benefit award letter])						
Name: _____						
Are all children listed above U. S. citizens? <input type="radio"/> Yes <input type="radio"/> No						
If no, list their names: _____						
Are any members in your household either a foster parent or a foster child? <input type="radio"/> Yes <input type="radio"/> No						
If yes, then please list all members: _____						
Is anyone in your family currently on active duty (i.e. serving full-time) in the U.S. Military or a member of either the National Guard or a military reserve unit? <input type="radio"/> Yes <input type="radio"/> No						
If yes, please list the person's name and specify either Active duty U.S. Military or National Guard/Military Reserve:						
_____						

# APPLICATION FOR CHILD CARE ASSISTANCE



## APPLICATION FOR CHILDCARE ASSISTANCE

**3. CHILDREN NEEDING CARE:** Please have your selected Child Care Provider complete this section.

Name of Child (Last, First)	Age	Type of Care (One Per Child)	Contact Information	Provider/Child Relationship	Type of Care	Is Summer Care Needed?
		<input type="radio"/> Child's Home <input type="radio"/> Provider's Home <input type="radio"/> Type III Center <input type="radio"/> Other	Name: _____ Address: _____ Phone #: _____ TIPS Provider#: _____	<input type="radio"/> Grandparent <input type="radio"/> Sister/Brother <input type="radio"/> Aunt/Uncle <input type="radio"/> Other _____	<input type="radio"/> Full time <input type="radio"/> Part time	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Child's Home <input type="radio"/> Provider's Home <input type="radio"/> Type III Center <input type="radio"/> Other	Name: _____ Address: _____ Phone #: _____ TIPS Provider#: _____	<input type="radio"/> Grandparent <input type="radio"/> Sister/Brother <input type="radio"/> Aunt/Uncle <input type="radio"/> Other _____	<input type="radio"/> Full time <input type="radio"/> Part time	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Child's Home <input type="radio"/> Provider's Home <input type="radio"/> Type III Center <input type="radio"/> Other	Name: _____ Address: _____ Phone #: _____ TIPS Provider#: _____	<input type="radio"/> Grandparent <input type="radio"/> Sister/Brother <input type="radio"/> Aunt/Uncle <input type="radio"/> Other _____	<input type="radio"/> Full time <input type="radio"/> Part time	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Child's Home <input type="radio"/> Provider's Home <input type="radio"/> Type III Center <input type="radio"/> Other	Name: _____ Address: _____ Phone #: _____ TIPS Provider#: _____	<input type="radio"/> Grandparent <input type="radio"/> Sister/Brother <input type="radio"/> Aunt/Uncle <input type="radio"/> Other _____	<input type="radio"/> Full time <input type="radio"/> Part time	<input type="radio"/> Yes <input type="radio"/> No

4. List children from Children Needing Care section who attend/will attend Head Start, Pre-Kindergarten, Kindergarten, or school this year:

\_\_\_\_\_

5. State what language is the primary language spoken at the home? \_\_\_\_\_

6. Are immunizations current on all children in need of child care?  Yes  No  
 If no, list the names of child(ren) without current immunizations: \_\_\_\_\_

7. **SPECIAL NEEDS:** Does any child, under age 18, need specialized child care because of a physical, mental, or emotional condition?  
 Yes  No If yes, list name(s): \_\_\_\_\_  
 Does this child have an IEP?  Yes  No Does your family have IFSP?  Yes  No

8. Is any child receiving SSI or other disability benefits?  Yes  No  
 If yes, send copy of award letter or copy of a recent check.

# APPLICATION FOR CHILD CARE ASSISTANCE



## APPLICATION FOR CHILDCARE ASSISTANCE

9. **HOUSEHOLD DESIGNEE:** As the Head of Household, you are automatically a Household Designee. A Household Designee is an adult who is designated in writing by you to drop off and pick up a child(ren) from a CCAP provider and check the child(ren) in and out of care using TOTS. You may designate up to three adults in addition to yourself as Household Designees by listing them below and providing the requested information. These Household Designees will be authorized to drop off and pick up the child(ren) from the CCAP provider.

**By signing below as the Household Designee, I certify that:**

- (1) I am not the CCAP child care provider for the above-named household,
- (2) I do not provide care for the above child(ren) needing care; nor are my household designees employed by the childcare facility
- (3) I do not live with the above-named household's Home-Based Child Care Provider.

**I also certify that all information that I have given on this form is true, accurate and complete.** I hereby designate the following individuals as Household Designees:

Name of Head of Household:	Date of Birth:	Head of Household/Household Designee:	Date:
Residential Address of Head of Household:			
Name of Household Designee 1:	Date of Birth:	Relationship to Head of Household:	Date:
Residential Address of Household Designee 1:			
Name of Household Designee 2:	Date of Birth:	Relationship to Head of Household:	Date:
Residential Address of Household Designee 2:			
Name of Household Designee 3:	Date of Birth:	Relationship to Head of Household:	Date:
Residential Address of Household Designee 3:			

10. **PERSONS WHO ARE EMPLOYED:** Enter the name of each person age 18 and over listed in Household Composition (on page one) who is working. List ALL jobs (working means full-time, part-time, temporary, self-employment, or odd-job employment, even if the job has just started or will end soon). **Send in check stubs for the 4 most recent pay periods (for each person who is employed).** If check stubs are not available, we will supply a form for the employer to complete to verify earnings for the 4 most recent pay periods.

Person Employed	Name and Address of Employer	Employment Begin Date	Work Hours Per Week	Work Days/Week (Check all that apply)	Gross Monthly Earnings	How Often Paid
				<input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tues <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <input type="checkbox"/> Thurs		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

# APPLICATION FOR CHILD CARE ASSISTANCE



## APPLICATION FOR CHILDCARE ASSISTANCE

**11. OTHER TYPES OF INCOME:** Check the appropriate column next to the type of income that you or any member of your household receives or has applied for. Send in proof of any income that is checked.

	Source Of Income	Receives	Applied For	Person Who Applied/Receives	Amount Received	How Often
A.	Child Support		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
B.	Alimony		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
C.	Unemployment Benefits		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
D.	SSI-Supplemental Security Income		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
E.	Social Security Benefits		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
F.	Veteran's Benefits		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
G.	Retirement Benefits		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
H.	Other Disability Benefits		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
I.	Adoption Subsidy		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			
J.	Worker's Compensation		<input type="radio"/> Yes <input type="radio"/> No If yes, Date:			

**12. PERSONS WHO ARE IN SCHOOL OR TRAINING:** Enter the name of each person age 18 and over listed in Household Composition (on page one) who is attending a job training or educational program. **Send in verification of school or job training attendance, including the number of hours in class each week and the anticipated date of completion.**

Person in Training	Name and Address of School	Number of Hours in Class Each Week	Full time or Part time?	Anticipated Completion Date
			<input type="radio"/> Full time <input type="radio"/> Part time	
			<input type="radio"/> Full time <input type="radio"/> Part time	
			<input type="radio"/> Full time <input type="radio"/> Part time	
			<input type="radio"/> Full time <input type="radio"/> Part time	

**13. PERSONS WHO ARE LOOKING FOR EMPLOYMENT:** Enter the name of each person age 18 and over listed in Household Composition who needs child care assistance to look for work:

Name:	Name:
Name:	Name:
Name:	Name:

- 14. CONFIDENTIALITY:** Information provided by you in order to obtain CCAP certification shall be confidential and shall not be released without your written consent, except to agencies and officials as allowed by law.
- 15. DISCRIMINATION:** The Department of Education does not discriminate in the delivery of services. This means you will not be treated differently from others because of your race, color, sex, age, disability, religious beliefs, nation of origin or political beliefs
- 16. ELIGIBILITY DECISION:** A decision will be made on your application within 30 days after the date the application is received. You will receive written notice of the decision. If you have not received a written notice of decision within 30 days, please contact the Department of Education by 1-877-453-2721.

# APPLICATION FOR CHILD CARE ASSISTANCE



## APPLICATION FOR CHILDCARE ASSISTANCE

17. **NOTICE REQUIRED FOR CHANGES:** I agree to let the Department of Education know within calendar ten days if any of the following changes occur. I understand that I must report changes either online by completing a Change Report Form in Cafe or by faxing to 225-376-6060 that occur after I am determined eligible.
- Change in Address
  - Change in Members of my Household, including anyone who moves in or out of the house
  - Change in employment, including an interruption for at least three weeks, a change of employer, or a change in the number of hours worked
  - Change in income if household's gross monthly income exceeds the CCAP income chart based on my household size
  - Change in job training or educational program, including an interruption for at least three weeks, a change of programs, or a change in the number of hours of attendance
  - Change in Child Care Providers or Provider Type
  - Change in the location where care is being provided
  - My child care provider moves in with me, or I move in with my child care provider, or we begin sharing the same mailing address (with the exception of a post office box)
  - Change in Days or Hours Child(ren) are in the child care provider's care
  - Beginning or ending of disability
18. Providing false information, withholding information, or failing to report any of the changes as described above may result in the refusal of or loss of certification for CCAP. If providing false information or withholding information causes an overpayment for child care, you may be required to repay the amount of ineligible benefits made on your behalf. If you purposely fail to report any information that causes ineligible benefits to be made on your behalf, you may be disqualified from participating in the program and fraud charges may be filed against you with the appropriate agency.
19. Social Security Numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide Social Security Numbers.
20. I give permission to the Department of Education to contact persons necessary to verify my need for assistance. In addition, I hereby waive the confidentiality of my name and Social Security Number, if provided, so that information may be furnished to my previous and current employers, LDH, DCFS, SSA, LWC, ACF, and any other parties deemed necessary in order to verify my income and need for assistance, or for data collection, cross data matching, or statistical purposes.
21. \_\_\_ (initial) I authorize LDOE and its employees to disclose information and/or records to the provider listed above. I understand this may include and is not limited to requesting verification, providing a status for my application, and discussing any payments and records maintained by or on the behalf of LDOE. LDOE retains the discretion to decide if particular records or information are within the scope of this waiver; and that LDOE has no control over how the recipient will use or disseminate my information. I agree to release and hold harmless LDOE from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this waiver.

22. **SIGNATURE:** By signing below, I certify that I have read and understand my rights and responsibilities. I also certify that all information given on this application form is true and correct, and I understand that any willful omission or falsification of information required in this application is justification for the denial of my application.

Signature of Applicant:

X

Date:

**PLEASE RETURN THE COMPLETED APPLICATION FOR CHILD CARE ASSISTANCE TO:**

**CCAP Household Eligibility**

P.O. Box 260037

Baton Rouge, LA 70826

**Telephone:** 1.877.453.2721

**Fax:** 225.342.3906

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# APPLICATION FOR CHILD CARE ASSISTANCE

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STATE OF LOUISIANA  
VOTER REGISTRATION AGENCIES  
DECLARATION FORM

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)**

I want to register to vote.

I do not want to register to vote.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)**

Yes, I would like help.

No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact Louisiana Department of Education at 1-877-543-2727.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to The Louisiana Department of Education, 1201 North Third Street, Baton Rouge, LA 70802 or CCAP Household Eligibility P.O. Box 260037, Baton Rouge, LA 70826 forms.

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Signature or Mark	Name Typed or Printed	Date
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Signatures of Two Witnesses If Signed With Mark:

1) \_\_\_\_\_ 2) \_\_\_\_\_

### COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

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**Comments/Remarks (for official use only):**

# APPLICATION FOR CHILD CARE ASSISTANCE



## Louisiana Voter Registration Application (LA-VRA - Rev. 4/17) Reset



SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →  
**QUESTIONS?** - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY:      **WD:** \_\_\_\_\_      **PCT:** \_\_\_\_\_      **REG. TYPE:** \_\_\_\_\_      **IN/OUT:** \_\_\_\_\_      **REG #** \_\_\_\_\_

Please print clearly in ink, preferably black.

**Reason for Application:**     New Voter Registration     Updating Voter Registration

**Eligibility**    **1.** Are you a citizen of the United States of America?     Yes     No    If you answered "No" to these questions, do not complete this form. You are not eligible to vote at this time.  
 Will you be 18 years of age on or before election day?     Yes     No

**Name**    **2.** LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 FULL MIDDLE OR MAIDEN NAME: \_\_\_\_\_ SUFFIX (Sr., Jr., II) \_\_\_\_\_

**Residence Address** (Where you live and claim homestead exemption, if any)  
**3.** HOUSE # & STREET (NO P.O. BOX): \_\_\_\_\_ UNIT/APT #: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: LA ZIP CODE: \_\_\_\_\_  
 Check if no postal service at your residence address above and supply mailing address here.

**Give Location** (If Necessary)


**Mailing Address** (If different from Residence Address)  
 HOUSE # & STREET/P.O. BOX: \_\_\_\_\_ UNIT/APT #: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Birthdate**    **4.** \_\_\_\_/\_\_\_\_/\_\_\_\_    **5. \*SSN**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_    **6. Sex**     M     F    **7. Race** (Optional)     WHITE     BLACK     ASIAN  
 HISPANIC     AMERICAN INDIAN     OTHER \_\_\_\_\_

**Party Affiliation**    **8.**  DEM     GRN     IND     LBT  
 REP     NO PARTY     OTHER (Specify) \_\_\_\_\_  
**9. Place of Birth**    CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_  
 PARISH/COUNTY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**Mother's Maiden Name**    **10.** \_\_\_\_\_    **11. Email** (Optional) \_\_\_\_\_    **12. Phone** (Optional)    Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LA DL/ID Card #**    **13.** \_\_\_\_\_     I do not have a LA DL/ID card    **14. Do you need assistance in voting?**     No     Yes, Reason: \_\_\_\_\_

**Place of Last Residence**    **15.** HOUSE # & STREET: \_\_\_\_\_ STATE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_    **16. Place of Last Registration**    STATE: \_\_\_\_\_ PARISH/COUNTY: \_\_\_\_\_    **17. Former Registered Name, if any** \_\_\_\_\_

**Affirmation and Signature** (read and sign or make your mark)  
**18.** I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.  
 Applicant Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**Witnesses** (If your signature is a mark, you must have two witnesses sign)  
**19.** Witness #1 Signature:  \_\_\_\_\_ Witness #1 Print Name: \_\_\_\_\_  
 Witness #2 Signature:  \_\_\_\_\_ Witness #2 Print Name: \_\_\_\_\_

\* Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.

**Note:** If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY

New Registration      Updated Registration:     Address Change     Name Change     Party Change     Change to Assistance in Voting

REMARKS: \_\_\_\_\_

CIRCLE ONE:    PA    MV    RG    SDA    SS (Disability)    Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR CHILD CARE ASSISTANCE



## Louisiana Voter Registration Application (LA-VRA - Rev. 4/17)

**QUESTIONS?** - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

### APPLICATION INSTRUCTIONS

**USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO:** 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

**TO REGISTER AND BE ELIGIBLE TO VOTE AN APPLICANT MUST:** 1) be a U.S. citizen; 2) be 17 years old (16 years old if registering to vote in person at the Registrar's Office or the Office of Motor Vehicles), but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony; 4) not be under a judgment of full or limited interdiction where your right to vote has been suspended; 5) reside in the state and parish in which you seek to register and vote.

**Instructions: the grey section numbers on this page correspond to the grey section numbers on the application.**

**Reason for Application:** Check "New Voter Registration", if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration", if you are making any change to your present registration. If new registration, fill out the form completely.

1. **Eligibility** - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you answered "No" to these questions, do not complete this application form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.
2. **Name** - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name".*
3. **Residence Address** - "Residence Address" means the address (Number, Street, City, State and Zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school while attending. Do not use a post office box for your "Residence Address". If you use a rural route and box number, you may draw a map in box labeled "Give Location" to provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores or landmarks near residence and write the name of the landmark.  
**Mailing Address** - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (Number, Street, City, State and Zip). Otherwise a mailing address may be provided and you may use a Post Office Box for a mailing address.
4. **Birthdate** - Print your date of birth. The month and day of your birth remains confidential by law.  
**Social Security Number** - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number, you **must** attach either one or more documents to prove your identity, residence and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN number remains confidential and is only used for registration purposes.*
6. **Sex** - Check male or female (for statistical purposes only).
7. **Race** - Race/Ethnic origin is optional (for statistical purposes only).
8. **Party Affiliation** - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, Libertarian or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party you wish to affiliate. If you do not want to register with a political party affiliation check "No Party", or if you do not complete this section, your party affiliation will be listed as "no party". If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.
9. **Place of Birth** - Print the city/town, parish/county, state and country of your birth place (for statistical purposes only).
10. **Mother's Maiden Name** - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".
11. **Email** - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*
12. **Phone** - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*
13. **LA DL/ID Card #** - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card". *This ID number remains confidential and is for official use only.*
14. **Assistance in Voting Needed?** - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes", write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.
15. **Place of Last Residence** - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".  
**Place of Last Registration** - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application. **Important:** Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.
17. **Former Registered Name** - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.
18. **Affirmation and Signature** - Read the affirmation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are affirming and that they meet the requirements to register to vote.*
19. **Witnesses** - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid.

**Mailing Instructions** - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at [www.geauxvote.com](http://www.geauxvote.com) or by calling the toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote.

**Online Voter Registration** - Voter registration is also available at [www.geauxvote.com](http://www.geauxvote.com) and you may register online before the 20<sup>th</sup> day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.

# APPLICATION FOR CHILD CARE ASSISTANCE



## Louisiana Registrars of Voters Address Page (Rev. 4/17)

**QUESTIONS?** - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

### LOUISIANA REGISTRARS OF VOTERS OFFICE ADDRESSES

<b>ACADIA</b> 568 NW Court Circle Crowley, LA 70526-4363 (337) 788-8841	<b>EAST BATON ROUGE</b> P.O. Box 91006 Baton Rouge, LA 70821-9006 (225) 389-3940	<b>MADISON</b> 100 N. Cedar St. Tallulah, LA 71282-3892 (318) 574-2193	<b>ST. LANDRY</b> P.O. Box 818 Opelousas, LA 70571-0818 (337) 948-0572
<b>ALLEN</b> P.O. Box 150 Oberlin, LA 70655-0150 (337) 639-4966	<b>EAST CARROLL</b> P.O. Box 708 Lake Providence, LA 71254-0708 (318) 559-2015	<b>MOREHOUSE</b> 129 N. Franklin St. Bastrop, LA 71220-3815 (318) 281-1434	<b>ST. MARTIN</b> 415 Saint Martin St. St. Martinville, LA 70582-4549 (337) 394-2204
<b>ASCENSION</b> 828 S. Irma Blvd., Rm. 205 Gonzales, LA 70737-3631 (225) 621-5780	<b>EAST FELICIANA</b> P.O. Box 488 Clinton, LA 70722-0488 (225) 683-3105	<b>NATCHITOCHE</b> P.O. Box 677 Natchitoches, LA 71458-0677 (318) 357-2211	<b>ST. MARY</b> 500 Main St., Ste. 301 Franklin, LA 70538-6144 (337) 828-4100, ext. 360
<b>ASSUMPTION</b> P.O. Box 578 Napoleonville, LA 70390-0578 (985) 369-7347	<b>EVANGELINE</b> 200 Court St., Ste. 102 Ville Platte, LA 70586-4463 (337) 363-5538	<b>ORLEANS</b> 1300 Perdido St., Rm. 1 W23 New Orleans, LA 70112-2127 (504) 658-8300	<b>ST. TAMMANY</b> 701 N. Columbia St. Covington, LA 70433-2709 (985) 809-5500
<b>AVOUELLES</b> 312 N. Main St., Ste. E Marksville, LA 71351-2409 (318) 253-7129	<b>FRANKLIN</b> 6560 Main St. Winnsboro, LA 71295-2750 (318) 435-4489	<b>OUACHITA</b> 1650 Desiard St., Ste. 125 Monroe, LA 71201 (318) 327-1436	<b>TANGIPAHOA</b> P.O. Box 895 Amite, LA 70422-0895 (985) 748-3215
<b>BEAUREGARD</b> P.O. Box 952 DeRidder, LA 70634-0952 (337) 463-7955	<b>GRANT</b> 200 Main St. Colfax, LA 71417-1828 (318) 627-9938	<b>PLAQUEMINES</b> P.O. Box 989 Port Sulphur, LA 70083-0989 (504) 934-3620	<b>TENSAS</b> P.O. Box 183 St. Joseph, LA 71366-0183 (318) 766-9391
<b>BIENVILLE</b> P.O. Box 697 Arcadia, LA 71001-0697 (318) 263-7407	<b>IBERIA</b> 300 S. Iberia St., Ste. 110 New Iberia, LA 70560-4543 (337) 369-4407	<b>POINTE COUPEE</b> 211 E. Main St., 2 <sup>nd</sup> FL New Roads, LA 70760-3661 (225) 638-5537	<b>TERREBONNE</b> 8026 Main St., Ste. 101 Houma, LA 70360 (985) 873-6533
<b>BOSSIER</b> P.O. Box 635 Benton, LA 71006-0635 (318) 965-2301	<b>IBERVILLE</b> P.O. Box 554 Plaquemine, LA 70765-0554 (225) 687-5201	<b>RAPIDES</b> 701 Murray St. Alexandria, LA 71301-8099 (318) 473-6770	<b>UNION</b> P.O. Box 235 Farmerville, LA 71241-0235 (318) 868-8660
<b>CADDO</b> P.O. Box 1253 Shreveport, LA 71163-1253 (318) 226-6891	<b>JACKSON</b> 500 E. Court St., Rm. 102 Jonesboro, LA 71251-3400 (318) 259-2486	<b>RED RIVER</b> P.O. Box 432 Coushatta, LA 71019-0432 (318) 932-5027	<b>VERMILION</b> 100 N. State St., Ste. 120 Abbeville, LA 70510 (337) 898-4324
<b>CALCASIEU</b> 1000 Ryan St., Rm. 7 Lake Charles, LA 70601-5250 (337) 721-4000	<b>JEFFERSON</b> P.O. Box 10494 Jefferson, LA 70181-0494 (504) 736-6191	<b>RICHLAND</b> P.O. Box 368 Rayville, LA 71269-0368 (318) 728-3582	<b>VERNON</b> P.O. Box 626 Leesville, LA 71496-0626 (337) 239-3690
<b>CALDWELL</b> P.O. Box 1107 Columbia, LA 71418-1107 (318) 649-7364	<b>JEFFERSON DAVIS</b> 302 N. Cutting Ave. Jennings, LA 70546-5361 (337) 824-0834	<b>SABINE</b> 400 Capitol St., Rm. 107 Many, LA 71449-3099 (318) 256-3697	<b>WASHINGTON</b> 900 Washington St., #105 Franklinton, LA 70438 (985) 839-7850
<b>CAMERON</b> P.O. Box 1 Cameron, LA 70631-0001 (337) 775-5493	<b>LAFAYETTE</b> 1010 Lafayette St., Ste. 313 Lafayette, LA 70501-6885 (337) 291-7140	<b>ST. BERNARD</b> 8201 W. Judge Perez, Rm. 104 Chalmette, LA 70043-1696 (504) 278-4231	<b>WEBSTER</b> P.O. Box 674 Minden, LA 71058-0674 (318) 377-9272
<b>CATAHOULA</b> P.O. Box 215 Harrisonburg, LA 71340-0215 (318) 744-5745	<b>LAFOURCHE</b> 307 W. 4th St. Thibodaux, LA 70301-3105 (985) 447-3256	<b>ST. CHARLES</b> P.O. Box 315 Hahnville, LA 70057-0315 (985) 783-5120	<b>WEST BATON ROUGE</b> P.O. Box 31 Port Allen, LA 70767-0031 (225) 336-2421
<b>CLAIBORNE</b> 507 W. Main St., Ste. 1 Homer, LA 71040-3914 (318) 927-3332	<b>LASALLE</b> P.O. Box 2439 Jena, LA 71342-2439 (318) 992-2254	<b>ST. HELENA</b> P.O. Box 543 Greensburg, LA 70441-0543 (225) 222-4440	<b>WEST CARROLL</b> P.O. Box 71 Oak Grove, LA 71263-0071 (318) 248-2381
<b>CONCORDIA</b> 4001 Carter St., Ste. K Vidalia, LA 71373-3021 (318) 336-7770	<b>LINCOLN</b> 100 W. Texas Ave., Rm. 10 Ruston, LA 71270-4463 (318) 251-5110	<b>ST. JAMES</b> P.O. Box 179 Convent, LA 70723-0179 (225) 562-2330	<b>WEST FELICIANA</b> P.O. Box 2490 St. Francisville, LA 70775-2490 (225) 635-6161
<b>DESOTO</b> 105 Franklin St. Mansfield, LA 71052-2046 (318) 872-1149	<b>LIVINGSTON</b> P.O. Box 968 Livingston, LA 70754-0968 (225) 686-3054	<b>ST. JOHN</b> 1801 W. Airline Hwy. LaPlace, LA 70068-3344 (985) 652-9797	<b>WINN</b> 119 W. Main St., Rm. 105 Winnfield, LA 71483-3238 (318) 628-6133

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# CHILD CARE ASSISTANCE APPLICATION CHECKLIST

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## CHILD CARE ASSISTANCE (CCAP) APPLICATION CHECKLIST

To complete your application for child care assistance (CCAP), you may need to provide proof for some things you told us in your application. This checklist will help you know what items you need to gather.

### Have you gathered and submitted the following?

- **Age/Relationship:** a birth certificate, baptismal certificate, or hospital birth records of the person to be included or if not your own child, birth records to prove how the child is related to you.
- **Alien Status:** if not a U.S. citizen, forms or cards from USCIS that prove the person is a legal alien.
- **Wages:** last four (4) pay check stubs or employer's statement for each person who works within 45 days of application date.
- **Self-Employment:** income tax returns, sales records, quarterly tax records, and/or personal wage record.
- **Other income** such as contributions, child support, alimony, Social Security, SSI, VA, retirement checks, Unemployment Compensation Benefits (UCB), award letters, court orders, and/or statements from contributors.
- **Income that stopped within the last 3 months:** "pink slip," termination notice or statement from former employer, termination notice or statement from source of any income that ended.
- **Immunization:** shot record or doctor's records.
- **School Attendance or Job Training:** A statement from the school or job training program indicating the number of hours of the attendance each week and anticipated date of completion for any person who needs child care in order to attend school or job training. Or, letter from an accredited entity or training program deeming full-time status.

If you cannot find your documents, let your case analyst know.

### Contact Information

CCAP Household Eligibility  
P.O. Box 260037  
Baton Rouge, LA 70826

**Telephone:** 1.877.453.2721

**Fax:** 225.342.3906

Revised: February 2018

## EXAMPLE

**Employer**

Walgreens  
55555 Hwy 136  
Baton Rouge, LA 70526

**Net Pay this period:**

CHECKING# 1234

**\$400.00**

**Employee**

Brian Rouge  
3716 Quality Way  
Baton Rouge, LA 70802

<b><u>Pay Period</u></b>			
05/02/2018–05/15/2018			
<b>Gross</b>	<b>\$400.00</b>	<b>Currently</b>	<b>Hours Used to</b>
<b>Hourly Rate</b>	<b>\$8.00</b>		
<b>Current Hours</b>	<b>25</b>		
<b>Sick Leave</b>		<b>31.00</b>	<b>17.30</b>
<b>Vacation Leave</b>		<b>40.00</b>	<b>0.00</b>

<b><u>Pay Period</u></b>			
04/18/2018–05/01/2018			
<b>Gross</b>	<b>\$400.00</b>	<b>Currently</b>	<b>Hours Used to</b>
<b>Hourly Rate</b>	<b>\$8.00</b>		
<b>Current Hours</b>	<b>25</b>		
<b>Sick Leave</b>		<b>28.00</b>	<b>17.30</b>
<b>Vacation Leave</b>		<b>37.00</b>	<b>0.00</b>

<b><u>Pay Period</u></b>			
04/04/2018–04/17/2018			
<b>Gross</b>	<b>\$400.00</b>	<b>Currently</b>	<b>Hours Used to</b>
<b>Hourly Rate</b>	<b>\$8.00</b>		
<b>Current Hours</b>	<b>25</b>		
<b>Sick Leave</b>		<b>25.00</b>	<b>17.30</b>
<b>Vacation Leave</b>		<b>34.00</b>	<b>0.00</b>

<b><u>Pay Period</u></b>			
03/21/2018–04/03/2018			
<b>Gross</b>	<b>\$400.00</b>	<b>Currently</b>	<b>Hours Used to</b>
<b>Hourly Rate</b>	<b>\$8.00</b>		
<b>Current Hours</b>	<b>17</b>		
<b>Sick Leave</b>		<b>22.00</b>	<b>17.30</b>
<b>Vacation Leave</b>		<b>31.00</b>	<b>0.00</b>



## Example

### Child Support Enforcement Case Information

Here is your benefits/services information as of 05/17/2018.

#### Case Details

<u>Case Number</u>	<u>Status</u>	<u>Custodial Party</u>	<u>Non-Custodial Party</u>	<u>Monthly Obligation</u>	<u>Total Arrears</u>	<u>Upload Documents</u>
5555582	Active	Briana Rouge	Brad Pitt	\$200.00	\$1,586.00	<a href="#"><u>Click Here</u></a>

Case Number: 5555582

#### Child Information

<u>Child Name</u>	<u>Date of Birth</u>	<u>Emancipation Date</u>	<u>Paternity Established</u>
Cara B. Rouge	02/28/2013	02/28/2027	02/29/2013

#### Payment Sent To You

<u>Check Number</u>	<u>Amount</u>	<u>Check Date</u>
1234567	\$200.00	05/01/2018
7891011	\$200.00	04/01/2018
1213145	\$200.00	03/01/2018
5625852	\$200.00	01/01/2018
1415161	\$200.00	12/01/2017



# SAMPLE VERIFICATIONS: SHOT RECORDS



## Immunization Record Example

**Organizatio (IRMS)/Facility:** LOUISIANA DEPT. OF EDUCATION (9999) / LA. DEPT. OF EDUCATION CCAP

Patient			
Name:	CARA BEE ROUGE	SIIS Patient ID:	1111119
Date of Birth:	02/28/2014	Age:	207 weeks, 47 months, 3 yrs
Guardian:	Regina Rouge	Status:	Active

\*1111119\*

Vaccination View/Add					
Vaccine	1	2	3	4	
DTaP	07/24/2014	04/24/2015			
DTaP-Hep B-IPV	09/03/2014				
DTaP-Hib-IPV	04/29/2014 *				
Hep A, ped/adol, 2 dose	11/20/2015	10/16/2017			
Hep B Ped/Adol - Preserv Free	03/01/2014 *	04/29/2014 *			
Hib (PRP-OMP)	07/24/2014	09/03/2014	04/24/2015		
IPV	07/24/2014				
Influenza, injectable, quadrivalent, preservative free, pediatric	11/20/2015	02/03/2016	10/14/2016		
MMR	04/24/2015				
Pneumococcal conjugate PCV 13	04/29/2014 *	07/24/2014	09/03/2014	11/20/2015	
influenza, injectable, quadrivalent, preservative free	10/16/2017				
rotavirus, pentavalent	04/29/2014 *	07/24/2014	09/03/2014		
varicella	04/24/2015				

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccinations administered or recorded in your facility are displayed in **blue**.

Historical vaccinations marked by\*

Adverse reaction marked by#

Unverified historical marked by+

Compromised Vaccination marked by^

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
DTaP/DT/Td	5	02/28/2018	02/28/2018	02/28/2019	Up to Date
MMR	2	02/28/2018	05/22/2015	02/28/2019	Up to Date
POLIO	4	02/28/2018	02/28/2018	02/28/2019	Up to Date
VARICELLA	2	02/28/2018	07/17/2015	02/28/2019	Up to Date
FLU	B	10/01/2018	07/01/2018	10/31/2018	Up to Date
HPV	1	02/28/2025	02/28/2023	02/28/2027	Up to Date
MENINGOCOCCAL	1	02/28/2025	02/28/2024	03/28/2025	Up to Date

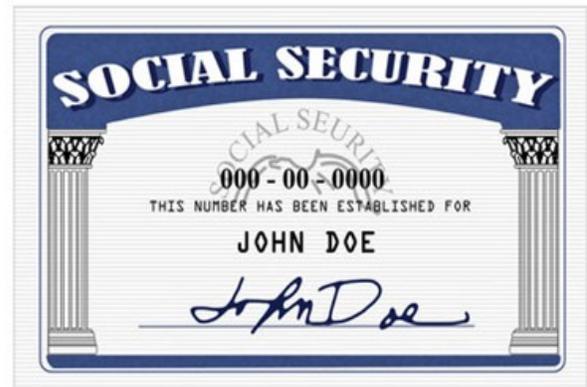
**Due Now** -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

**Past Due** -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

**Up to Date** -- As of today's date, the patient is not due or past due.

**Optional** -- This vaccine may be administered today. Although the usual "recommended" date has not been met, the minimum valid date for this dose has been met.

## SAMPLE VERIFICATIONS: SOCIAL SECURITY CARD & PHOTO ID



## SAMPLE VERIFICATIONS: BIRTH CERTIFICATE

55586655 EXAMPLE

### CERTIFICATION OF BIRTH

Birth Number: 114-001-564-114

Child's Name (Last, First, Second)  
**ROUGE, CARA BEE**

Birth Date	Time of Birth	Sex	Number Born	Birth Order
02/28/2014	1:15 PM	F	1	1

CITY OF BIRTH	HOSPITAL	PARISH	STATE
BATON ROUGE	RAINBOW MEDICAL CENTER	EAST BATON ROUGE	LOUISIANA

Mother's Maiden Name (Last, First, Second)	Age at Birth
Rouge, Briana Brelynn	19

Father's Name (Last, First, Second)	Age at Birth
Pitt, Brad Monroe	21



*Higher Education University*



**EXAMPLE**

HIGHER EDUCATION UNIVERSITY (HEU)

**Concise Student Schedule**

2150145 Briana Rouge  
 Spring 2018  
 May 17, 2018 2:23pm

**\*This page lists the classes for which you are registered for the term: All of the detail information about the class is included.**

**Name:** Briana Rouge **Address:** 3716 Quality Way  
 Baton Rouge, LA 70802

**Classification:** Junior

**Level:** Undergraduate

**College:** Business & Social Sciences

**Major/Department:** Psychology

**Enrollment Status:** Fulltime

CRN	Course	Title	Campus	Time	Credits	Start Date	End Date	Days	Instructor
3145	BIOL101	Living World	Main	1:15-3:00	3.00	01/19/2017	05/31/2018	TR	BELL
3145	PSYC201	Human Behavior	Main	1:15-3:00	3.00	01/19/2017	05/31/2018	MW	COOPER

**TOTAL CREDITS: 6.00**

*Due to Briana’s completed application being submitted after 07/01/2017, she will be subject to the Wait List. Briana would not fall into the specific categories of:*

- *Disability*
- *Homelessness*
- *Find Work/STEP*
- *Foster Care*
- *Early Head Start Partnership*
- *Redetermination*

## Who is eligible for child care assistance?

- ✓ Is the client responsible for paying child care costs for a child under 13 or a child under 18 who has a disability and lives with the client?
- ✓ Does every client in the household work or attend school or a training program for at least 20 hours a week? (One or a combination of both)
  - If not participating in one or a combination of these activities, do these persons receive disability income?
  - Do you attend an accredited education or training program as a full time student?
- ✓ Is your household total monthly gross earned/unearned less than the amount listed on the income chart?
- ✓ Is your child a participant in the EHSCC Partnership? Does he/she have an IEP, IFSP, or receive SSI; experience Homelessness or STEP/TANF recipient?

*Gross income refers to income before any deductions from the client's paycheck*

2 PERSONS \$2,403	3 PERSONS \$2,684	4 PERSONS \$3,257	5 PERSONS \$3,778	6 PERSONS \$4,299	7 PERSONS \$4,397	8 PERSONS \$4,495	9 PERSONS \$4,592
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## How is eligibility for child care assistance determined?



- Household size
- Household income
- Number of hours the child is in care
- Number of hours the client and any other adult caregivers work or attend an education and/or training program

### What is considered a household?

- Head of household (primary person whose income is counted)
- Head of household's legal or non-legal spouse (biological mother, father, and/or legal partner)
- All children under the age of 18 who are dependent on the head of household and/or spouse



**NOTE: A child must be living in the household more than 50% of the time. If the head of household and/or spouse is disabled and cannot work, the adult must provide a doctor's statement to verify.**

### What verification documents are needed?

- ✓ Last four consecutive check stubs (within 45 days)
- ✓ All unearned income documentation (if applicable)
- ✓ Birth certificates for all children in the household
- ✓ Social security cards for all household members
- ✓ Immunization Records for all children needing care
- ✓ Detailed school schedule (if applicable)
- ✓ Verification of disability (SSI, VA benefits, etc. if applicable)
- ✓ Web Twain is a software needed to upload all verification within CAFÉ. The link is provided within the online application.

**NOTE: There may be additional documents requested by the caseworker. Encourage the client to submit additional documentation promptly to avoid delays in processing the case.**

## What are the client's submission options?



- If clients have to make changes to any documents sent in or their case, they can do this via a Change Report within CAFÉ.
- We have a strict inbound monitoring system and can ensure that mail is not displaced once received.

### Common errors to avoid:

- Sending duplicate documentation (email, fax, etc.)
- Faxing errors (scanned faced down so we receive blank pages, not legible, etc.)
- Ensure documents capture all details (4 consecutive check stubs with rate of pay and hours worked etc.)

<https://cafe-cp.doe.louisiana.gov/edselfservice/>

## How can providers assist?

- Assist clients in understanding the eligibility criteria for CCAP
- Provide the client with CCAP Process Flow Chart
- Manage expectations of CCAP process
- Encourage clients to utilize online resources

»»» CHILD CARE ASSISTANCE APPLICATION PROCESS «««

- Determine if you are eligible for child care assistance.
- Are you responsible for paying child care costs for a child under 13 or a child under 18 with a disability who lives with you?
  - Does every adult in your household work or attend school or a training program for at least 20 hours a week?
    - If not participating in one or a combination of these activities, do these persons receive disability income?
    - Do you attend an accredited education or training program as a full-time student?
- Is your household's total monthly gross income and unearned income less than the amount listed below for your household size? (Gross income refers to income before any deductions from the paycheck)

2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS	9 PERSONS
\$2,403	\$2,684	\$3,257	\$3,718	\$4,209	\$4,397	\$4,495	\$4,592

If you answered YES to all of the above questions, you may be eligible for child care assistance. \* Limits are Subject to change in your child's participation in the Early Head Start Childcare Partnership, have an IEP or IFSP, Homeless, or STEPTANF recipient?

**CATEGORICALLY ELIGIBLE:**

- SUBMIT APPLICATION + VERIFICATION DOCUMENTS:**
  - CAFÉ CUSTOMER PORTAL OR FAX
  - URL: [HTTPS://CAFE-CP.DOE.LOUISIANA.GOV/EDSELFSERVICE/](https://cafe-cp.doe.louisiana.gov/edselfservice/)
  - VERIFICATION DOCUMENTS INCLUDE:**
    - Last 4 consecutive check stubs (within 45 days of application date)
    - All unearned income documentation (if applicable)
    - Detailed school schedule (if applicable) or statement from an accredited college or training program denoting full-time status
    - Birth certificates for all children in the household
    - Social security cards for all household members (optional)
    - IEP, IFSP, or SSI award letter (if applicable)
    - Any other documents requested
- WITHIN 5 BUSINESS DAYS OF RECEIVING A COMPLETE APPLICATION:**
  - THE ANALYST will request any additional verification that is needed to make an eligibility decision.
- AFTER THE APPLICATION HAS BEEN SUBMITTED, THE APPLICATION WILL BE PLACED IN ONE OF THE FOLLOWING CATEGORIES:**
  - COMPLETE:** CCAP Application and necessary documents have been received to make an eligibility decision.
  - INCOMPLETE APPLICATION:** The applicant does not provide the verification needed to determine eligibility. Applicant can reapply at any time.
  - AWAITING VERIFICATION:** Analyst has requested additional verification from the head of household.
- IF THE APPLICATION STATUS IS COMPLETE, THE APPLICANT WILL EITHER BE:**
  - CERTIFIED TO RECEIVE FUNDS:** Applicant can begin receiving services. Categorically eligible children are automatically placed within this category.
  - CERTIFIED TO WAITLIST:** Applicant will remain on the wait list until additional funding is received.
- IF ELIGIBLE TO RECEIVE CCAP FUNDS:** COMPLETE A FINGER IMAGE SCAN (UPON APPROVAL)

CCAP HOUSEHOLD ELIGIBILITY: P.O. BOX 260037 • BATON ROUGE, LA 70826  
 TELEPHONE: 1-877-453-9721 • FAX: 225-342-3906 • LDECCAP@LA.GOV

### Important Reminders and Hints

- Clients may be contacted after application submission by phone, mail, and/or Café for more verification on the case.
- No in-person interview is required.
- Most cases are delayed due to verification not being sent in initially and/or timely.
- Submitting a **completed** application with **ALL** verification documents initially can reduce possible delays.
- Clients must complete finger image at their nearest TOTS (Tracking of Time Services) location.
- There is a difference between Work Study (being compensated and receiving check stubs) and Study Hours (It takes me 4 hours each day to study for this class)



# CCAP 10 REPORT OF CHANGES



## CCAP 10 – REPORT OF CHANGES

	Case Name:
	Case ID#:
	Worker:

**Note: Please complete and return this form only if there has been a change in your household circumstances.**

I understand that I am responsible for reporting all changes that could affect my eligibility for Child Care Assistance or the agency payment amount within 10 days of my knowledge of the change. Failure to timely report these changes could result in action by the agency. I understand that I must report if my child care provider moves in with me or if I move in with my provider or we begin sharing the same mailing address (with the exception of a post office box).

**I must report the following changes within 10 days of the change:**

- Household address has changed
- Any household composition changes (A child receiving child care benefits moves out of the home or is no longer in the child care provider’s care, etc.)
- My child care provider moves in with me or I move in with my provider or we begin sharing the same mailing address (with the exception of a post office box)
- Number of hours/day that my child(ren) attend child care has changed
- Change of child care providers
- Add or remove household designees
- Changes in gross monthly income which result in my household’s income exceeding the 85% state median income gross income limit for CCAP.
- A change or termination of employment, training, or education for any parent or adult household member

**I am reporting the following changes (check all that apply):**

- 1. I no longer need child care assistance.
- 2. My household has moved.

Date of Move:	Phone Number:	
New Mailing Address:	New Residential Address:	
City:	State:	Zip Code:

- 3. **The composition of my household has changed.**  
Enter information about each person who has moved in (including newborns) or out of your home.

Name	Birthdate	Social Security Number (Optional)	Moved In/Out	Date of Move	Care Needed
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No

**Note:** Social security numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide social security numbers. If provided, social security numbers may be used to verify income and need for assistance or for data collection or statistical purposes.

# CCAP 10 REPORT OF CHANGES



## CCAP 10 – REPORT OF CHANGES

4. My household shares the same mailing or residential address as my child care provider.

Date of Change :
New Mailing Address:
New Residential Address:
Phone Number:

5. The number of hours or days that my child(ren) attend child care has changed.

Child(ren) with a change in attendance at child care are:				
Name of Child (Last, First)	Birthdate	Total Hours Needed Each Week	Days Each Week	Date of Change
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	

6. My child needs summer care effective: Begin date: \_\_\_\_\_ End date: \_\_\_\_\_
7. I have changed child care providers for my child(ren).
8. I choose to remain at my current provider, effective date: \_\_\_\_\_

Child(ren) placed with a new or current provider:						
Name of Child (Last, First)	Birthdate	Provider Contact Information	Type of Care: (One per child)	Total Hours Needed Each Week	Days Each Week	Date Changed
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	

# CCAP 10 REPORT OF CHANGES



## CCAP 10 – REPORT OF CHANGES

9. Add/Remove Household Designee(s)

Name of Household Designee	Birthdate	Residential Address of Household Designee	Add/Remove (Circle below)	HD Relationship to Head of Household
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	

10. A member of my household is no longer working or attending an educational or training program.  
(Termination letter must be attached)

Person who has stopped working or going to classes:

The last date worked or attended training classes:

11. A member of my household has changed jobs, started a new job, or had a change in earned income.  
(Employment validation or new wage form(s) must be attached)

**Persons with a change in job or earnings:**

Person Employed	Name and Address of Employer	Number of Hours per week	Gross Monthly Earned	How often Paid	Date Change

12. My total household income has exceeded the chart below for my household size.

2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS	9 PERSONS
\$2,403	\$2,684	\$3,257	\$3,778	\$4,299	\$4,397	\$4,495	\$4,592

13. A member of my household has begun receiving, is no longer receiving, or had a change in amount of one of these types of unearned income: Child Support, Alimony, Unemployment Benefits, SSI, Social Security, Veteran's Benefits, Retirement Benefits, Disability Benefits, or Adoption Subsidy. (Supporting documentation must be attached)

Person who receives (or received income)	Type of Income	No longer receiving	Begun/Continues Receiving	Amount Received	Effective Date of Receiving

14. Other (Explain): \_\_\_\_\_

I understand that adjustments may be made in my Child Care Assistance payments because of the above change(s) in my situation. I understand that I will be notified in writing by DCFS if the change(s) affect my eligibility or the payment amount made by the Child Care Assistance Program.

Signature:	Date:
Address:	Home Phone Number/Work Phone Number:

## COMMON TOTS ERROR CODES

### POST CHECK IN/CHECK OUT MESSAGES

Error Code	Error Message displayed on the POS Device	Explanation of Error	What should the Parent/Provider Do
5	Child # Not Found	Incorrect child number entered	The provider can look the child # up using the Provider Web Portal to ensure the parent enters the correct child number.
19	System Error Occurred	A system error occurred	Reference TOTS manual; contact TOTS helpline; notify LDOE about issue.
A0	No Authorized Units	There are no authorizations available for the child	The parent must contact their case worker.
A4	No Designee Access	The household designee has been set to 'No Access', which means the household designee is no longer authorized to check the child in or out of care.	This person may no longer check this particular child in/out of care.
A6	Case Closed	The case has been closed.	The parent must contact their case worker.
A8	Check In Exists	Previous check in currently exist	A check out must be performed before another check in can be completed.
BF	Invalid Date	The previous check in and previous check out attempted was for a future date.	A check out must be performed before another check in can be completed. If an open check in exists within the backscan period, a previous check out must be completed before another check in can be completed. Previous check ins and previous check outs must be within the last 7-day period with day one being the current day.
B0	Backscan Error	The previous check in or previous check out transaction attempted is not within the 7-day time period	Previous check ins/ outs must be within the last 7-day period with day one being the current day.
DC	Provider Inactive	The provider number associated with the POS device has been inactivated by LDE Provider Certification	The provider must call Provider Help Desk at: 225-342-1879.
DD	Check In Not Found	<ol style="list-style-type: none"> <li>1. A check out is attempted and an open check in exists for the child for more than 24 hours OR</li> <li>2. A check out is attempted and no check in has been performed in the last 24 hours.</li> </ol>	<ol style="list-style-type: none"> <li>1. A previous check out must be performed before another check in can be completed.</li> <li>2. A previous check in must be performed before the child may be checked out.</li> </ol>
E4	Authorization On Hold	Transaction approved, however, the authorization is on-hold with LDE CCAP and may restrict payment of services to the provider if the issue regarding the hold is not cleared.	The parent must contact their case worker.
E6	TA#/Person# Not Found	The Time and Attendance Number/ Person Number could not be found in the system.	The provider can look the TA/person # up on the Provider Web Portal.
E8	Auth Not Found	A current authorization does not exist on the case for the child.	The parent must contact their case worker.
EF	Overlapping Care	A check in is being attempted between an existing check in/ out span, creating an overlap in the care dates and/or times.	A check out must be done to match the "open" check in.

## COMMON TOTS ERROR CODES

### TOTS POS VOID MESSAGES

Code	Description Displayed on POS Device	Message Description	What should the parent or provider do?
D2	Transaction not found	The transaction number attempting to be voided is not found.	Check the Provider Web Portal to ensure that attempted void transaction number is correct.
B5	Void Ineligible	The transaction number attempting to be voided is not an eligible transaction type.	Previously voided transactions cannot be voided.

### TOTS COMMUNICATION MESSAGES

The following error messages may be displayed before communication with the host if there are any errors from the POS device.

Messages	Description
Waiting for Line Dialing	Your phone line is busy or out of service. The POS device is dialing phone to reach the main computer.
LOST COMM W/HOST	The POS device has lost the connection with the main computer and is not receiving a response. You should attempt the transaction again. If the problem persists, contact the Provider Help Desk at 225-342-1879.
AUTO-SEND SAFS	The POS device has started a regular process of sending stored transactions, if any, to the host for processing.
BP – Host Time Out	The POS device has lost the connection with the main computer because of bad telephone line or internet connection. You should attempt the transaction again. If the problem persists, contact the Provider Help Desk at 225-342-1879.
Please Try Again	There was a mistake made when the information was entered. Re-enter the information.
NOT AVAILABLE	The selection you made is not available.
NOT ALLOWED	You are not authorized to do the selected transaction.
OVER 7 DAYS OLD	The 7-day limit for entering transactions has expired.
NO HOST RESPONSE	The POS device could not receive a response from the main computer.
NO SAF TO SETTLE	The system tried to complete a Store and Forward transaction but there was no information to process.
INVALID PASSWORD	You put in an incorrect or invalid password.
INVALID DATE	You have entered the date in an invalid format.
INVALID TIME	You have entered the time in an invalid format.
FINGER IMAGE UPDATE FAILED	The POS device was unable to retrieve updated finger images.
SEND VOID FAILED	The POS device was unable to send the void transaction.



## FREQUENTLY ASKED QUESTIONS

### Child Care Assistance Program (CCAP) General Information for Households

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**1. What is the status of my case?**

Please contact the Department at 1.877.453.2721. You can also create an account and check the status by logging into Café: <https://cafe-cp.doe.louisiana.gov/edselfservice/>.

**2. How do I locate a child care provider?**

Contact the Child Care Resource and Referral Agency for your parish. See the map [here](#).

Check the early learning center's licensing report [here](#).

**3. How do I know that my verification was received?**

Please contact the Department at 1.877.453.2721 or [LDECCAP@la.gov](mailto:LDECCAP@la.gov).

**4. I want to close my case. What do I need to do?**

Provide a written statement requesting to close case or complete a Change Report in Café. You may also contact the Department at 1.877.453.2721.

**5. I want to change child care providers. What do I need to do?**

The department will need verification that the balance owed to your current provider is paid with a zero balance remaining. The new provider must complete a Rate and Availability Verification form and both forms must be returned to the department. The department will inform you if and when you are approved to change providers.

**6. What changes must I report?**

A household must report the following within 10 days:

- Change of residence
- Change in household composition
- Change of child care provider
- Change in the location of where care is provided
- Change in the number of days or hours that the child is in care
- The beginning or ending of a disability
- A child receiving child care benefits moves out of the home or is no longer in the provider's care
- Change in employment, including an interruption for at least 6 weeks
- Change in employer or change in the number of hours worked
- Change in the amount of the household's gross monthly income of more than \$100 in earned income or \$50 in unearned income
- Change in job training or educational program, including an interruption for at least 6 weeks
- Change in the number of hours of attendance



**7. My case closed because I did not send my redetermination form back by the due date. Do I have to reapply?**

If you did not send the redetermination form by the due date, but the form is received or postmarked before close of business on the last day of your certification period and all verification is included, then that form can be used to determine your eligibility for continued assistance.

If the form is received, but not all required verification is attached, the Department will send you a request for the missing verification. If the verification is received by the last day of your certification period, and you remain eligible, the case will be certified without you losing CCAP.

If the verification is not received by the last day of your certification period, your case will be closed.

If this verification is received within 30 days after the end of your certification, eligibility will be determined using the form submitted, but the application date will be the date that all verification was received.

**8. What is TOTS?**

TOTS stands for Tracking of Time Services. TOTS is the electronic time and attendance process used to track the time children spend with providers. Children who participate in the Child Care Assistance Program (CCAP) must be checked in and out each day using the TOTS machine. Payments to the child care providers are based on the attendance data from TOTS. If the provider is having issues with their TOTS machine, please see TOTS Error Codes within TOTS manual or contact TOTS Helpline at 1-888-281-0326.

Each household receiving CCAP must be finger imaged to use TOTS.

**9. Where do I get my finger scanned?**

Every community will have at least one TOTS machine at specified locations. To view the list of locations, click [here](#).

Each household receiving CCAP must be finger scanned to use TOTS.

**10. Will my case close if my provider loses their license?**

If your provider loses their license, you will be required to select another qualified provider. If you do not select another provider by the deadline given by your case analyst, your case will close.

If you need to find a new provider, contact the Child Care Resource and Referral Agency for your parish. See the map [here](#).

**11. Who can get case specific information?**

Any active household member can receive case specific information.

**12. How can I get a birth certificate?**

You should contact your local health unit for information on how to obtain a birth certificate. You can get further information at the Louisiana Vital Records and Statistics website at [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov).

**13. How can I get a social security card?**

You would need to contact the Social Security Administration for a card or verification of your social security number.



### 14. How do I report suspected fraud?

Please contact the department at 1.877.453.2721 if you suspect that a parent or a child care provider are misusing child care subsidy benefits by:

- Clearly submitting false or altered documents, records or information
- Decisively making a false or misleading statement
- Deliberately misrepresenting, concealing, or withholding relevant facts
- Not including the accurate number of household members on application, change report or redetermination application
- Deliberately omitting legal spouse, non-legal spouse, or the child's other parent residing with the family
- Incorrect signature on a wage verification form, school verification letter, or employment letter
- Tampering with check stubs or any official record: shot record, identification, school records, custody records, court order, etc.
- Not reporting all unearned income received by the household. Deliberately omitting income sources, such as: Social Security Income, voluntary child support, court ordered child support, alimony, veteran's benefits, military compensation or other disability benefits.
- Tampering with earned income amounts or dates on check stubs or a wage verification form, including omitting tips or overtime amounts
- Altering hours on employment schedules or school training schedules
- Any additional fraudulent activities



## FREQUENTLY ASKED QUESTIONS Child Care Assistance Program (CCAP) Application Process for Households

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### 1. How do I apply for Child Care Assistance (CCAP)?

There are several ways you may obtain an application to apply for child care assistance. The fastest way to apply for child care assistance is online. You may visit our website [here](#) to apply for CCAP.

If you do not have access to the internet, you can visit a local library for computer access or the Department can mail you an application.

You can fax the application to 225-376-6060 or mail the CCAP application to:

Department of Education  
CCAP Household Eligibility  
P. O. Box 260037  
Baton Rouge, LA 70826

### 2. What are the eligibility requirements for the Child Care Assistance Program?

The household must need care for a child under age 13, or a child with disabilities under the age of 18.

The household must be working or attending school or training a minimum of 20 hours per week.

Households must be a US citizen or an eligible alien, residing in the state of Louisiana, and must meet the gross income eligibility standards for their household size:

2 persons-\$2403	4 persons-\$3257	6 persons-\$4299	8 persons-\$4495
3 persons-\$2684	5 persons-\$3778	7 persons-\$4397	9 persons-\$4592

### 3. What is the maximum income allowed for my household size?

The monthly gross income eligibility standards for households are identified below and they can be located on our website [here](#).

2 persons-\$2403	4 persons-\$3257	6 persons-\$4299	8 persons-\$4495
3 persons-\$2684	5 persons-\$3778	7 persons-\$4397	9 persons-\$4592



#### 4. What are the types of child care providers that are eligible for payment through the Child Care Assistance Program?

There are five types of child care providers eligible to serve CCAP children.

1. **Early Learning Centers (Type III):** serves seven or more children unrelated to the owner and must be licensed by the department .
2. **Family Child Care Provider:** provides care in the provider's home. A Family Child Care provider must care for no more than six children, including the provider's own children, and any other children living at the residence who are under age 13, or age 13 through 17 with special needs.
3. **In Home Provider:** only provides care for children who live at the residence.
4. **School Child Care Provider:** public and nonpublic schools that operate pre-kindergarten, before- and after-school programs, and summer programs.
5. **Military Child Care Center:** a center licensed by the Department of Defense.

#### 5. What verification will be needed to process my application for Child Care Assistance?

Please review the application checklist [here](#).

You will need to provide:

- proof of age for each child under age 18,
- proof of immunization for each child needing care,
- verification of all income for the household, and
- verification of work, school, or job training hours for each adult household member.

Although social security numbers are not required by law to be eligible for CCAP, it will expedite the application process if they are provided.

#### 6. When can I bring my child to the child care provider?

You and your selected provider will receive a letter from the Department notifying you both of the maximum amount that the Department will pay and the effective date that payments will begin for each eligible child.

If you choose to bring your child to the provider prior to this date, you will be responsible for all charges and payments.

#### 7. Does my child have to go to a child care center for me to be eligible to apply for child care assistance?

You may apply for child care assistance at any time, but your case cannot be certified unless you have selected an eligible provider. See question 4 for eligible provider types.



### **8. Who must be included on my application?**

The following individuals who live together must be included in the Child Care Assistance household:

- a. the head of household
- b. the head of household's legal or non-legal spouse (including a disabled adult parent who is unable to care for him/herself and for their children who are in need of care as verified by a doctor's statement)
- c. all children under the age of 18 who are dependent on the head of household and their legal or non-legal spouse including foster children
- d. the minor unmarried parent who is not legally emancipated
- e. the minor unmarried parent's children

### **9. How long will it take to process my application?**

Eligibility will be determined within 30 days of your application date. There are no emergency benefits available.

### **10. Can I get help with child care while I look for work?**

CCAP is only available for those attending school or training or working. However, if you are a Strategies to Empower People Program (STEP) participant, please contact your STEP worker to find out. If you would like more information on this program please click [here](#).

### **11. Where can I get my finger scanned?**

Please visit one of the locations on this [listing](#) to get the required finger image scan

### **12. What will happen if I do not complete the finger scans?**

The department cannot certify the application until the finger image is complete.

### **13. Are finger scans needed for all types of child care providers?**

No, only for a Type III early learning center, a family child care provider, and a military child care center.

### **14. What is a Household Designee?**

A household designee is an adult who is designated in writing by the CCAP Head of Household to drop-off and /or pick-up the child or children from an authorized CCAP provider.

In the case of an In-Home provider, this is the person to whom the provider may release the child or children when the provider leaves the home.



## Overview of Wait List for Child Care Assistance in Louisiana

### Summary:

- The Child Care Assistance Program (CCAP) is a federally-funded program that enables Louisiana parents to work or attend school by helping them afford child care. Families who can place their children in stable, high quality care are more likely to be successful in work or school.
- CCAP currently serves more than 17,000 Louisiana children with working parents or parents in school. Due to limited funding, Louisiana will establish a wait list for families as of July 1, 2017.
- Applications received on or after July 1, 2017, will be screened for eligibility and, if eligible, placed on the wait list until enrollment slots or additional funds are available.
- Families currently receiving CCAP will **not** be placed on the wait list when asked to re-certify their eligibility.
- Children who are experiencing homelessness, children of families participating in STEP or Early Head Start-Child Care Partnerships, children in foster care or children requiring special needs care will be immediately eligible and will **not** be placed on the wait list.

### Background:

- At its peak, CCAP in Louisiana served nearly 40,000 families. Reductions in funding and more stringent eligibility have since decreased participation by more than half. Since 2015, the State Board of Elementary and Secondary Education (BESE), in collaboration with the Early Childhood Advisory Council, have increased funding and eligibility in order to serve more working families.
- Having a wait list is not unusual. Presently, at least 20 states, not including Louisiana, have a wait list or are no longer taking new applicants.

### How the Wait List Works:

- Prior to June 30, 2017, there will be **no** changes for families that apply. Complete applications received by 11:59 p.m. on June 30, 2017 will be processed and, if eligible, families will be able to participate in CCAP.
- As of July 1, 2017 families will be notified of the wait list when applying online or on paper.
- Households will only be placed on the wait list once they submit a complete application and are determined eligible.
- The wait list will be a statewide wait list and applications will be prioritized by date the application was received by the Department.
- When funding becomes available the waitlisted household will be notified by phone, mail, and email.
- If funding becomes available, the waitlisted family may be required to submit additional verification information if they have been on the wait list for more than 30 days.
- Eligible households may be placed on the wait list for up to one year. After one year of being on the wait list, families will need to reapply. Households will be provided notice and will be directed to reapply if they still need assistance.
- Families will be provided notice 30 days in advance of being purged and will be directed to reapply if they still need assistance.

### Supporting the Field:

- Updated information about the CCAP Wait List will be posted on the Department's website at <http://www.louisianabelieves.com/early-childhood/child-care-assistance-program>. Information provided on the site will include information for families, FAQs, and the number of active waiting list households per parish and statewide.
- The Department will work closely with Lead Agencies and Resource and Referral Agencies to support families to identify alternative options if available.
- The Department will also work closely with the Early Childhood Advisory Council and partners in the field to communicate updates on the wait list.
- For additional information or questions, please contact the Department at 1-877-453-2721 or email [ldeccap@la.gov](mailto:ldeccap@la.gov).

### Child Care Assistance Program (CCAP) in Louisiana

*The Child Care Assistance Program (CCAP) is a federally-funded program that enables Louisiana parents to work or attend school by helping them afford child care.*

- At its peak, CCAP in Louisiana served nearly 40,000 children. Reductions in funding and more stringent eligibility criteria decreased participation by more than 50% from 2012 to 2015.
- Since 2015, the State Board, in collaboration with their Early Childhood Advisory Council, has increased payment rates, reduced co-pays and adopted more flexible eligibility criteria in order to serve more working families.
- The Louisiana economy continues to improve, with more families working and lower unemployment.
- CCAP currently serves nearly 18,000 Louisiana children whose parents are working or are in school.

*Families that are able to place their children in stable, high quality care are more likely to be successful in work or school.*

### Louisiana Will Establish Wait List for CCAP

*Due to limited funding, Louisiana will establish a statewide wait list for eligible families as of July 1, 2017.*

- Applications received on or after July 1, 2017, will be screened for eligibility and, if eligible, placed on the wait list until funds are available.
- Families currently receiving CCAP will **not** be placed on the wait list when it is time to re-certify their eligibility. They will continue to receive services if eligible.
- Children who are experiencing homelessness, children of families participating in STEP or Early Head Start-Child Care Partnerships, children in foster care and special needs children, if eligible, will **not** be placed on the wait list.

*Having a wait list is not unusual. Currently, at least 20 states, not including Louisiana, have a wait list or are no longer taking new applications.*

### How the CCAP Wait List Will Work

*The statewide wait list will prioritize applications by the date the application was received by the Department.*

- From Implementation through June 30, 2017, there were **no** changes for families that applied. Complete applications received by 11:59 p.m. on June 30, 2017, were processed and, if eligible, families were able to participate in CCAP.
- As of July 1, 2017, families were notified of the wait list via the *Louisiana Believes* website when applying online or by mail when using a paper application.
- Families will be placed on the wait list if they submit a complete application and are determined eligible.

### How the CCAP Wait List Will Work

*Eligible families may remain on the statewide wait list for up to one year before having to reapply for assistance.*

- When funding becomes available, the families at the top of the wait list will be notified by phone, mail and email.
- When notified that funding is available, the family may be required to submit additional eligibility verification information if they have been on the wait list for more than 30 days.
- Families will be removed from the wait list after one year but will be provided 30 days notice before being removed and will be directed to reapply if they still need assistance.

### Supporting the Field

*The Department will provide support to the field in the days leading up to implementation of the statewide wait list and afterward.*

- Updated information about the wait list will be posted on the Department's website at <http://www.louisianabelieves.com/early-childhood/child-care-assistance-program>.
- Information provided on the website will include information, FAQs, and a one page guide for impacted families.
- The Department will work closely with Lead Agencies and Resource and Referral agencies to distribute information and guidance to families and to support them in identifying available alternative care options.
- The Department will also work closely with the Early Childhood Advisory Council and partners in the field to publish wait list statistics (statewide and by parish) and to communicate updates about the wait list.

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# CCAP WAIT LIST FAMILY RESOURCE CHECKLIST

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## While You Wait: A Resource Checklist for Families on the Child Care Assistance Program Wait List

- **Keep your contact information current.** The Department needs to be able to contact you once funding becomes available. If you move or change your email or phone number, please let us know. Contact your analyst or call center (1-877-453-2721 or [ldeccap@la.gov](mailto:ldeccap@la.gov)) and they will help you complete a Report of Changes form (CCAP 10).
- **Have the required child care assistance eligibility documents at all times.** When funding becomes available, the Department may need to review updated documentation of your eligibility. Please keep the following eligibility documents on hand at all times:
  - last 4 consecutive check stubs (current within 45 days)
  - unearned income (if applicable)
  - detailed school schedule (if applicable)
  - birth certificate(s) for all children in the household
  - social security cards for all household members (optional)
  - updated immunizations for your child(ren)
- **Find out if there are other early childhood options in your community.** Contact your local Early Childhood Community Network lead agency to learn more about other available publicly funded early childhood options, to understand what you may be eligible for and how enrollment works. Contact the Call Center to find out the contact information for the Lead Agency in your area.
- **Find out if there are other resources in your community.** Contact your local Resource and Referral agency for information about community assistance programs. Contact the Call Center (1-877-453-2721 or [ldeccap@la.gov](mailto:ldeccap@la.gov)) to obtain the contact information for the Resource and Referral Agency in your area. Resource and Referral Agencies can:
  - provide assistance with completing child care application
  - assist with finding the right child care setting for your child
  - aid with finding help to pay for child care
  - connect parents with the local Head Start/Early Head program
- **Check to see if you are eligible for other types of assistance programs.** If you are eligible for CCAP, you may be eligible for other programs that could help you free up money in your budget. Consider the following:
  1. SNAP, STEP/FITAP, TANF – 1-888-LAHELPU (1-888-524-3578)
  2. LIHEAP – 1-888-454-2001
  3. MEDICAID – 1-888-342-6207
- **Talk with your present child care program(s).** If you are currently enrolled or have a preferred program, have a conversation with the Director about what’s going on so they are fully aware of your situation. The Director may offer other options that can assist you and your family.



## Child Care Assistance Program Wait List FAQs

### 1. Why are families being placed on the Child Care Assistance Program Wait List?

Since 2015, the BESE Board, in collaboration with the Early Childhood Advisory Council, has increased payment rates, reduced co-pays and adopted more flexible eligibility criteria in order to serve more working families. With the recent changes in rates and eligibility, increased participation in CCAP has occurred with more than 16,800 children served in April 2017. Also Louisiana's economy continues to improve, with more families working and needing CCAP services. The number of families who have applied and are eligible for the program is greater than the amount of funds available to serve families. The wait list is established so eligible families can access slots as soon as funding is available again.

### 2. What does a family need to do to be placed on the Wait List?

Families will be placed on the wait list if they submit a complete application with all documentation and are determined eligible.

As of July 1, 2017, families will be notified of the wait list via the *Louisiana Believes* website when applying online or by mail when using a paper application.

### 3. Is there a limit to the number of families that can be placed on the Wait List?

Not at this time. All eligible families will be added to the list on a continuing basis.

### 4. How long will families remain on the Wait List?

Eligible families may remain on the statewide wait list for up to one year before having to reapply for assistance.

### 5. Are families notified of their position on the Wait List?

No. When funding becomes available, the families at the top of the wait list will be notified by phone, mail and email.

### 6. Will families receive a follow up letter after waiting 30 or more days on the Wait List?

No. When notified that funding is available, the family may be required to submit additional eligibility verification information if they have been on the wait list for more than 30 days.

### 7. What verification documents are needed to be removed from the Wait List?

If it has been 30 days or more since an applicant was placed on the wait list and funds are available, the family will be required to provide updated verification of their household before they can be certified for Child Care Assistance. Required verification may include, but not limited to, income verification such as check stubs, Rate and Availability Form(s) 7B, change of address (if applicable), changes to educational and/or training status (if applicable), etc.

### 8. How long does the family have to return the requested verifications once notified?

The requested verification must be returned within 10 business days of the date on the notice.



**9. What happens if the requested verification is not returned within 10 business days on the date of the notice?**

If requested verifications are not returned within 10 days from the date on the notice, the family must reapply and placed back on the list if eligible.

**10. When it is time for a family's eligibility to be redetermined, will they be placed on the Wait List?**

Families currently receiving CCAP will **not** be placed on the wait list when it is time to re-certify their eligibility. They will continue to receive services if eligible.

**11. Are any families exempt from the Wait List?**

Children who are experiencing homelessness, children of families participating in STEP or Early Head Start-Child Care Partnerships, children in foster care and special needs children, if eligible, will **not** be placed on the wait list.

**12. What happens if funds are not available and exempt families continue to apply?**

The Department will manage funds so that families exempt from the wait list will receive services.

**13. When are families removed from the Wait List?**

Families will be removed from the wait list when funding becomes available or after one year. Families will be provided 30 days' notice before being removed and will be directed to reapply if they still need assistance.

**14. When funds become available, how long does a family have to find a child care facility?**

The family has 30 days to enroll their child in a child care facility or they will have to reapply for eligibility and the funds will be available for the next family on the list.

**15. What if there is not an opening with the eligible family's preferred child care once they are notified that funds are available?**

CCAP staff will provide the eligible family with information about other child care options that are close by. When an opening becomes available at the family's first choice, they may submit a Change form (CCAP10) to attend.

**16. How do I report household changes such as an increase/decrease in household income and/or members while on the Wait List? Will I need to reapply?**

While on the wait list, families will only need to report updated contact information such as address, phone number(s), and email addresses. All other changes will be updated once they are notified they are being removed from the list.

**17. If an eligible family enrolls their child with a qualified CCAP provider while on the Wait List, will the provider be reimbursed for the time the family is on the list?**

No. The Child Care Assistance Program is **not** responsible for the cost of care while an eligible family is on the list.

For additional information or questions, please contact the Department at 1-877-453-2721 or email [ldccap@la.gov](mailto:ldccap@la.gov).

## CCAP APPLICATION SUBMISSION PROCESS

### Child Care Assistance Program An Improved Application Process

*The Child Care Assistance Program (CCAP) application process will be updated on January 21, 2018. The update is aimed at making the process more transparent and efficient for families.*

- Presently, additional documentation must be requested for 80% of CCAP applications.
- Requesting and receiving documents using the US Postal Service delays application processing time. It also causes inconvenience and hardships for clients and providers.
- When all documents are submitted with the initial application, processing time can be significantly shortened.
- When families receive an eligibility determination in less than 30 days, they can be more productive in work, school, or in securing alternative affordable high quality childcare if they do not qualify for CCAP.

*The Department is working hard to ensure quick and accurate processing of all CCAP applications.*

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### Using the Updated CCAP Application Process

*The CAFÉ Portal will not allow the CCAP application to be submitted without verification documents for each required field.*

- If all required verification documents are submitted, the application will be considered *complete* and will be processed within 30 days.
- If all required information is not submitted, the application will be marked as *incomplete* or *awaiting verification*.
- During the first month of the updated process, between January 29<sup>th</sup> and February 28, CCAP analysts will make every effort to contact applicant clients with missing documentation to ensure they understand the process.

*LDE/CCAP staff will work to help providers and families to transition through this process and also cut processing time.*

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### Application Status Terms and Definitions

*Application statuses depending on whether the required and correct verification documents were received with the application.*

**Incomplete Application** - The status assigned to the CCAP application when the client does not provide the verification required to determine eligibility.

*Example: Application received, but verification of age and Employment and Training were not submitted.*

**Awaiting Verification** - The status assigned to the CCAP application when additional verification has been requested from the head of household because the documents submitted did not meet the requirements.

*Example: The client submitted an application with check stubs, but check stubs were not within the 45 day timeframe.*

**Complete Application**- The status assigned to the CCAP Application once the application has been received with all required documents.

*Example: The client submitted all required and needed verification for processing.*

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## Child Care Assistance Complete Application Process

### Summary:

- The Child Care Assistance Program (CCAP) is a federally-funded program that enables Louisiana parents to work or attend school by helping them afford child care. Families who place their children in stable, high quality care are more likely to be successful in school or at work.
- LDE/CCAP staff has worked directly with stakeholders to determine and eliminate challenges to the CCAP application process. LDE understands the importance of providing services to children of Louisiana at a very young age and ensuring all families have access to CCAP, and has implemented a simplified application process.
- The new application and submission process ensures eligibility determining information is submitted with the initial application. This enables analyst to process the application more timely and thoroughly and ensures a quicker response time for the family and provider.

### Background:

- The LDE/CCAP program addresses 80% of applications that are not accompanied by eligibility determining documentation
- Analyst must initiate a CCAP 14 or a request for the required documentation by mail and wait for a response. This process slows down processing.

### How the Complete Application Will Work:

- Beginning 01/29/2018 the initial application submission will prompt applicants to complete a CCAP application and upload verification documents using the CAFÉ portal prior to pressing submit.
- Applicants will utilize Internet Explorer and additional software to access CAFÉ and submit the application.
- Documents such as the Rate and Availability form (CCAP 7B) and the Household Designee Forms (1HD and 2 HD) will now be included within the new application process. There will be no need to complete a separate form.

### Next Steps:

- In partnership with LDE and as a liaison for children and families, we encourage providers to become familiar with this process. A webinar will be held on 01/29/2018 to thoroughly explain the process, benefits, next steps, and effective date for the new application and submission process.

### Supporting the Field:

- Updated information about the new application and submission process will be posted on the LDE's website at <http://www.louisianabelieves.com/>. Information provided on the site will include information for families, FAQs, and webinar link.
- LDE will work closely with Lead Agencies and Resource and Referral Agencies to support families.
- LDE will also work closely with the Early Childhood Advisory Council and partners in the field to communicate updates on the new application and submission process.
- For additional information or questions, please contact [ldeccap@la.gov](mailto:ldeccap@la.gov).



## Child Care Assistance New Application Submission Process FAQs

### 1. How is the new application submission process different? What is the complete application process?

- It is an improved way to process applications more efficiently, cutting down processing time, and creating a one stop shop by receiving the CCAP application and all required supporting documentation. For a comprehensive list of required supporting documentation please review our [CCAP Checklist](#).
- The new process also eliminates the need for families to complete additional forms that may have been completed in the past. Families are now required to fill in section 3 on the CCAP-2 application, stating where they would like to send their child(ren) to receive child care services. It also allows them to enter who will be assisting them in dropping off and picking up their child(ren).

### 2. How can I submit a Child Care Assistance (CCAP) application?

- CCAP Applications can still be completed online via CAFÉ or printed out for completion via [www.louisianabelieves.com](http://www.louisianabelieves.com)

### 3. What is considered a complete application?

- An application is deemed complete when all mandatory fields on the application are answered and all supporting verification needed to make an eligibility decision is submitted. For a comprehensive list of required supporting documentation please review our [CCAP Checklist](#).

### 4. Is it possible to retrieve a check list of verification to be submitted with the application?

- A checklist is provided via CAFÉ prior to starting the application and the checklist is also provided on the CCAP website online via [www.louisianabelieves.com](http://www.louisianabelieves.com)

### 5. Are there any changes with the income requirements?

The new income requirements are stated below:

2 PERSONS \$2,403	3 PERSONS \$2,684	4 PERSONS \$3,257	5 PERSONS \$3,778	6 PERSONS \$4,299	7 PERSONS \$4,397	8 PERSONS \$4,495	9 PERSONS \$4,592
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## CCAP APPLICATION SUBMISSION PROCESS FAQs

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**6. Do I need to get my finger imaged at a local TOTS location before I am considered Eligible for CCAP?**

- If the participant is certified and *not* being added the wait list, then they will need to complete the finger image before any payments will be made to the child care provider where their child is or will be attending. However, if the participant is being placed on the wait list they will not need to get their finger imaged until they are notified of removal. The CCAP Request letter (CCAP 14) will also remind participants to complete the finger image *only if* they are not being placed on the wait list.

**7. How long will it take to receive the eligibility determination for my application?**

- Applications will follow the same process as before allowing 30 days for processing.

**8. What if I am missing supporting documentation?**

- The CAFÉ portal will not allow an application to be considered complete or allow the participant to submit unless all supporting documents are uploaded with the application.

**9. Should I complete an application while the wait list is in effect?**

- Participants should apply if they need child care assistance. If funding becomes available and the applicant has completed an application they may begin receiving services. Applicants will be removed and receive services based on their application date.

**10. What special populations are exempt from the wait list?**

- Homeless families, Early Head Start Partnerships, Family Independence Temporary Assistance Program /Strategies To Empower People, Special Needs, and Redetermination cases are *not* placed on the wait list.

**11. Will CCAP back pay for the time period the participant is on the wait list?**

- No. The Child Care Assistance Program will not cover financial accounts acquired during the participant's time on the wait list. Once the participant is removed from the wait list and authorizations are entered, only then will payments begin.

**12. What categorizes my child as special needs?**

- If the participant has a child in the household that needs care and is disabled, receives SSI (Supplemental Security Income), has an IEP (Individualized Education Program Plan), and/or a IFSP (Individualized Family Service Plan)

**13. How do I verify my IFSP, IEP and/or SSI?**

- Proof of verification can be uploaded via CAFÉ portal within the application process or mailed in if using a paper application.



**14. What changes am I required to report as a Child Care Assistance participant?**

- Change in Address
- Change in Members of my Household, including anyone who moves in or out of the house
- Change in employment, including an interruption for at least three weeks, a change of employer, or a change in the number of hours worked
- Change in income if household's gross monthly income exceeds the CCAP income chart based on my household size
- Change in job training or educational program, including an interruption for at least three weeks, a change of programs, or a change in the number of hours of attendance
- Change in Child Care Providers or Provider Type
- Change in the location where care is being provided
- My child care provider moves in with me, or I move in with my child care provider, or we begin sharing the same mailing address (with the exception of a post office box)
- Change in Days or Hours Child(ren) are in the child care provider's care
- Beginning or ending of disability

**15. How do I report any changes to my CCAP application after I have been certified?**

- Participants will need to submit a change request via the CAFÉ portal or fill out and mail the CCAP 10 (Report of Changes Form) to LDOE. This form is located on [www.louisianabelieves.com](http://www.louisianabelieves.com)

**16. If the participant completed a change request will that change the application date?**

- No. The participant's application date will reflect the date received by the Department.

**17. How will the participant know which provider to choose?**

- Participants can utilize the School and Center finder via [www.louisianaschools.com](http://www.louisianaschools.com) to locate a child care provider and receive helpful information about the Louisiana Performance Profile rating and the facility contact information. If assistance is needed to determine the best solution for your family you should contact your [local child care resource and referral agency](#).

**18. Will I be allowed to identify who my Household Designees are within the application?**

- Yes. The participant may authorize up to three additional household designees, not including the head of household, to check the child(ren) in and out of child care facility using the TOTS machine.

**FIND A SCHOOL OR CENTER:**

<http://www.louisianaschools.com/>

**APPLY FOR CCAP:**

<https://cafe-cp.doe.louisiana.gov/edselfservice/>

**CHILD CARE ASSISTANCE PROGRAM WEBSITE:**

<https://www.louisianabelieves.com/early-childhood/child-care-assistance-program>

