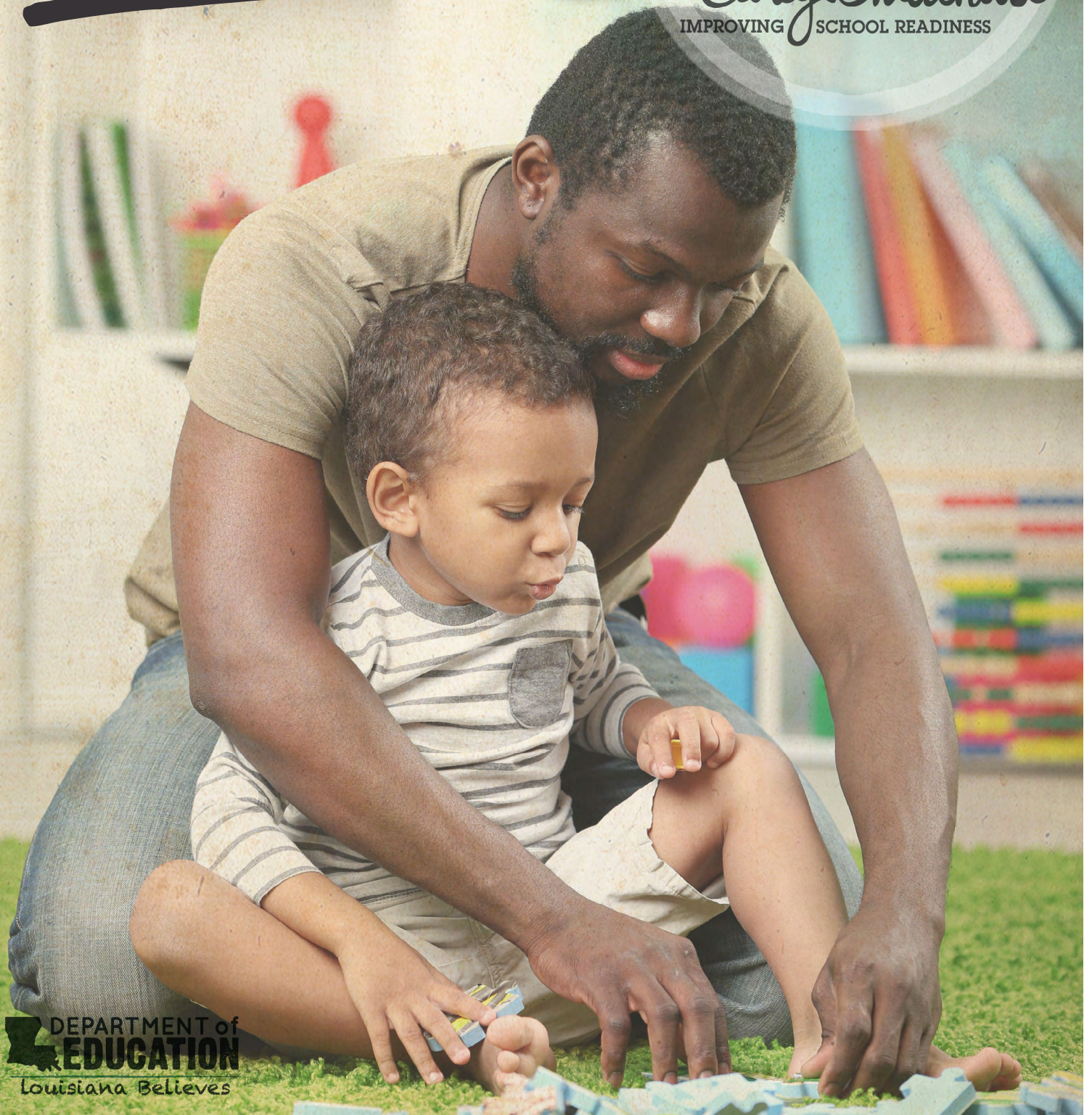


# CHILD CARE ASSISTANCE PROGRAM (CCAP) **PROVIDER GUIDE**



*Early Childhood*  
IMPROVING SCHOOL READINESS









## >>> 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)

<b>2 PERSONS</b> \$2,403	<b>3 PERSONS</b> \$2,684	<b>4 PERSONS</b> \$3,257	<b>5 PERSONS</b> \$3,778	<b>6 PERSONS</b> \$4,299	<b>7 PERSONS</b> \$4,397	<b>8 PERSONS</b> \$4,495	<b>9 PERSONS</b> \$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

# 1

## SUBMIT APPLICATION + VERIFICATION DOCUMENTS:



**CAFÉ CUSTOMER PORTAL**  
[HTTPS://CAFE-CP.DOE.LOUISIANA.GOV/EDSELFSERVICE/](https://cafe-cp.doe.louisiana.gov/edselfservice/)

OR



**MAIL**

OR



**FAX**

**VERIFICATION DOCUMENTS INCLUDE:**

- Last 4 consecutive check stubs (within 45 days)
- All unearned income documentation (if applicable)
- Detailed school schedule (if applicable)

- Birth certificates for all children in the household
- Social security cards for all household members (optional)
- Any other documents requested

# 2

## WITHIN 5 BUSINESS DAYS OF RECEIVING APPLICATION:



**THE CASEWORKER**  
will mail the applicant  
any needed verification forms

# 3

## THE HEAD OF HOUSEHOLD HAS 10 BUSINESS DAYS TO:



**RETURN THE RATE AND AVAILABILITY FORM**

>>>



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

>>>

**TAKE ANY OTHER NEEDED ACTION**

# 4

## BY THE 30TH BUSINESS DAY, THE CASE IS DETERMINED:



**ELIGIBLE:**  
Applicant and provider receive a Notice of Certification

OR



**INELIGIBLE:**  
Applicant receives a Notice of Ineligibility and can reapply at any time

OR



**REJECTED:**  
If applicant provides all verification 10-30 business days from application date, the case is reviewed again



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



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## PRACTICE SCENARIO

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Briana B. Rouge, age 23 (DOB: January 14, 1994), is the mother of Cara, age 4 (DOB: February 28, 2013). 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 (for \$866.80 per month). She receives \$200 per month in child support payments from Cara's father, who does not live with Briana. Briana is also a part-time student at Baton Rouge Community 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 23, 1976) and Regina's boyfriend of 14 years, Tom Baton (age 38, DOB: April 1, 1979). Regina is a waitress at Tasty's diner where she works about 30 hours/week and makes \$8 per hour (for \$960 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 a worker's compensation fund (for \$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 and her family are white and live at 3716 Quality Way, Baton Rouge LA, 70802. Their phone number is (225) 342-0090.

# PRACTICE APPLICATION

CCAP 2  
Rev. 07/16

## Louisiana Department of Education Child Care Assistance Program

### Application for Child Care Assistance

CID _____
Worker _____
<input type="checkbox"/> New Application?
<input type="checkbox"/> Redetermination?
Redet M/Y _____

**1. IDENTIFYING INFORMATION:** This form should be completed by the caregiver or other household member who is responsible for paying child care costs.

**PLEASE PRINT ALL INFORMATION**

NAME: LAST	ROUGE	FIRST	BRIANNA	MIDDLE INITIAL	B
HOME ADDRESS: STREET	3716 Quality Way	APT. NO.	CITY	Baton Rouge	PARISH
				EBR	ZIP 70802
MAILING ADDRESS: STREET/ P.O. BOX	SAME	APT. NO.	CITY	PARISH	ZIP
TELEPHONE #S: HOME: ( 225 ) 555-8888		WORK: ( 225 ) 555-9999		OTHER PHONE: ( )	
Are you homeless? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you participating in a Transitional Living Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you certify that your family assets do not exceed \$1,000,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**2. HOUSEHOLD COMPOSITION:** 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	(OPTIONAL) SSN	MARITAL STATUS
BRIANNA BRELYNN ROUGE	Self	01/14/1994	W	F	123-45-6789	SINGLE
CARA BEE ROUGE	DAUGHTER	02/28/2013	W	F	555-55-5555	

Is any adult or caregiver listed above disabled?  Yes  No If yes, list the person's name and attach verification of disability (doctor's statement, etc) Name: \_\_\_\_\_

Are all children listed above U. S. citizens?  Yes  No If no, list their names: \_\_\_\_\_

Are any members in your household either a foster parent or a foster child?  Yes  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 unit or a military reserve unit?  Yes  No If yes, please list the person's name and specify either Active Duty U.S. Military or National Guard/Military Reserve \_\_\_\_\_

**3. CHILDREN NEEDING CARE:** List the times each day that child care is needed for each child (if school-aged children need care both before- and after-school, list both times; example: 7:00 to 8:00 and 3:30 to 6:00). **NOTE:** If you have not yet selected a child care provider, enter the child's name, age, time each day care is needed, and check the type of care that you plan to use.

NAME OF CHILD	AGE	TYPE OF CARE ONE PER CHILD	NAME/ADDRESS/PHONE# OF PROVIDER	PROVIDER / CHILD RELATIONSHIP	TIME NEEDED EACH DAY	COST OF CARE
CARA BEE ROUGE	4	<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input checked="" type="checkbox"/> Type III Center <input type="checkbox"/> Other	<b>LITTLE LEARNERS ACADEMY 7878 SUNSET WAY BLVD. BATON ROUGE, LA 70802</b>	NONE	7AM-5PM	\$110.00 Per Week
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				

## PRACTICE APPLICATION

		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other			
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4. List children from Children Needing Care who attend/will attend Head Start, Pre-Kindergarten, Kindergarten, or school this year: \_\_\_\_\_

5. Are immunizations current on all children in need of child care?  Yes  No If no, list their names: \_\_\_\_\_

6. **PERSONS WHO ARE EMPLOYED:** Enter the name of each caregiver and 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/WEEK	WORK DAYS/WEEK	GROSS AMOUNT EARNINGS	HOW OFTEN PAID
BRIANNA B. ROUGE	WALGREENS	01/01/2017	25	SUN-SAT	\$400.00	MONTHLY

7. **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	x		BRIANNA B. ROUGE	\$200.00	MONTHLY
B.	Alimony					
C.	Unemployment Benefits					
D.	SSI-Supplemental Security Income					
E.	Social Security Benefits					
F.	Veteran's Benefits					
G.	Retirement Benefits					
H.	Other Disability Benefits					
I.	Adoption Subsidy					
J.	Worker's Compensation					

8. **PERSONS WHO ARE IN SCHOOL OR TRAINING:** Enter the name of each caregiver and 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	CLASS HOURS/WEEK	CLASS DAYS/WEEK	ANTICIPATED COMPLETION DATE
BRIANNA B. ROUGE	BATON ROUGE COMMUNITY	6	M,T,W,TH	05/13/2018

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

10. **SPECIAL NEEDS:** Does any child, under age 18, need specialized child care because of a physical, mental, or emotional condition?  Yes  No If yes, who? \_\_\_\_\_ For what type of condition? \_\_\_\_\_

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

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## PRACTICE APPLICATION

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### RIGHTS AND RESPONSIBILITIES:

The fact that you are applying for or receiving assistance from this agency means you have certain rights and responsibilities.

You have the right to confidentiality -- that means that the information given by you will not be released without your written consent, except to agencies and officials as allowed by law. We do 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, national origin or political beliefs. If you think you have been discriminated against, you can file a complaint which will be investigated and appropriate action will be taken.

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. You can request to have the Department of Education review the decision of the CCAP Household Eligibility office handling your case if you think it is not fair.

**AGREEMENT:** I agree to let the office know within ten days if any of the following changes occur. I understand that I must report changes that occur after I send in my application, as well as changes that occur after I am determined eligible.

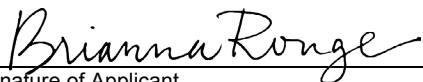
- Change in Address
- Change in Members of my Household, including anyone who moves in or out
- Change in Child Care Providers or Provider's Type
- Change in location of where care is being provided
- My child care provider moves in with me or I move in with my child care provider or we begin sharing 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

Providing false information, withholding information, or failing to report any of the changes as described above is subject to penalty under the law. 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, fraud charges may be brought against you and you may be disqualified from participating in the program.

Social Security Numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide Social Security Numbers.

I give permission to the Agency to contact whomever 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 employers, government agencies, and any other parties deemed necessary in order to verify my income and need for assistance, or for data collection or statistical purposes.

With my signature below, I certify that I have read and understand my rights and responsibilities. I hereby declare that the times care is needed as listed in item 3 are the times when I and any other Training or Employment Mandatory Participant are working and/or attending a job training or educational program or traveling to and from these activities. I certify under penalty of perjury that all information given on this application form is true and correct to the best of my knowledge.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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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# PRACTICE APPLICATION

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## VOTER REGISTRATION:

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 the Department of Education 1-877-453-2721

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Signature or Mark

Name Typed or Printed

Date

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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**OFFICE USE ONLY**  
**CLARIFICATIONS:**

# PRACTICE APPLICATION

**USE THIS FORM TO:** 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

**TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST:** 1) be a United States citizen 2) be 17 years old (16 years old if registering to vote in person at the Registrar of Voters' Office or the Office of Motor Vehicles) but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction 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 FOR COMPLETING THIS FORM:** All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

**Box 1:** Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before the election day in which you are eligible to vote.

**Box 2:** Provide full name. Do not use initials for middle or maiden name.

**Box 3:** 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

**Boxes 5 & 13:** You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**Boxes 7, 11 & 12:** The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

**Box 8:** If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

**Box 17:** If you are using this form to request a change of name, you must print the name to be changed here.

**Box 18:** Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

**NOTE:** 1. 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. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

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

**COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.**

LOUISIANA VOTER REGISTRATION APPLICATION				OFFICIAL USE ONLY							
LR-1 & 1M, FORM #100				Wd _____	Pct _____	Reg Type _____	In/Out _____ REG # _____				
<b>1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/></b> <b>Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/></b> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.											
<b>2 NAME OF APPLICANT (PLEASE PRINT NAME)</b>						<b>GIVE LOCATION</b>					
LAST		FIRST		FULL MIDDLE OR MAIDEN							
<b>3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)</b>											
HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.)		CITY OR TOWN		STATE	ZIP						
If NO mail delivery to residential address, check here: ( )		MAILING ADDRESS, IF DIFFERENT									
<b>4 DATE OF BIRTH</b>		<b>5 * SOCIAL SECURITY #</b> (CIRCLE ONE)		<b>6 SEX</b> (CIRCLE ONE)		<b>7 ** RACE / ETHNIC ORIGIN</b> (CIRCLE ONE)					
MONTH	DAY	YEAR	NO YES #	MALE	FEMALE	WHITE	BLACK	ASIAN	HISPANIC	AMER. INDIAN	
<b>8 PARTY AFFILIATION</b> (CIRCLE ONE)			<b>9 APPLICANT'S PLACE OF BIRTH</b>				<b>10 MOTHER'S MAIDEN NAME</b>				
DEM GRN LBT RFM REP NO PARTY			CITY OR TOWN		PARISH OR COUNTY		STATE	COUNTRY			
OTHER (SPECIFY) _____			<b>11 **EMAIL</b>		<b>12 ** PHONE</b>		<b>13 LA DRIVER'S LICENSE / I.D. #</b> (CIRCLE ONE)		<b>14 Will you require assistance at the polls?</b> (CIRCLE ONE)		
ADDRESS			HOME ( ) DAY ( )		NO YES #		NO		YES IF YES, GIVE REASON :		
<b>15 LAST RESIDENCE ADDRESS</b>			<b>16 PLACE OF LAST REGISTRATION</b>			<b>17 FORMER REGISTERED NAME, IF APPLICABLE</b>					
ADDRESS			PARISH OR COUNTY			STATE					
<b>AFFIRMATION:</b> 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.											
<b>18 SIGN YOUR NAME IN BOX AT RIGHT.</b>											
DATE: _____ / _____ / _____											
<b>19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.</b>											
WITNESS SIGNATURE:						WITNESS SIGNATURE:					
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL.											

# PRACTICE APPLICATION

**ACADIA**

568 NW Court Circle  
Crowley, LA 70526-4363  
(337) 788-8841

**ALLEN**

P. O. Box 150  
Oberlin, LA 70655-0150  
(337) 639-4966

**ASCENSION**

828 S. Irma Blvd. - #205  
Gonzales, LA 70737-3631  
(225) 621-5780

**ASSUMPTION**

P. O. Box 578  
Napoleonville, LA 70390-0578  
(985) 369-7347

**AVOYELLES**

312 N. Main St. - #E  
Marksville, LA 71351-2409  
(318) 253-7129

**BEAUREGARD**

P. O. Box 952  
DeRidder, LA 70634-0952  
(337) 463-7955

**BIENVILLE**

P. O. Box 697  
Arcadia, LA 71001-0697  
(318) 263-7407

**BOSSIER**

P. O. Box 635  
Benton, LA 71006-0635  
(318) 965-2301

**CADDO**

P. O. Box 1253  
Shreveport, LA 71163-1253  
(318) 226-6891

**CALCASIEU**

1000 Ryan St. - Rm. 7  
Lake Charles, LA 70601-5250  
(337) 721-4000

**CALDWELL**

P. O. Box 1107  
Columbia, LA 71418-1107  
(318) 649-7364

**CAMERON**

P. O. Box 1  
Cameron, LA 70631-0001  
(337) 775-5493

**CATAHOULA**

P. O. Box 215  
Harrisonburg, LA 71340-0215  
(318) 744-5745

**CLAIBORNE**

507 W. Main St. - Suite 1  
Homer, LA 71040-3914  
(318) 927-3332

**CONCORDIA**

4001 Carter St., Ste. K  
Vidalia, LA 71373-3021  
(318) 336-7770

**DESOTO**

105 Franklin St.  
Mansfield, LA 71052-2046  
(318) 872-1149

**E. BATON ROUGE**

222 St. Louis - #201  
Baton Rouge, LA 70802-5860  
(225) 389-3940

**E. CARROLL**

P. O. Box 708  
Lake Providence, LA 71254-0708  
(318) 559-2015

**E. FELICIANA**

P. O. Box 488  
Clinton, LA 70722-0488  
(225) 683-3105

**EVANGELINE**

200 Court St. - Ste. 102  
Ville Platte, LA 70586-4463  
(337) 363-5538

**FRANKLIN**

Courthouse  
6560 Main St.  
Winnsboro, LA 71295-2750  
(318) 435-4489

**GRANT**

Courthouse  
200 Main St.  
Colfax, LA 71417-1828  
(318) 627-9938

**IBERIA**

300 S. Iberia St. - #110  
New Iberia, LA 70560-4543  
(337) 369-4407

**IBERVILLE**

P. O. Box 554  
Plaquemine, LA 70765-0554  
(225) 687-5201

**JACKSON**

500 E. Court St. - #102  
Jonesboro, LA 71251-3400  
(318) 259-2486

**JEFFERSON**

P. O. Box 10494  
Jefferson, LA 70181-0494  
(504) 736-6191

**JEFFERSON DAVIS**

302 N. Cutting Ave.  
Jennings, LA 70546-5361  
(337) 824-0834

**LAFAYETTE**

1010 Lafayette St. - #313  
Lafayette, LA 70501-6885  
(337) 291-7140

**LAFOURCHE**

307 W. 4th St.  
Thibodaux, LA 70301-3105  
(985) 447-3256

**LASALLE**

P. O. Box 2439  
Jena, LA 71342-2439  
(318) 992-2254

**LINCOLN**

100 W. Texas Ave., Rm. 10  
Ruston, LA 71270-4463  
(318) 251-5110

**LIVINGSTON**

P. O. Box 968  
Livingston, LA 70754-0968  
(225) 686-3054

**MADISON**

100 N. Cedar St.  
Tallulah, LA 71282-3892  
(318) 574-2193

**MOREHOUSE**

129 N. Franklin St.  
Bastrop, LA 71220-3815  
(318) 281-1434

**NATCHITOCHE**

P. O. Box 677  
Natchitoches, LA 71458-0677  
(318) 357-2211

**ORLEANS**

1300 Perdido St. - #1W23  
New Orleans, LA 70112-2127  
(504) 658-8300

**QUACHITA**

1650 Desiard St., Ste. 125  
Monroe, LA 71201  
(318) 327-1436

**PLAQUEMINES**

P. O. Box 989  
Port Sulphur, LA 70083-0989  
(504) 934-3620

**POINTE COUPEE**

211 E. Main St. Floor 2  
New Roads, LA 70760-3661  
(225) 638-5537

**RAPIDES**

701 Murray St.  
Alexandria, LA 71301-8099  
(318) 473-6770

**RED RIVER**

P. O. Box 432  
Coushatta, LA 71019-0432  
(318) 932-5027

**RICHLAND**

P. O. Box 368  
Rayville, LA 71269-0368  
(318) 728-3582

**SABINE**

400 Capitol St. - #107  
Many, LA 71449-3099  
(318) 256-3697

**ST. BERNARD**

8201 W. Judge Perez - Rm. 104  
Chalmette, LA 70043-1696  
(504) 278-4231

**ST. CHARLES**

P. O. Box 315  
Hahnville, LA 70057-0315  
(985) 783-5120

**ST. HELENA**

P. O. Box 543  
Greensburg, LA 70441-0543  
(225) 222-4440

**ST. JAMES**

P. O. Box 179  
Convent, LA 70723-0179  
(225) 562-2330

**ST. JOHN**

1801 W. Airline Hwy.  
LaPlace, LA 70068-3344  
(985) 652-9797

**ST. LANDRY**

P. O. Box 818  
Opelousas, LA 70571-0818  
(337) 948-0572

**ST. MARTIN**

415 Saint Martin St.  
St. Martinville, LA 70582-4549  
(337) 394-2204

**ST. MARY**

500 Main St. - #301  
Franklin, LA 70538-6144  
(337) 828-4100, ext. 360

**ST. TAMMANY**

701 N. Columbia St.  
Covington, LA 70433-2709  
(985) 809-5500

**TANGIPAHOA**

P. O. Box 895  
Amite, LA 70422-0895  
(985) 748-3215

**TENSAS**

P. O. Box 183  
St. Joseph, LA 71366-0183  
(318) 766-3931

**TERREBONNE**

8026 Main St., Ste. 101  
Houma, LA 70360  
(985) 873-6533

**UNION**

P. O. Box 235  
Farmerville, LA 71241-0235  
(318) 368-8660

**VERMILION**

100 N. State St. - #120  
Abbeville, LA 70510  
(337) 898-4324

**VERNON**

P. O. Box 626  
Leesville, LA 71496-0626  
(337) 239-3690

**WASHINGTON**

Courthouse Bldg.  
900 Washington St., #105  
Franklinton, LA 70438  
(985) 839-7850

**WEBSTER**

P. O. Box 674  
Minden, LA 71058-0674  
(318) 377-9272

**W. BATON ROUGE**

P. O. Box 31  
Port Allen, LA 70767-0031  
(225) 336-2421

**W. CARROLL**

P. O. Box 71  
Oak Grove, LA 71263-0071  
(318) 428-2381

**W. FELICIANA**

P. O. Box 2490  
St. Francisville, LA 70775-2490  
(225) 635-6161

**WINN**

119 W. Main St. - Room 105  
Winnfield, LA 71483-3238  
(318) 628-6133

**OFFICIAL USE ONLY**

**Address Change**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name Change**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Party Change**

\_\_\_\_\_

\_\_\_\_\_

**Remarks**

\_\_\_\_\_

\_\_\_\_\_

**Circle One:    PA    MV    RG    SDA    SS(Disability)**

**Received by:** \_\_\_\_\_

PLACE IN AN ENVELOPE AND MAIL TO YOUR  
**REGISTRAR OF VOTERS**

## 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
- 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 (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

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: July 2015



## EXAMPLE

**Employer**

Walgreens  
55555 Hwy 136  
Baton Rouge, LA 70526

**Net Pay this period:**

CHECKING#....1234

**\$400.00**

**Employee**

Briana Rouge  
3716 Quality Way  
Baton Rouge, LA 70802

**Pay Period**

05/02/2017 – 05/15/2017

	\$400.00	Currently Available	Hours Used to Date
<b>Gross</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>

**Pay Period**

04/18/2017 – 05/01/2017

	\$400.00	Currently Available	Hours Used to Date
<b>Gross</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>

**Pay Period**

04/04/2017 – 04/17/2017

	\$400.00	Currently Available	Hours Used to Date
<b>Gross</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>

**Pay Period**

03/21/2017 – 04/03/2017

	\$400.00	Currently Available	Hours Used to Date
<b>Gross</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 05/17/2017.

#### 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="#">Click Here</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	05/01/2017
7891011	\$200.00	04/01/2017
1213145	\$200.00	03/01/2017
5625852	\$200.00	01/01/2017
1415161	\$200.00	12/01/2016



# SAMPLE VERIFICATIONS: SHOT RECORDS



## EXAMPLE

### State of Louisiana Universal Certificate of Immunizations

Expiration Date: 09/20/2017 Vaccine: DTaP/DT/Td  
This record is invalid without a proper expiration date

Childs Name: **CARA ROUGE** Date of Birth: **02/28/2012** Parent or Guardian: **BRIANNA ROUGE**  
SIS Patient ID: **25652**

Vaccine	MONTH, DAY AND YEAR EACH DOSE WAS GIVEN							
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7	Dose 8
DTaP/DT/Td	11/21/2011	01/20/2012	03/23/2012	12/21/2012				
OPV/IPV	11/21/2011	01/20/2012	03/23/2012					
MMR	09/21/2012							
Hib	11/21/2011	01/20/2012	03/23/2012	12/21/2012				
Hep A	09/21/2012	04/05/2013						
Hep B - 3 Dose	09/20/2011	10/20/2011	06/22/2012					
Varicella	12/21/2012							
Rotavirus	11/21/2011	01/20/2012	03/23/2012					
Influenza	12/21/2012	09/24/2013						
Pneumo (PCV)	11/21/2011	01/20/2012	03/23/2012	04/05/2013				

- \* School Entry Complete-Minimum 4 DTP, 3-Polio,(last DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B
  - \*\* Daycare Center: Hib also required
  - \*\*\* Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry
- Varicella History:**

*I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana Department of Health and Hospitals, Office of Public Health until the expiration date above*

Authorized Signature

05/15/2012

Date

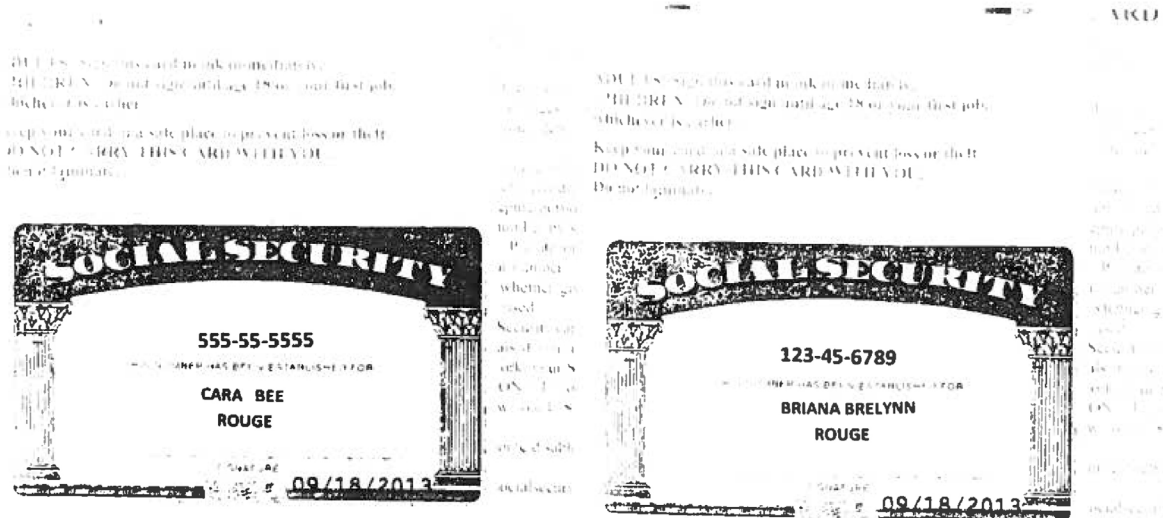
HAPPY HEALTH CLINIC

Clinic of Issue

**Falsification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars, or both, pursuant to R.S. 14:132 or R.S. 14:133.**

The sole purpose of this form is to document a patient's immunization history to authorized child care/school officials in accordance with Louisiana laws and regulations. It is not intended for use as a government-issued form of identification and cannot be accepted as a primary source of identification. The Louisiana Department of

## SAMPLE VERIFICATIONS: SOCIAL SECURITY CARDS




### EXAMPLE

## 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
02/28/2013	1:15 PM	F	1	1
<b>CITY OF BIRTH</b> BATON ROUGE	<b>HOSPITAL</b> RAINBOW MEDICAL CENTER	<b>PARISH</b> EAST BATON ROUGE	<b>STATE</b> LOUISIANA	
<b>Mother's Maiden Name (Last, First, Second)</b> Rouge, Briana Brelynn		<b>Age at Birth</b> 19		
<b>Father's Name (Last, First, Second)</b> Pitt, Brad Monroe		<b>Age at Birth</b> 21		



**EXAMPLE**

BATON ROUGE COMMUNITY COLLEGE

**Concise Student Schedule**

2150145 Briana Rouge

Spring 2017

May 17, 2017 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

CRN	Course	Title	Campus	Time	Credits	Start Date	End Date	Days	Instructor
3145	BIOL101	Living World	Main	1:15-3:00	3.00	01/19/2016	05/13/2017	TR	BELL
3145	PSYC201	Human Behavior	Main	1:15-3:00	3.00	01/19/2016	05/13/2017	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*
- *FindWork/STEP*
- *Foster Care*
- *Early Head Start Partnership*

### 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)
- ✓ Is your household total monthly gross earned/unearned less than the amount listed on the income chart?

*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
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

### 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)

**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?

1

#### SUBMIT APPLICATION + VERIFICATION DOCUMENTS:



CAFÉ CUSTOMER PORTAL

OR



MAIL

OR



FAX

- 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
- Complete 7B form (Rate and Availability)





## 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 7B RATE AND AVAILABILITY FORM



CCAP 7B  
Rev. 04/17

## CCAP Rate and Availability Verification Form

Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_  
Time and  
Attendance #: \_\_\_\_\_  
Worker: \_\_\_\_\_  
Phone Number: (877) 453-2721

Dear Child Care Provider:

This CCAP Rate and Availability Verification Form is being issued because the above named individual has **applied** for assistance from the Child Care Assistance Program (CCAP) in the Louisiana Department of Education for the child listed below. This form is **not** a guarantee of payment because the above named individual has **not** yet been determined eligible for CCAP. This form must be received by the Department of Education before a decision can be made on the CCAP case.

\_\_\_\_\_  
(Child Name)

\_\_\_\_\_  
(Child ID Number)

\_\_\_\_\_  
(Child Number)

\_\_\_\_\_  
(Birthdate)

I will care for this child in:

- Child's Home       My Home       Type III Center       School Setting  
 Military – Department of Defense Child Care Center

When a determination is made on the CCAP case, you will receive a notice informing you whether CCAP will make payments on behalf of the parent/guardian.

- If it is determined that CCAP will make payments, the notice sent will inform you of the date payments will begin and the maximum amount of payment that will be made by CCAP. Payment will be based on care authorized and the child's actual attendance. The parent or guardian is responsible for *all* costs incurred before the effective date of payments as determined by the agency and is also responsible for the difference in the amount you charge and the amount the agency pays.
- If it is determined that CCAP will *not* make payments, the notice sent will inform you that payments will *not* be made by CCAP and the parent/guardian is responsible for *all* payments to you for the child care services you provide.

**Please check the type of care you will be providing for this child. (If this child is in part-time care with you during the school year and in full-time care with you during vacations and summer, please complete both full-time and part-time sections.)**

Full-Time Care:

Date child care began/will begin or changed/will change for this child:

\_\_\_\_\_  
(Month/Day/Year)

Total hours each week that child is in care (or will be in care):

Amount charged for this child:

\$ \_\_\_\_\_  
(Daily Rate)

Do you provide full-time care for this child during school holidays?

(Spring break/Easter, Thanksgiving, Christmas)

Yes       No

Do you provide transportation for this child?

Yes       No

# CCAP 7B RATE AND AVAILABILITY FORM



Part-Time Care:

Date child care began/will begin or changed/will change for this child:

\_\_\_\_\_  
(Month/Day/Year)

Total hours each week that child is in care (or will be in care):

Amount charged for this child:

\$ \_\_\_\_\_  
(Hourly Rate)

Do you provide full-time care for this child during school holidays?  
(Spring break/Easter, Thanksgiving, Christmas)

Yes  No

Do you provide transportation for this child?

Yes  No

**I certify that I am or will be providing care to the above-named child, and that I will abide by all applicable regulations. I agree to meet all reporting and record-keeping requirements necessary for program administration. My signature below certifies that I am 18 years of age or older.**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Provider

\_\_\_\_\_  
Provider ID Number (if known)

\_\_\_\_\_  
Telephone Number of Provider

\_\_\_\_\_  
Provider SSN

\_\_\_\_\_  
If you provide care in the child's home, the telephone number that will be used to call the Interactive Voice Response (IVR). This must be the client's landline telephone number that is on file with the agency.

**\_\_\_\_\_ (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.**

Make a copy of this completed form or document this information in your files for your own record.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Printed Name of Head Of Household

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

The parent or guardian is to return the completed original to:

\_\_\_\_\_  
DOE/CCAP Household Eligibility  
\_\_\_\_\_  
P O Box 260037  
\_\_\_\_\_  
Baton Rouge, LA 70826

## 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>A check out is attempted and an open check in exists for the child for more than 24 hours OR</li> <li>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>A previous check out must be performed before another check in can be completed.</li> <li>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

---

**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





### 5. 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

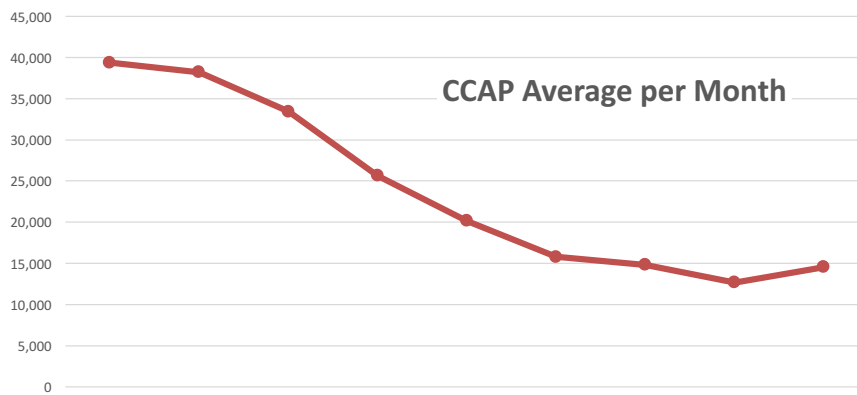
*The Child Care Assistance Program (CCAP) is a federally-funded program that enables Louisiana parents to work or attend school by helping them afford child care.*

- 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.*

## Reversing the Decline in CCAP

*Recent changes in rates and eligibility helped reverse the decline in participation with more than 16,800 children served in April 2017.*



	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17
Average per Month	39,381	38,207	33,441	25,662	20,180	15,779	14,819	12,665	14,531*
Percent Reduction from Prior Year		3%	12%	23%	21%	22%	6%	15%	15% increase

\*FY 16/17 represents 10 month average

### 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 now through 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 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).





