

APPLICATION FOR CHILDCARE ASSISTANCE

NEW APPLICATION: Yes No

REDETERMINATION: Yes No

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

PLEASE PRINT ALL INFORMATION

Last Name:	First Name:	Middle Initial:
Home Address Street:		Apt. No.:
City:	Parish:	ZIP:
Mailing Address Street:		P.O. Box:
City:	Parish:	ZIP:

Telephone Number:	Home: ()	Work: ()	Other Phone: ()
Are you considered <u>homeless</u> 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			

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	SSN (Optional)	Marital Status
	Self					

Is any adult or Head of Household listed above disabled? Yes 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? 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 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:

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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.

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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:
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Residential Address of Head of Household:

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

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

Name of Household Designee 3:	Date of Birth:	Relationship to Head of Household:	Date:
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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="radio"/> Mon <input type="radio"/> Fri <input type="radio"/> Tues <input type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Sun <input type="radio"/> Thurs		<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
						<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
						<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually

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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 calling 1-877-453-2721.

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17. **NOTICE REQUIRED FOR CHANGES:** I agree to let the Department of Education know within ten calendar days if any of the following changes occur. I understand that I must report changes that occur after I am determined eligible by completing a Change Report Form online in Cafe or by faxing to 225-376-6060.
- Change in Address
 - Change in Members of my Household, including anyone who moves in or out of the house
 - Change in employment, 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

**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.

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.

Comments/Remarks (for official use only):



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 at least 17 years old (16 years old if registering to vote in person at the Registrar's Office or with an application for a Louisiana driver's license), but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony or, if under such an order not have been incarcerated pursuant to the order within the last five years and not be under an order of imprisonment related to a felony conviction for election fraud or any other election offense pursuant to R.S. 18:1461.2; 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.
5. *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".
16. *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 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 and you may register online before the 20th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.