



# Iberia Parish Early Childhood Community Network Coordinated Enrollment Application



## CHILD INFORMATION

Full Name:  
As It Appears on Birth Certificate

_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Age on Sept. 30<sup>th</sup></i>

Date of Birth:

_____	_____	_____	_____
<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Male      Female</i>
			<i>Gender</i>

Child lives with:  
Check All That Apply

_____	_____	_____	_____
<i>Mother</i>	<i>Father</i>	<i>Both</i>	<i>Other (specify)</i>

## PARENT/GUARDIAN INFORMATION #1

Full Name:

_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Relationship to Child</i>

Physical Address:

_____	_____	_____
<i>Street</i>	<i>City</i>	<i>Zip Code</i>

Mailing Address:

_____	_____	_____
<i>Street</i>	<i>City</i>	<i>Zip Code</i>

Phone Numbers:

_____	_____	_____
<i>Home</i>	<i>Cell</i>	<i>Work</i>

e-mail Address:

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION #2

Full Name:

_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Relationship to Child</i>

Physical Address:

_____	_____	_____
<i>Street</i>	<i>City</i>	<i>Zip Code</i>

Mailing Address:

_____	_____	_____
<i>Street</i>	<i>City</i>	<i>Zip Code</i>

Phone Numbers:

_____	_____	_____
<i>Home</i>	<i>Cell</i>	<i>Work</i>

e-mail Address:

\_\_\_\_\_

### Matching Based on Preference

List programs in order of preference.

- For Child Care → list the name of the center.
- For Early Head Start → list Early Head Start & the site location (Jeanerette, New Iberia, Second Street).
- For Head Start → list Head Start & the site location (Jeanerette, New Iberia, Second Street).
- For Public Pre-K → list Public Pre-K & the school that you are zoned for.

Choice #1: \_\_\_\_\_

Choice #2: \_\_\_\_\_

Choice #3: \_\_\_\_\_

## Signature (Adult MUST Sign)

I, the undersigned, confirm that the information provided on this form is true and correct. I understand that sharing the information I have provided in this application across early childhood programs in my community will facilitate matching my child to a seat, and I hereby give permission for the information provided here to be shared with the programs in the Iberia Parish Early Childhood Community Network.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### DO NOT COMPLETE – FOR NETWORK USE ONLY

I confirm that the information provided on this form has been reviewed and verified. I understand that I may be audited for accuracy and eligibility.

Birth Certificate Verified: \_\_\_\_\_ Proof of Residence Verified: \_\_\_\_\_ School Zone: \_\_\_\_\_

Person Verifying Application: \_\_\_\_\_ Date: \_\_\_\_\_



# Iberia Parish Early Childhood Community Network

## Coordinated Enrollment Application

### Income Eligibility Survey



Child's Name: \_\_\_\_\_  
As It Appears on Birth Certificate  
Last First

Child's Age on Sept. 30<sup>th</sup>: \_\_\_\_\_

Check if Applicable	<input type="checkbox"/> <b>Foster Child</b>
	<input type="checkbox"/> <b>Homeless Child</b>
If checked, provide documentation & skip to Part 3.	

**Instructions for completing this document.**

1. **Submit Proof of Income documents with the application. The following documents are allowable/acceptable:**
  - a. **Check Stubs** – 2 Consecutive & Current for EACH parent or caregiver in the household.
  - b. **Official Employment Letter** – stating where the parent/guardian is employed, the hourly rate of pay, and the average number of hours the parent/guardian works per week.
  - c. **Social Security Administration Statement** – verifying that the child listed on the application is a recipient of the SSI benefits, which MUST be accompanied by two current check stubs.
  - d. **SNAP/Food Stamps Report** – Must include the child's name and valid effective dates.
  - e. **Foster Care Placement Agreement** – Current from DCFS.
  - f. **Homeless** – Letter from support source with income documentation from support source & LEA homeless paperwork verified.
  - g. **Unemployment** – Letter from support source with income documentation from support source.
2. **Complete document to fullest extent.**

**Part 1. If any member of your household receives SNAP, FDIPIR or FITAP assistance, please complete this section. Submit documentation and skip to Part 3. If no one receives these benefits, continue to Part 2.**

Name of Person Receiving Benefits: \_\_\_\_\_ Program Name: \_\_\_\_\_

**Part 2. Household GROSS Income Verification**

- a) List all income (before deductions) on the same line as the person who receives it.
- b) Check the box for how often it is received.
- c) Record each income only once.

Names of Household Members with Income	Employer Name	Earnings from WORK before deductions	Welfare, Child Support, alimony				Social Security, SSI, VA, retirement benefits				All other income						
			Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly			

**Part 3. Number in Household** \_\_\_\_\_ # of Children in Family \_\_\_\_\_  
 Household Members with Income \_\_\_\_\_ Total Family Size (ALL MEMBERS) \_\_\_\_\_

**Part 4. Signature (Adult MUST Sign)**

I, the undersigned, confirm that the information provided on this form is true and correct. I understand that sharing the information I have provided in this application across early childhood programs in my community will facilitate matching my child to a seat, and I hereby give permission for the information provided here to be shared with the programs in the Iberia Parish Early Childhood Community Network.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

DO NOT COMPLETE – FOR NETWORK USE ONLY

Based on the Income Eligibility Survey and the documentation provided, the family MAY QUALIFY for:					
		100%	130%		
CCAP (Birth – 4 yrs.)				Early Head Start (Birth – 3 yrs.)	Public Pre-K (Tuition NOT Required) (4 yrs.)
Child Care with Tuition (Birth – 4 yrs.)				Head Start (3 yrs. – 4 yrs.)	Public Pre-K (Tuition MAY BE Required) (4 yrs.)

I confirm that the information provided on this form has been reviewed and verified. I understand that I may be audited for accuracy and eligibility.  
 Person Verifying Application: \_\_\_\_\_ Date: \_\_\_\_\_