



# Livingston Parish Early Childhood Community Network Application

(Application must be complete, and all required documents must be submitted before eligibility can be determined.)

Date of Application: \_\_\_\_\_ Location Applied (Spring Fest/School/Center Name): \_\_\_\_\_

Choice of Service:  LPPS Pre-K  Child Care Facility  Head Start

The school in the district that my child resides in is: \_\_\_\_\_ (Name of School)

(Please fill in the form completely and accurately. All information will be kept confidential.)

APPLICANT'S INFORMATION	
Child's Name: (First) _____ (MI) _____ (Last) _____	Date of Birth: _____
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Child's Primary Language: _____	
Is your child currently receiving special services for an identified disability from the school system or Early Steps? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, where do the services take place? <input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Other _____	
Do you have any concerns about your child's development? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____	
Are you and your family: <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Family	

PARENT/GUARDIAN'S INFORMATION	
<b>Legal Guardian 1</b> : (First) _____ (MI) _____ (Last) _____	Relationship to Child: _____
Address: _____ City/State/Zip: _____	
Is this address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: _____	
Parental Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Guardian/Caretaker <input type="checkbox"/> Teenage Parent <input type="checkbox"/> Foster Parent	
Parent's Phone Number: (cell) _____ (home) _____ (work) _____	
Parent's Email: _____ @ _____	
<b>Legal Guardian 2</b> : (First) _____ (MI) _____ (Last) _____	Relationship to Child: _____
Address: _____ City/State/Zip: _____	
Is this address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: _____	
Parental Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Guardian/Caretaker <input type="checkbox"/> Teenage Parent <input type="checkbox"/> Foster Parent	
Parent's Phone Number: (cell) _____ (home) _____ (work) _____	
Parent's Email: _____ @ _____	

HOUSEHOLD MEMBERS / FAMILY SIZE					
This is determined by including all persons living in the household who are supported by the income of the child's parents or guardians.					
# of ADULTS in household: _____			# of CHILDREN in household: _____		
LIST NAMES OF ADULTS	RELATION TO CHILD	DOB	LIST NAMES OF CHILDREN	RELATION TO CHILD	DOB

EMPLOYMENT/INCOME INFORMATION	
Do you receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> SSI <input type="checkbox"/> FITAP/TANF	
<input type="checkbox"/> Unemployment <input type="checkbox"/> Kinship/Foster Payments <input type="checkbox"/> Military Child Care Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____	
ADULT 1 EMPLOYMENT INFORMATION	ADULT 2 EMPLOYMENT INFORMATION
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
<input type="checkbox"/> Disabled <input type="checkbox"/> Attending School <input type="checkbox"/> Other: _____	<input type="checkbox"/> Disabled <input type="checkbox"/> Attending School <input type="checkbox"/> Other: _____
Weekly Hours Worked: _____	Weekly Hours Worked: _____
Hourly Wage: _____	Hourly Wage: _____
Monthly GROSS Income: _____	Monthly GROSS Income: _____
Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Pay Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

**By signing this application, I understand that if I deliberately misrepresent my family income or circumstances, my family may not be eligible for further services. In the event my child is not accepted into the program, my application may be released to local child care centers.**

Signature \_\_\_\_\_ Date \_\_\_\_\_