

B-3 Eligibility Documentation Examples
2022-2023

The following are examples of appropriate documentation to collect for the B-3 seats pilot to determine family eligibility. There may be varying examples in each type of documentation beyond what exists in this document. The key to each is ensuring the name of the family member, the date of the document's creation or validity, the signature or letterhead from the providing entity, and dates within two months of the application for the seat for all documents besides the birth certificates or proof of birth. If you are unsure about the validity of an eligibility document, you should contact devon.camarota@la.gov.

Child and Family Documents (All families need the following for each child and/or adult in the household)

1. Immunization Records



State of Louisiana Universal Certificate of Immunizations

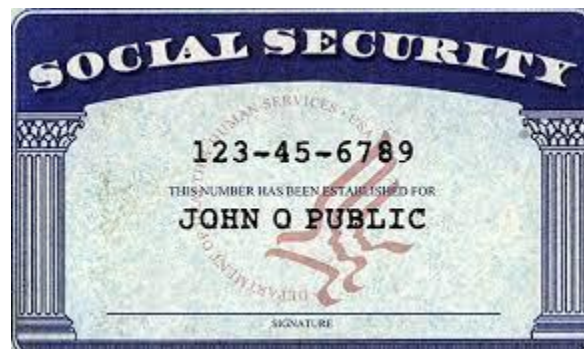
Expiration Date: 02/09/2024 Vaccine: DTaP/DT/Td
This record is invalid without a proper expiration date

Childs Name: [REDACTED] Date of Birth: [REDACTED] Parent or Guardian: [REDACTED]
SIIS Patient ID: [REDACTED]

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/DTP/Td	03/11/2019	05/09/2019	07/09/2019	04/09/2020				
OPV/IPV	03/11/2019	05/09/2019	07/09/2019					
MMR	01/14/2020							
Hib	03/11/2019	05/09/2019	07/09/2019	04/09/2020				
Hep A	01/14/2020	01/12/2021						
Hep B - 3 Dose	01/10/2019	03/11/2019	07/09/2019					
Varicella	01/14/2020							
Rotavirus	03/11/2019	05/09/2019	07/09/2019					
Influenza	10/11/2019	01/12/2021						
Pneumo (PCV)	03/11/2019	05/09/2019	07/09/2019	04/09/2020				

* 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:

2. Identification and proof of residency (e.g. state issued ID, such as driver's license or social security card)



3. Birth Certificate, hospital records, or proof of birth:

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

CERTIFICATION OF BIRTH

CHILD'S NAME (LAST, FIRST, SECOND) [REDACTED] BIRTH NO: [REDACTED]

BIRTH DATE [REDACTED] TIME OF BIRTH 03:36 PM SEX F NUMBER BORN 1 BIRTH ORDER 1

PLACE OF BIRTH (CITY, TOWN, OR LOCATION)
ALEXANDRIA

NAME OF HOSPITAL OR INSTITUTION
RAPIDES REGIONAL MEDICAL CENTER

RESIDENCE OF MOTHER/PARENT (CITY, TOWN, OR LOCATION)
ALEXANDRIA

PARISH RAPIDES STATE LA ZIP Code [REDACTED]

STREET ADDRESS OF RESIDENCE
[REDACTED]

FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)
[REDACTED]

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)
ALEXANDRIA, LOUISIANA

AGE AT THIS BIRTH
[REDACTED]

MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)
[REDACTED]

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)
[REDACTED]

AGE AT THIS BIRTH
[REDACTED]

FILE DATE January 16, 2019 DATE ISSUED August 20, 2020 10:04:03 AM

4. Custodial documentation (only if parent is not biological parent of child), and must be signed and dated by a judge or notary public

STATE OF LOUISIANA
IN THE INTEREST OF

DOCKET#:
JUVENILE COURT
PARISH OF JEFFERSON
STATE OF LOUISIANA
SECTION:

PETITION FOR VOLUNTARY TRANSFER OF CUSTODY

The petition of _____

(names of parents go in this blank)

domiciled in the Parish of _____ respectfully represent:

I

Petitioner(s) reside(s) at the following address(es):

II

That petitioner(s) is/are the parent(s) and legal custodian(s) of the minor child(ren), namely:

(Put names of all children whose custody will be transferred)

whose date(s) of birth is/are:

as more fully appears from the attached birth certificate(s).

III

CHECK ONE:

There are no other legal custodians of the child OR

There are other legal custodians of the child, namely:

Who is/are unable to join in the petition for the following reasons:

IV

Petitioner(s) desires to knowingly and voluntarily transfer custody of the above named child(ren) to _____ which individual(s), institution or agency reside(s) at the following address and has/have the following phone number(s):

Address _____

Home phone _____

Work phone _____

And who has/have the following relationship with the child(ren):

Documentation for Employment and/or Training

1. Pay Statements - 2 sequential pay statements within two months (60 days) from date of application that show rate of pay, and hours worked. Eligible families **must** meet the 20 minimum total hours a week of work or school/training schedule/transcript to be eligible. Each adult in the household must meet this requirement individually. *For example, Mother must be working 20 hours per week, and Father must be working 20 hours per week to qualify.*

Baslack, LLC
414 Hospital [REDACTED]

Name	TC#	Score#	Department	SSN	Filing Status	Fed Exempt	S: Exempt	Pay Period	Check Date	Check#
[REDACTED]	-	26359	CREW	[REDACTED]	[REDACTED]	0	0	02/22/21 to 03/07/21	3/15/21	33076

Score #	Department	Type	Reg Rate	Reg Hrs	Reg Pay	OT Rate	OT Hrs	OT Pay
26359	CREW	Hourly	7.50	76.150	571.13	11.25	0.000	0.00

	Current	YTD		Current	YTD
Regular Hours	76.150	336.400	Gross Pay	571.13	2,523.02
Overtime Hours	0.000	0.000	- Fed-Income Tax	43.40	175.51
Sick Taken	0.000	0.000	- Fed-Medicare	8.28	36.57
Regular Pay	571.13	2,523.02	- Fed-Social Security	35.41	156.43
Overtime Pay	0.00	-	- LA -Income Tax	13.62	57.00
Gross Pay	571.13	2,523.02	= Net Pay	470.42	2,097.51
			- EFT Pay Card ***194	470.42	-
			= Check Amount	0.00	-

2. Letter from employer stating the date(s) of employment, rate of pay, frequency of pay, hours worked per week, contact information of employer, and name of employee.

A Quien interesa,
yo [REDACTED] hago constar
que la Sr. [REDACTED]
Trabaja Para mi desde el año 2020,
Trabajando 5 días a la semana
sumando un total de 22 a 25
horas por semana devengando un
Salario de \$10⁰⁰ por hora
obteniendo así un Salario Semanal de
\$ 220⁰⁰ a \$ 250 por semana

[REDACTED] 04/21/21
Tel. (504) [REDACTED]
[REDACTED] ave [REDACTED]
Kenner LA 70065

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3. Statement of Income for Irregular Employment Form - must include average hours worked per week

Declaration of Irregular Employment
B-3 Seats Pilot

This form must be completed by any adult household members who are employed intermittently, self-employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____, state that my income or support comes from:

Self-employment (provide most recent IRS Form 1099) _____

Parents/Family (attach a statement from person providing support)

Circle all that apply: Seasonal employment Irregular employment Cash payments

Provide gross income for the past 12 months:

Average Hours Worked per Week: _____ Average Monthly Earned Income: _____

Month	Gross Income	Average Weekly Hours Worked	Month	Gross Income	Average Weekly Hours Worked

Please attach a letter from employer(s) or contact information for employer(s) for verification.
I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.

Parent name (print) _____

Parent signature _____

Date _____

Approving Authority _____

Date _____

4. Transcripts -Detailed school schedule (if applicable) or statement from the accredited college or training program deeming full-time status, or a letter from a school advisor signed on institution's letterhead (*the typical minimum full-time status is 12 credit hours*).

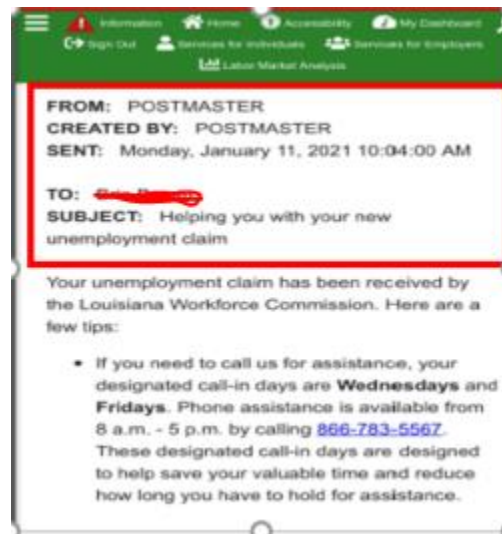
5. Detailed school schedule (if applicable) from an accredited college or training program deeming full time status

AMERICAN UNIVERSITY • AMERICAN UNIVERSITY • AMERICAN UNIVERSITY • AMERICAN UNIVERSITY • AMERICAN UNIVERSITY				
SPRING 2012				
GOVT-527	GOV REGULATION & DEREGULATION	03.00	B	09.00
JLS-280	INTRO TO JUSTICE RESEARCH	03.00	B+	09.90
JLS-333	LAW, PSYCHOLOGY AND JUSTICE	03.00	A	12.00
JLS-402	COMP SYSTEMS OF LAW & JUSTICE	03.00	A-	11.10
JLS-491	INTERNSHIP IN JUSTICE SETTING	03.00	A	20.00
	INTERNSHIP	05.00	A	20.00
	DEAN'S LIST			
	AU SEM SUM: 17.00HRS	ATT 17.00HRS	ERND 62.00QP	3.64GPA

Documentation for Actively Seeking Employment

All sufficient proof of current Hire account verification must list the applicant's name. A date of creating the account is **not** required, as some applicants may have already created an account in previous year(s), and are again in need of its services. The following are examples of sufficient proof of a current Hire account:

1. Email from LWC Postmaster within two months of application date, if possible. If date is outside of two months of the application, provide a screenshot of account home page with family member's name, and annotate with the approximate date of starting the profile.



2. Claimant Summary page of unemployment benefits that includes the client's name and weekly benefit payments within two months of application date.

Claimant Summary

Claimant Name: [REDACTED]
Claimant SSN: ###-##-****
Claimant Address: [REDACTED]
[REDACTED]

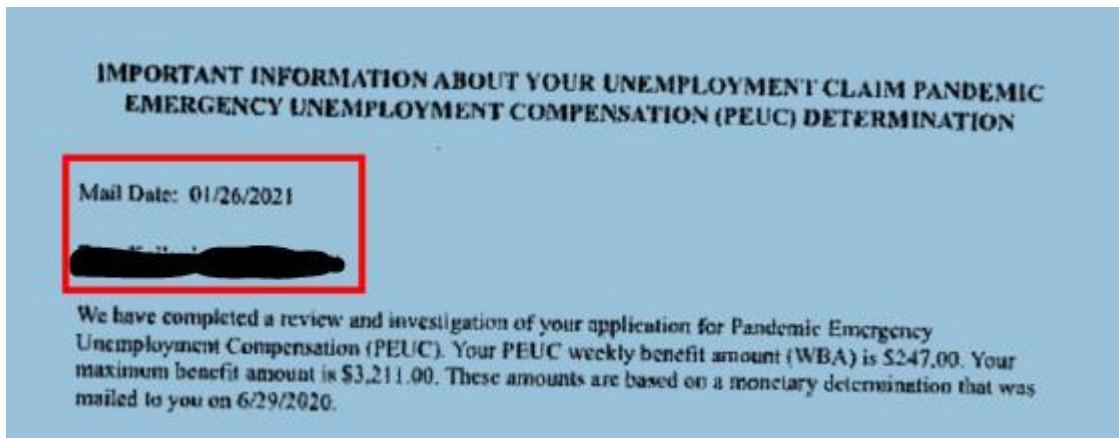
Program Code: PEUC-UI
Benefit Year Start Date: 12/27/2020
Benefit Year End Date: 3/13/2021
Application ID: [REDACTED]
Eligibility Review Date: 1/31/2021

Payment Summary

Payment Summary

Week End Date: 01/30/2021
Claim Filed Date: 01/31/2021
Payment Issue Date: 01/31/2021
Maximum Benefit Amount: \$5,376.00
Weekly Benefit Amount: \$224.00
Earnings Claimed: \$0.00
Total Deductions: \$52.00
Stimulus Amount: \$270.00
Payment Amount: \$472.00
Prevent Payment: No

3. Pandemic Emergency Unemployment Compensations (PEUC) Determination within two months (60 days) of application date.



4. Unemployment benefits claimant detail page that includes client's name and weekly benefit payments within two months (60 days) of application date.

Claimant Details

https://www.louisianaworks.net/hire/vosnet/folders/mid/BenefitsPlan.aspx

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1/6/2021

HIRE - Benefits Plan Profile

Below is the personal information items concerning your benefit claim. Clicking the *Edit Information* link will allow you to modify address and phone information.

Claimant Name: [REDACTED] **Claimant User Name:** [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: 29909

[Edit Information]

Claim Details

Claim Details

Below are the details of your current benefit claim. You may find more information by clicking the *More Information* link.

Claim #: [REDACTED] **Claim Effective Date:** 9/27/2020
Claim Type: New **Benefit Year End Date:** 3/13/2021
Claim Status: Regular Active **Payment Type:** Direct Deposit
Available Credits: \$5,928.00 **Weekly Benefit Amount:** \$247.00
Claim Benefit Balance: \$3,458.00 **Claim Under Review:** No
Federal Tax Withheld: \$2,470.00 **Unresolved Issues:** Yes
State Tax Withheld: No **State Tax Withheld:** No

[More Information]

Outstanding Claim Issues

Outstanding Claim Issues

No Outstanding Issues have been found for this claim.

Weekly Benefit Certifications

Weekly Benefit Certifications

Below are the weeks for which you have completed certifications to continue your unemployment benefits.

#	Week Ending	Certification Filing Date	Benefit Pay Date	Payment Number	Benefit Amount	Federal Withholding	Stimulus Amount	Payment Amount
14	01/02/2021	1/6/2021	In Progress	N/A	\$247.00	\$0.00	\$300.00	\$247.00

https://www.louisianaworks.net/hire/vosnet/folders/mid/BenefitsPlan.aspx

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Unearned Income Verification

1. Child Support Documents - state the frequency of pay, date(s) of pay, amount of pay, recipient of pay. Pay statement should be within 2 months (60 days) of the application.

▶ Case Number : 86708501

Child Information

Child Name	[REDACTED]
Date of Birth	[REDACTED]
Emancipation Date	[REDACTED]
Paternity Established	[REDACTED]

Payments Sent To You

Check Number	[REDACTED]
Amount	\$ 53.00
Check Date	08/20/2020
Check Number	[REDACTED]
Amount	\$ 53.00
Check Date	08/12/2020
Check Number	[REDACTED]
Amount	\$ 38.00
Check Date	08/12/2020

2. Veterans affairs benefits - state the frequency of pay, date(s) of pay, amount of pay, recipient of pay. Pay statement should be within 2 months (60 days) of the application. (see below for where to get benefits letters, not an actual example)

Download VA benefit letters

To receive some benefits, Veterans need a letter proving their status. Access and download your VA Benefit Summary Letter (sometimes called a VA award letter) and other benefit letters and documents online.

Please sign in to get your VA benefit letters

Try signing in with your **DS Logon**, **My HealtheVet**, or **ID.me** account. If you don't have any of those accounts, you can create one now.

[Sign in or create an account](#)

- Social Security Benefits - state the frequency of pay, date(s) of pay, amount of pay, recipient of pay. Pay statement should be within 2 months (60 days) of the application.

Your New Benefit Amount

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefit will increase by **1.3%** in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,479.00
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$0.00
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about January 13, 2021.	\$1,479.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.