





2022-2023 Birth to Three Seats Family Eligibility Worksheet

CHIL	LD'S NAME	DATE OF BIRTH	APPLICATION DATE
	Special Populations (Foster Care) who are Cate	gorically Eligible	
	DCFS Documentation verifying foster st		
	· · ·		
	Employed or in training		
	Actively Seeking Employment		
	McKinney-Vento verification form to be	completed for families experiencing h	nomelessness
_	household and household size)		,, ,
	Verify child's date of birth using a state	issued or foreign birth certificate or a	current passport or visa.
			te. (If applicant is not parent on birth certificate,
	court-issued custody papers or a Non-Lo		
	Louisiana driver's license or state-issue	d ID card	
	Current utility bill with the parent's nar	ne and address.	
	Current lease or mortgage statement		
	In a temporary living arrangement due	to loss of housing or economic hardsh	ip (Verified by LEA)
	Immunization record for all children ne	eding care in the B-3 Seats pilot progra	ım
	Work (Earned Income) or School/Training Docu	mentation	
			USEHOLD (within two months from the date of
			ne hourly rate and income formula whenever
	possible. <mark>(MINIMUM OF 20 HOURS PE</mark>		
			a transcript to show full-time or part time
	status (full time is at least twelve credit	hours per week, part time is less than	12 credit hours). OR, A letter from the registrar on
		s attending and courses being taken, o	r a letter from a school advisor signed on the institution's
	letterhead could also verify student status.		
		ating <i>all</i> of the following: Where pare	nt/guardian is employed, work hours, rate of pay,
	and start date of employment.		
		**	o do not have tax forms, check stubs, or other
	applicable income verification docume		
			seats through ASE in previous year(s), parent must
	be eligible through Employment/School/Trainin		
	HIRE account registration with date of r	=	
	Parents or guardians who are actively s	eeking employment can submit proof	of unemployment pay statement
	Child support, alimony, disability benef		
		, -	sted on the application is a recipient of SSI benefits.
	SSI benefits for any other household m		
		laiming no unearned income benefits	(only if none of the above applies, with no earned
_	income)		
	Directmatch still need to provide proof of emplo	yment and working 20 hours or more p	per week, actively seeking employment, or
	school/trainina).		

CERTIFICATION

- I confirm that the information provided on this form has been submitted by the parent/legal guardian and is true and correct to the best of my knowledge.
- I have verified original documents as are applicable and determined that this child meets applicable eligibility requirements.
- I understand that I may be audited for accuracy and eligibility. I further understand that should this student be found ineligible, the agency, organization,
 district, school or center may be required to return any funds received for this child or future funding may be reduced.
- I agree to retain for five years, for local audits and state-level monitoring and auditing purposes, original versions of pages 1 and 2 of this document.

Signature of Authorized Personnel

Date signed







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2022-2023 INCOME ELIGIBILITY LIMITS

Total Number of People in Household:;				
Number of Adults in Household:	; Number of Children in Household:;			
Total Monthly Household Income \$				

B-3 Seats and Child Care Assistance Program (CCAP): 85% SMI (effective February 1, 2022)				
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income			
2 People ~ \$3,939	3 People ~ \$4,866			
4 People ~ \$5,793	5 People ~ \$6,720			
6 People ~ \$7,646	7 People ~ \$7,820			
8 People ~ \$7,994	9 People ~ \$8,168			

The below tables are not B-3 qualifiers, but helpful for families who may need other program information.

LA4 and NSECD: 200% FPL (effective February 1, 2021)			
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income		
2 people ~ \$3,052	3 People ~ \$3,838		
4 People ~ \$4,625	5 People ~ \$5,412		
6 People ~ \$6,198	7 People ~ \$6,985		
8 People ~ \$7,772	9 People ~ \$8,558		

Head Start: 100% FPL			
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income		
2 People ~ \$1,526	3 People ~ \$1,919		
4 People ~ \$2,313	5 People ~ \$2,706		
6 People ~ \$3,099	7 People ~ \$3,493		
8 People ~ \$3,886	9 People ~ \$4,279		
Head Start: 130% FPL			
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income		
2 People ~ \$1,984	3 People ~ \$2,495		
4 People ~ \$3,006	5 People ~ \$3,518		
6 People ~ \$4,029	7 People ~ \$4,540		
8 People ~ \$5,052	9 People ~ \$5,563		

Income limits are current as of February 2022 and may be subject to change.

The LDOE may amend this document as needed.

INCOME CALCULATION GUIDE

How to Translate Income into a Monthly Figure				
Pay Period	Formula			
Hourly	(Hourly Wage x hours per week) x 4.33			
Monthly (same gross pay each month)	Use gross salary			
Paid same gross amount exactly 2 times per month (e.g. 1st and 15th of month)	Gross salary x 2			
Paid same gross amount every 2 weeks (e.g. every other Friday)	(Gross salary ÷ 2) x 4.33			
Weekly	Gross salary x 4.33			