

2024-2025 LA 4 and NSECD Eligibility Worksheet

(This is an administrative form which should only be completed by authorized personnel.)

Eligibility Status (Circle): Eligible Ineligible Application Date: _____

Child's Name: _____ Date of Birth: _____

Select which item(s) you have verified and note the verification date.

✓	Date	Income Verification Documentation
		Positive match via the <i>eScholar DirectMatch</i> system with dated match report.
		Current foster care placement agreement from DCFS.
		Families in a temporary living arrangement due to loss of housing or economic hardship (homeless) should have their status verified using the LEA-defined procedures for verifying homeless status.
		SNAP/Food Stamps benefits statement (only when child is not found in <i>eScholar DirectMatch</i>) – must include the parent/guardian’s name and child’s name and valid effective dates. (Certified thru ____/____/20____)
		Letter from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits. SSI benefits for any other household member must be accompanied by other income documentation, if applicable.
		<i>If any of the documents below are used to verify income, the Household Information section on page 2 must be completed.</i>
		Two (2) consecutive pay statements for each parent/guardian and adult included in the household number for the current year (within 2 months prior to the date of filling out the application). <i>Use the tables in the 2024-2025 Income Eligibility Limits to calculate. Use hourly rate and income formula whenever possible for the most accurate and consistent verification.</i> HOUSEHOLD INFORMATION REQUIRED
		An official letter from the parent/guardian’s employer, signed and dated, stating all of the following: Where parent/guardian is employed, the hourly rate of pay, and average number of hours parent/guardian works per week. HOUSEHOLD INFORMATION REQUIRED
		Parent(s)/guardian(s) and adults included in the household number who claim zero income of any kind must each submit a Statement of No Income Form. HOUSEHOLD INFORMATION REQUIRED
		Parent(s)/guardian(s) who are employed intermittently, self- employed, or who do not have pay statements or applicable Department of Children and Family Services printouts to verify their income must submit a Declaration of Income for Irregular Employment Form. HOUSEHOLD INFORMATION REQUIRED

Initial to indicate that you have verified both items and note the verification date.

Initial	Date	Age Verification Documentation
		Verify a child's date of birth using a state-issued or foreign birth certificate, current passport, or visa. <i>(For example: Date of birth for 2024-2025 LA 4 and NSECD 4-year-old applicants must fall within the range of October 1, 2019 – September 30, 2020.)</i>
		Verify the person completing the application is the parent listed on the birth certificate.
		<i>If the person completing an application is NOT listed on the birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted.</i>
		Verify court-issued custodial documentation showing permanent or temporary legal custody, such as custody judgments, Child Placement Agreement from DCFS, Non-Legal Custodian Affidavit, notarized Provisional Custody by Mandate, or notarized Military Power of Attorney.

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Select which item(s) you have verified and note the verification date.

✓	Date	Residence Verification Documentation
		Louisiana Driver's License
		State-issued ID Card
		Current utility bill with the parent's name and address
		Current lease or mortgage statement
		If the parent and child live with a family member or friend, that person is to provide verification via a letter in addition to one of the above items. <ul style="list-style-type: none"> • Family Member/Friend Proof of Residence Provided:
		In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)

HOUSEHOLD INFORMATION

Name of parent(s) or legal guardian(s) with whom the child primarily resides: _____

What is their relationship to the child?

Both Parents in same household Primary parent and stepparent Mother only Father only

Other _____

How many people aged 18 years or older live in the household? _____

How many people under age 18 live in the household? _____

Household Size: _____ Total Monthly Household Income: _____

Monthly Income Calculation Table: How to Translate Income into a Monthly Figure	
Pay Period	Formula
Hourly	(Hourly wage x 40 hours per week) x 4.33
Monthly, <i>same gross pay each month</i>	Use gross salary
Paid same gross amount exactly 2 times per month (e.g., 1 st and 15 th 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

LA 4, NSECD: 200% FPL (effective January 2024)	
Family Size/Gross Monthly Income	Family Size/Gross Monthly Income
2 People ~ \$3,407	3 People ~ \$4,303
4 People ~ \$5,200	5 People ~ \$6,097
6 People ~ \$6,993	7 People ~ \$7,890
8 People ~ \$8,787	9 People ~ \$9,683

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 child 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, original versions of pages 1 and 2 of this document, for local audits and state-level monitoring and auditing purposes.

Signature of Authorized Personnel

Date Signed