**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Adults in Household: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_**

Parents/Guardians: The following are the documents needed. Please attach the following documents and check off what you have with you today. We will make copies and return your items back to you. Thank you for your patience and cooperation throughout this process!

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| * **Proof of Income – Must have ONE of the following:**

\_\_\_\_\_ SNAP/Food Stamps letter – must include the child’s name and valid effective dates. (Certified thru \_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_ A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.\_\_\_\_ Two (2) consecutive check stubs for **EACH PARENT or CAREGIVER IN THE HOUSEHOLD** for the current year (within 2 months from the date of filling out this application.) Please check below how you are paid: Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ 2x a month \_\_\_\_\_\_\_\_ every 2 weeks \_\_\_\_\_\_\_\_\_\_\_\_ An official letter from your employer stating all of the following: a. Where parent/guardian is employed b. Hourly rate of pay c. The average number of hour’s parent/guardian works per week. *\_\_\_\_* Current foster care placement agreement from DCFS*\_\_\_\_* Parents who are homeless or unemployed must submit a letter of support and income documentation from support source. \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * **Child’s Birth Certificate**
* **Proof of Residence - Select which item you have verified:**

*\_\_\_\_* 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 with a letter in addition to one of the above items.  \_\_\_\_ Homeless * **Immunizations up to date: YES or NO (Circle one.)**
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