



# Ready Start Richland Network Coordinated Application- 2022-2023

This application is to be used to apply for all sites.

Have You Applied for CCAP?  Yes  No  N/A  
 Are You Approved for CCAP?  Yes  No  N/A  
 Are You on the CCAP Waitlist?  Yes  No  N/A

\_\_\_\_\_ Date Application Completed

**To Be Completed by the Program.** Indicate if child was:  
 Enrolled If enrolled, name of Program and Date Enrolled: \_\_\_\_\_  
 Placed on Program Waitlist  Placed on Community Waitlist

Are you applying for a **Birth to Three Seat** at Little Feathers, Stepping Stones, or Tender Touch Nursery II?  Yes  No

**To Be Completed by the Birth to Three Program:** Is this a redetermination application?  Yes  No

## Student Information

Child's Name: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Gender:  Male  Female Race:  Caucasian  African American  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code

Mailing Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code

Name of Person(s) the child resides with: \_\_\_\_\_

Relationship with Child: \_\_\_\_\_

## Family Income Information

Number of Adults in household: \_\_\_\_ Number of Adults contributing to Income: \_\_\_\_

Number of Children in household: \_\_\_\_  Approved for USDA/CACFP Eligibility Determination

Adult Name:	Employer Name:	Total Income:
Total Family Income:		

Has this child had a development screening?  Yes  No Date: \_\_\_\_\_ Location: \_\_\_\_\_

Does this child receive Special Education Services? (IEP) Yes No

Does this child receive Speech Services? (IEP)  Yes  No

Does this child receive Early Intervention Services? (IFSP)  Yes  No

Has child been referred by Psychological services?  Yes  No

Does the child have a disability?  Yes  No

If Yes, what is the disability? \_\_\_\_\_

Does the child have an SSI?  Yes  No

Does this child have a suspected disability?  Yes  No

If Yes, what is the disability? \_\_\_\_\_

## Program Preferences

Child's Name: \_\_\_\_\_  
First
Middle Initial
Last

Instructions: Select ONE program from EACH COLUMN in order of preference. Only rank programs for which you are eligible.

Choice 1	Choice 2	Choice 3
<input type="checkbox"/> Delhi Elementary School (School)	<input type="checkbox"/> Delhi Elementary School (School)	<input type="checkbox"/> Delhi Elementary School (School)
<input type="checkbox"/> Delhi Head Start/ Early Head Start (Head Start)	<input type="checkbox"/> Delhi Head Start/ Early Head Start (Head Start)	<input type="checkbox"/> Delhi Head Start/ Early Head Start (Head Start)
<input type="checkbox"/> Holly Ridge Elementary School (School)	<input type="checkbox"/> Holly Ridge Elementary School (School)	<input type="checkbox"/> Holly Ridge Elementary School (School)
<input type="checkbox"/> Legacy Head Start (Head Start)	<input type="checkbox"/> Legacy Head Start (Head Start)	<input type="checkbox"/> Legacy Head Start (Head Start)
<input type="checkbox"/> Little Feathers Childcare & Preschool (Child Care, <b>Birth-3 Site</b> )	<input type="checkbox"/> Little Feathers Childcare & Preschool (Child Care, <b>Birth-3 Site</b> )	<input type="checkbox"/> Little Feathers Childcare & Preschool (Child Care, <b>Birth-3 Site</b> )
<input type="checkbox"/> Mangham Elementary School (School)	<input type="checkbox"/> Mangham Elementary School (School)	<input type="checkbox"/> Mangham Elementary School (School)
<input type="checkbox"/> Mangham Head Start (Head Start)	<input type="checkbox"/> Mangham Head Start (Head Start)	<input type="checkbox"/> Mangham Head Start (Head Start)
<input type="checkbox"/> Rayville Elementary School (School)	<input type="checkbox"/> Rayville Elementary School (School)	<input type="checkbox"/> Rayville Elementary School (School)
<input type="checkbox"/> Rayville II Head Start (Head Start)	<input type="checkbox"/> Rayville II Head Start (Head Start)	<input type="checkbox"/> Rayville II Head Start (Head Start)
<input type="checkbox"/> Start Elementary School (School)	<input type="checkbox"/> Start Elementary School (School)	<input type="checkbox"/> Start Elementary School (School)
<input type="checkbox"/> Stepping Stones (Child Care, <b>Birth-3 Site</b> )	<input type="checkbox"/> Stepping Stones (Child Care, <b>Birth-3 Site</b> )	<input type="checkbox"/> Stepping Stones (Child Care, <b>Birth-3 Site</b> )
<input type="checkbox"/> Tender Touch Nursery (Child Care)	<input type="checkbox"/> Tender Touch Nursery (Child Care)	<input type="checkbox"/> Tender Touch Nursery (Child Care)
<input type="checkbox"/> Tender Touch Nursery II (Child Care, <b>Birth-3 Site</b> )	<input type="checkbox"/> Tender Touch Nursery II (Child Care, <b>Birth-3 Site</b> )	<input type="checkbox"/> Tender Touch Nursery II (Child Care, <b>Birth-3 Site</b> )

\*\*Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> DOES NOT guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences for siblings/residential area.

**Additional Information:**

If a child has any siblings currently **attending** any program above, please list below:

Program:

Sibling:

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If a child has any siblings currently **applying** to any program above, please list below:

Program:

Sibling:

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How did you learn about the participating programs and eligibility? Check all that apply.

Friend/Family

Facebook

Director/Administrator

Television

Flyer

Postcard

Radio

Other \_\_\_\_\_

I, the undersigned, understand that only ONE application needs to be filled out for my child, and I hereby give my permission for the information provided here to be shared with the Children's Coalition for Northeast Louisiana - Lead Agency and programs/Birth to 3 Seat Coordinator (the choices I designated above) in the Ready Start Richland Network to match my child to a seat.

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

\_\_\_\_\_  
**Date of Birth:**

\_\_\_\_\_  
**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date:**

## Primary/Home Language Survey for All New Incoming Students

Parents or guardians of ALL new incoming students K-12 should complete this survey. This form is only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

**Student Information:**

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date Entered US School: \_\_\_\_\_

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

The answers to the above questions will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? \_\_\_\_\_

Parent's or Guardian's Signature

Date

# RICHLAND PARISH

## LOUISIANA STUDENT RESIDENCY QUESTIONNAIRE (Form Must Be Included In School Enrollment Packet)

Date \_\_\_\_\_ District Richland School Name \_\_\_\_\_

Student Name: \_\_\_\_\_ SSN/ID#: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Last School Attended: N/A Current Grade: PK Date of Birth: \_\_\_\_\_

Parent / Guardian / Adult caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C. 11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

- YES  NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
- YES  NO Is the temporary living arrangement due to loss of housing or economic hardship?
- YES  NO Does the student have a disability or receive any special education-related services? (Check one)
- Where is the student currently living? (Check all that apply.)

- In an emergency/transitional shelter.
- Temporarily with another family because we cannot afford or find affordable housing.
- With an adult that is not a parent or legal guardian, or alone without an adult.
- In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- In a hotel/motel.  Other specific information: \_\_\_\_\_

- YES  NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?  
(Describe: \_\_\_\_\_)
- YES  NO Migrant -- Have you moved at time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
- YES  NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_
- The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone Number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**School Use Only:**  Free or Reduced Price Meals Form submitted/signed  Copy Placed in Student's Cumulative Record  
**Homeless Liaison Use Only - Check All that Apply:**  
 Sheltered  Doubled-Up  Unsheltered/FEMA  Hotel/Motel Unaccompanied Youth:  YES  NO

Print School Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# Louisiana Migrant Education Program

## Family Search Form

School District/Parish: Richland School: \_\_\_\_\_ School Year: 2022-23

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive **FREE** additional educational services. The information you provide will only be used for program purposes. Please answer both questions below and return this form to your child's school.

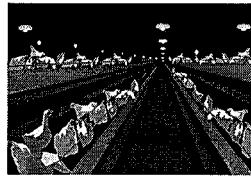
1. **Have you or another person in your home worked in agriculture or fishing in the past 3 years?**  
(Please check all that apply below & complete contact information)

YES

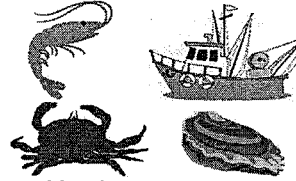
NO



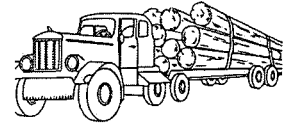
Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.



Working in a poultry farm



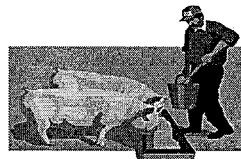
Working in shrimping / crabbing / oyster fishing



Working in forestry / timber / logging



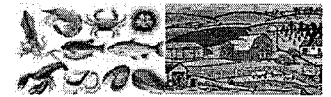
Working in a plant nursery, orchard, tree growing or harvesting



Working with livestock such as cattle, hogs, alligator, crickets, or turtle farming



Working in rice, crawfish ponds



Other **AGRICULTURAL** or **FISHING** work? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. **Have your children moved or traveled across school district lines in the past 3 years?**

This may include overnight or extended trips, at any time of the year, including the summer, to do shrimping, crabbing, oyster fishing, or agricultural work.

YES

NO

Parent (Guardian) Name: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Language/Lenguaje/Ngôn ngữ:  English  Español  Tiếng Việt  Other: \_\_\_\_\_

The purpose of this form is to help the state determine if the child(ren) in this family are eligible for the Louisiana Migrant Education Program. One of the individuals listed below may contact you to determine eligibility for the Louisiana Migrant Education Program:

Laurie Stewart - 225-369-0560 <a href="mailto:laurie.stewart@louisiana-mep.org">laurie.stewart@louisiana-mep.org</a>	Tomi Soto - 956-740-8077 <a href="mailto:tomi.soto@louisiana-mep.org">tomi.soto@louisiana-mep.org</a>
Clare Ortiz - 870-820-6177 <a href="mailto:clare.ortiz@louisiana-mep.org">clare.ortiz@louisiana-mep.org</a>	Lorena Andrea Roberts -225-372-0419 <a href="mailto:lorena.roberts@louisiana-mep.org">lorena.roberts@louisiana-mep.org</a>

**For School Use Only:** Please return completed forms to: [idr.team@louisiana-mep.org](mailto:idr.team@louisiana-mep.org)

For Spanish or Vietnamese search forms, please visit: <https://louisianamigrantidr.com/documents.php>. For any further questions, please reach out to the Louisiana Migrant Education Program Identification & Recruitment Team at: [idr.team@louisiana-mep.org](mailto:idr.team@louisiana-mep.org).

## Birth to 3 Supplement- This page is ONLY REQUIRED IF applying for a Birth to 3 seat.

\*\*\*Provide the following documents ONLY if you are applying for a Birth to 3 seat at Little Feathers, Stepping Stones, or Tender Touch Nursery II

- Special Populations (Experiencing Homelessness or Foster Care) who are Categorically Eligible:**
  - \_\_\_ McKinney-Vento verification form to be completed for families experiencing homelessness
  - \_\_\_ DCFS Documentation verifying foster status
- Child and Family Documentation:**
  - \_\_\_ Updated Vaccination Record
  - \_\_\_ Statement of Exemption from Immunizations
  - \_\_\_ Verify child's date of birth using a state-issued or foreign birth certificate or a current passport or visa
  - \_\_\_ Verify person complete application is the parent listed on the birth certificate. (If applicant is no parent on birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted).
  - \_\_\_ Louisiana driver's license or state-issued ID card
  - \_\_\_ Current utility bill with the parent's name and address.
  - \_\_\_ Current lease or mortgage statement
  - \_\_\_ In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)
- Work (Earned Income) or School/Training Documentation:**
  - \_\_\_ Four (4) sequential pay statements for **EACH ADULT or CAREGIVER IN THE HOUSEHOLD** (within two months from the date of filling out this application.) (**Minimum of 20 HOURS per WEEK**)
  - \_\_\_ Parents or guardians who are enrolled in a school or training program provide 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 register on school or training letterhead with hours attending and courses being taken, or a letter from a school advisor signed on the institution's letterhead could also verify student status.
  - \_\_\_ An official letter from your employer stating *all* of the following: Where parent/guardian is employed, work hours, rate of pay, and start date of employment.
  - \_\_\_ Parents or guardians who are employed intermittently, self-employed, or who do not have tax forms, check stubs, or other applicable income verification documentation must submit a Declaration of Income for Irregular Employment form.
- Actively Seeking Employment Documentation:**
  - \_\_\_ HIRE account registration with date of registration
  - \_\_\_ Parents or guardians who are **actively seeking employment** can submit proof of unemployment pay statement
- Unearned Income Documentation:**
  - \_\_\_ Positive match via eScholar DirectMatch system (This is not sufficient evidence of eligibility on its own. Must verify employment, training/school, or actively seeking employment in addition to the income).
  - \_\_\_ SNAP/Food Stamps- must included the child's name and valid effective dates. If using this documentation, family must provide employment or actively seeking employment or school/training documentation. SNAP/Food stamps is not a stand along eligibility qualifier. (Certified through \_\_\_\_\_)
  - \_\_\_ A statement 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.
  - \_\_\_ A statement of no income for a family claiming no unearned income benefits (only if none of the above applies, with no earned income)



# Your Application is Completed!

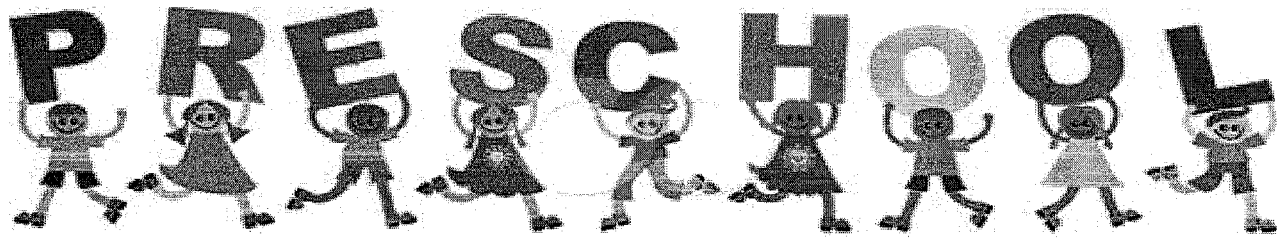
## What's Next?

1. The Program Partner reviews your application to determine if you are eligible for their program.
2. Letters notifying parents of acceptance into publicly funded programs (Head Start and LA4) will be mailed out on Friday, May 6<sup>th</sup>, 2022.
3. Parents **MUST RETURN** acceptance letters no later than Friday, May 13<sup>th</sup>, 2022 in order to be accepted into the program.
4. Steps for registration for the program will be included in the notification letter.



\* Parents Keep this page.

Thank you!



## Application and Selection Process Information

- There are a limited number of seats available for preschool at each school.
  - Delhi Elementary School – 10 seats
  - Holly Ridge Elementary – 10 seats
  - Mangham Elementary – 20 seats
  - Rayville Elementary – 20 seats
  - Start Elementary – 20 seats
- Completing the application paperwork does NOT automatically ensure acceptance into a PK program.
- Each child that completes the application process during the roundup period must be screened for academic and speech concerns. You will be contacted by mail with an appointment date, time, and location.
- Based on the screening results, students with the greatest academic need will be selected first.
- School choice and open enrollment does NOT apply to preschool. Therefore, preschool students must attend the school for which they are zoned.
- Notifications for students accepted into PreK will be mailed on Friday, May 6, 2022. Parents must return acceptance letters by Friday, May 13, 2022.
- Notification for students that are placed on the waiting list will also be mailed on May 6, 2022.
- If you have any questions about this process, please call Aleasha Waller at 728-5964.