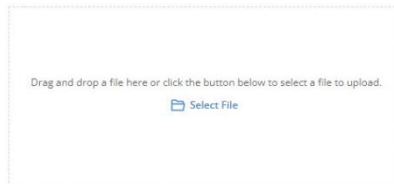


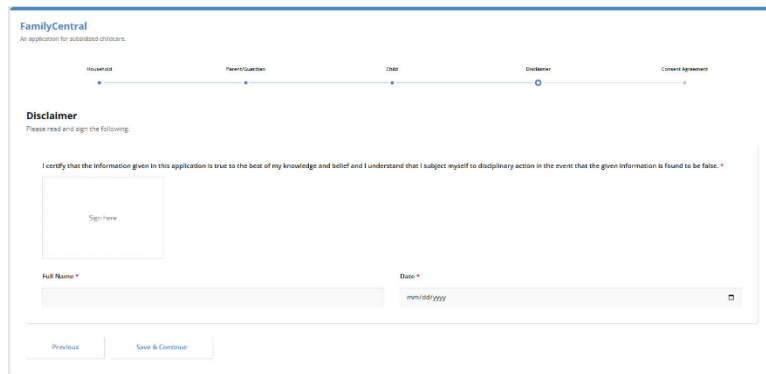
FamilyCentral – Families Fill Out Intake Application

A You will be asked various Standard questions to determine your eligibility for Child Care Services financial assistance.

B You will be asked to provide documents proving **income, child age, immunization**, and other supporting documentation. Drag and drop files or browse your files to attach to the corresponding question.



C FamilyCentral will display a **Disclaimer** screen. After reading the disclaimer, sign and press **Save & Continue**.



D Read the Consent Agreement, sign and press **Preview**.

Consent Agreement

Please read the following and then sign.

CONFIDENTIALITY: Information provided by you in order to obtain CCAP assistance shall be confidential and shall not be released without your written consent, except to agencies and officials as allowed by the DISCLOSURE POLICY. The Louisiana Department of Education does not discriminate in the delivery of services. This means you will not be treated differently from others because of your race, color, sex, age, disability, religion, beliefs, status of single or marital status, sexual orientation, or national origin. **ELIGIBILITY DETERMINATION:** A decision is expected to be made on your application within 30 days after the date the application is received. You will receive written notice of the decision. If you have not received a written notice of decision within 30 days, please contact the Louisiana Department of Education by calling 1-877-833-2775. Failure to submit all required documentation at the time of submission may result in a delay with the processing of your application. **NOTICE REGARDING CHILD SUPPORT:** I agree to be the Louisiana Department of Education from within ten business days of any of the following changes occur: I understand that I must report changes that occur after I am determined eligible by completing a Change Report Form online or by faxing to 225-376-4866.

Change in address.
Change in Member of my Household including anyone who moves in or out of the house.
Change in employment, a change of employer, or a change in the number of hours worked.
Change in income (Financially assisting income exceeds the CCAP income that based on my household size).
Change in job training or educational program, including an extension for at least three weeks, a change of program, or a change in the number of hours of attendance.
Change in Child Care Provider or Provider Type.
Change in the location where care is being provided.
My child or provider moves with me, or I move with my child care provider, or we begin sharing the same mailing address (with the exception of a post office box).
Change in Days or Hours Children are in the child care provider's care.
Beginning or ending of disability.

Providing false information, withholding information, or failing to report any of the changes as described above may result in the refusal of or loss of certification for CCAP. If providing false information or withholding information causes an overpayment for child care, you may be required to repay the amount of overpayment made on your behalf. If you purposely fail to report any information that causes ineligible benefits to be made on your behalf, you may be disqualified from participating in the program and financial gains may be forfeited. If you agree to this agreement, you agree to provide the following information: Social Security Numbers are required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide Social Security Numbers. I agree to provide my Social Security Number, if provided, as this information may be furnished to my previous and current employers, Louisiana Department of Health (LDH), the Louisiana Department of Children and Family Services (DCFS), the Social Security Administration (SSA), the Louisiana Workforce Commission (LWC), the Governor's Office of Children and Families (GOCF), and any other agency necessary in order to verify my income and need for assistance, or for data collection, cross state matching, or statistical purposes, and to other agencies that may be able to provide child care assistance. I authorize the LDH and its employees to disclose information as it relates to the program listed. I understand that this may include and is not limited to requesting verification, providing access to my employment, and disclosing any programs and records maintained by or on the behalf of the LDH. The LDH retains the discretion to decide if particular records or information are within the scope of this matter, and I understand that the LDH has no control over how this request will be used or disclosed by the information. I agree to release and hold harmless the LDH from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or reports pursuant to this waiver. *

Sign here

E A summary of your answers will be displayed once completed. Review the information you entered for the **Household, Parent/Guardians, and Children**. Confirm that all the information entered is correct. If it isn't, press **Edit** under the corresponding section.

Note: Account verification is required prior to application submission. Ensure you enter a valid phone number and email address for verification.

F Once everything has been reviewed, press **Submit**. The system shows you a message that the application was submitted, along with your application number.

Application Submitted

Monday, 6/2/2025
at 12:26 PM (CDT)

Application Number: d8a9a82f-463c-4f76-9721-1d9f6d4a33c6

Note: It is recommended that you download the application for your future reference. You can do so from the **Application Summary** and the **Family Summary** pages.