FamilyCentral – Families Fill Out Wait List Verification Form

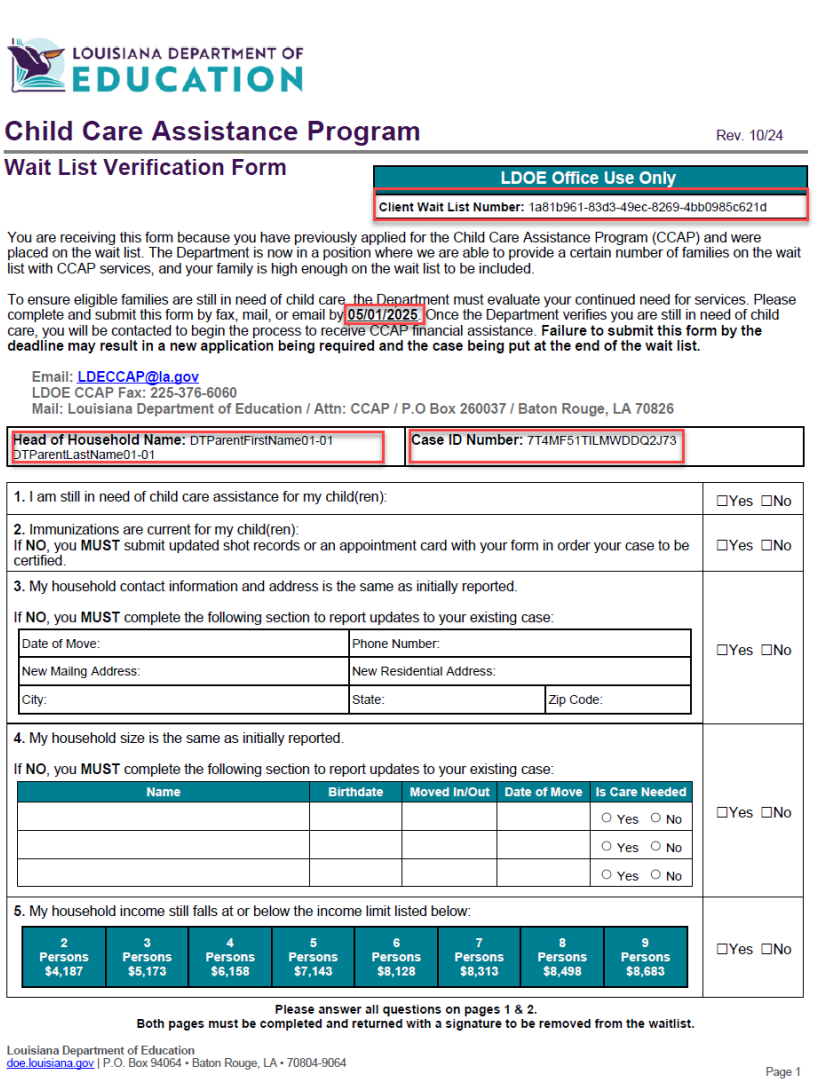
You will be asked to fill out the **Wait List Verification Form** when you were previously on the waitlist and are now able to apply for the Child Care Assistance Program (CCAP).

A You must complete and submit the form by fax, mail, or email to by the date listed on the form.

B Once submitted and reviewed by the department, you will be contacted to initiate the process for receiving CCAP financial assistance.

C **Note**: You must submit the form by the deadline, or you will be required to complete a new application, and your case will be put at the end of the wait list.

D **Submit by Mail:** Louisiana Department of Education / Att: CCAP / P.O Box 260037 / Baton Rouge, LA 70826
Submit by Fax: 225-376-6060
Submit by Email: LDECCAP@la.gov



LOUISIANA DEPARTMENT OF EDUCATION

Child Care Assistance Program Rev. 10/24

Wait List Verification Form

LDOE Office Use Only
Client Wait List Number: 1a81b961-83d3-49ec-8269-4bb0985c621d

You are receiving this form because you have previously applied for the Child Care Assistance Program (CCAP) and were placed on the wait list. The Department is now in a position where we are able to provide a certain number of families on the wait list with CCAP services, and your family is high enough on the wait list to be included.

To ensure eligible families are still in need of child care, the Department must evaluate your continued need for services. Please complete and submit this form by fax, mail, or email by 05/01/2025. Once the Department verifies you are still in need of child care, you will be contacted to begin the process to receive CCAP financial assistance. **Failure to submit this form by the deadline may result in a new application being required and the case being put at the end of the wait list.**

Email: LDECCAP@la.gov
LDOE CCAP Fax: 225-376-6060
Mail: Louisiana Department of Education / Attn: CCAP / P.O Box 260037 / Baton Rouge, LA 70826

Head of Household Name: DTParentFirstName01-01 DTParentLastName01-01
Case ID Number: 7T4MF51TILMWDDQ2J73

1. I am still in need of child care assistance for my child(ren):	☐Yes ☐No
2. Immunizations are current for my child(ren): If **NO**, you **MUST** submit updated shot records or an appointment card with your form in order your case to be certified.	☐Yes ☐No
3. My household contact information and address is the same as initially reported. If **NO**, you **MUST** complete the following section to report updates to your existing case: Date of Move: / Phone Number: / New Mailing Address: / New Residential Address: / City: / State: / Zip Code:	☐Yes ☐No
4. My household size is the same as initially reported. If **NO**, you **MUST** complete the following section to report updates to your existing case: Name / Birthdate / Moved In/Out / Date of Move / Is Care Needed (○ Yes ○ No)	☐Yes ☐No
5. My household income still falls at or below the income limit listed below: 2 Persons $4,187 / 3 Persons $5,173 / 4 Persons $6,158 / 5 Persons $7,143 / 6 Persons $8,128 / 7 Persons $8,313 / 8 Persons $8,498 / 9 Persons $8,683	☐Yes ☐No

Please answer all questions on pages 1 & 2.
Both pages must be completed and returned with a signature to be removed from the waitlist.

Louisiana Department of Education
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