

Appendix B: Forms

Form B.1: Application for the Flexible Family Fund Program

Child's name: _____ Date of Birth: ___/___/___
Social Security Number: _____ - _____ - _____ Child's gender: M F (circle one)
Caregiver's name: _____ Caregiver's Social Security Number: _____ - _____ - _____
Mailing Address: _____ City: _____ Zip: _____
Current Parish: _____ Parish of Birth _____ Home Phone No: () _____ - _____
Work Telephone No: () _____ - _____ Cell: () _____ - _____
What number is best for you? Home Work Cell Other: () _____ - _____
What is the best time to call? _____ Email: _____

You must also submit one of the following documents:

(Only documentation that is current within a year and signed can be accepted.)

- The Individual Family Support Plan (IFSP) or the Multidisciplinary Evaluation (MDE) for Part C Services (if your child is an infant or toddler); or
- The Individualized Education Program (IEP) *must be a signed copy; or
- The Louisiana Department of Education (LDOE) Special School Programs Pupil Appraisal Services report (1508 eval must have been completed within one year); or
- The annual individual/academic plan from schools approved by LDOE to provide educational services to children with a qualifying exceptionality (must be signed by school staff, parent/guardian and list exceptionality)
- The Independent Educational Evaluation (IEE); or
- A Home Study Program Approval Notification **along with** the latest (current within 3 years) Pupil Appraisal Evaluation if your child is homeschooled; or
- A report, current within a year, from a Licensed Health Professional which states that your child's condition/disability conforms to standards established in the LDOE's Bulletin 1508 criteria for one of the qualifying exceptionalities.

We can only accept applications that have one of these qualifying exceptionalities or EarlySteps eligibility:

(Check the exceptionality reported on the above documentation)

- Autism
- Mild Intellectual Disability w/ health or behavior plan
- Moderate Intellectual Disability w/ health or behavior plan
- Severe Intellectual Disability
- Other Health Impairment
- Developmental Delay for children age 3 through 8 years
- Deaf-Blindness (Deaf and Blind)
- Multiple Disabilities
- Orthopedic Impairment
- Traumatic Brain Injury
- EarlySteps Eligibility up to age 3

I declare that this information is true. I understand that if there is a change in my child's exceptionality, school placement or contact information, I must notify this program office within 30 days. I understand that failure to report such changes and/or failure to respond to requests for information within 30 days will result in the removal of my child's name from the Services Request List or the termination of my child's participation in the Flexible Family Fund Program. I acknowledge that it is always my responsibility to keep this office informed of a way to contact me.

Caregiver Signature

____/____/____
Date