

Minnesota Child Care Assistance Program Application

Child care assistance staff only				
CASE NUMBER	CCAP WORKER NAME		MFIP WORKER NAME	COUNTY DATE STAMP
MFIP BEGIN DATE	MFIP END DATE	EMPLOYMENT SERVICES AGENCY	EMPLOYMENT SERVICES WORKER	

1. Applicant

Tell us about you and where you live.

- Include *proof of your identity*, such as a copy of your driver's license, state identification card, passport, school identification card, or birth certificate.
- Include *proof of your residence/address*, such as one of the items listed above or a copy of a recent utility bill, rental lease, or mortgage document.

You are reviewing a CCAP application generated from MNbenefits.org. Applicants were not asked every question on this paper application, so some areas may be left blank.

PERSON 1					
LAST NAME		FIRST NAME		MIDDLE NAME	
OTHER NAMES YOU MIGHT BE KNOWN AS		GENDER <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (if different)		CITY		STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	OTHER PHONE NUMBER	MARITAL STATUS <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widowed		
What is your preferred spoken language?		What is your preferred written language?		Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No	
ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White			
Have you ever received or requested child care assistance? <input type="radio"/> Yes <input type="radio"/> No					
IF YES, WHEN?		WHERE? (MN CITY)		MN COUNTY	
Do you get a housing or Section 8 subsidy? <input type="radio"/> Yes <input type="radio"/> No					

Living situation: (optional, choose one)

- | | | |
|--|--|---|
| <input type="radio"/> Own housing; lease, mortgage or roommate | <input type="radio"/> Family/friends due to economic hardship | <input type="radio"/> Emergency shelter |
| <input type="radio"/> Service provider - foster care, group home | <input type="radio"/> Hospital, treatment facility, detox center or nursing home | <input type="radio"/> Unknown |
| <input type="radio"/> Jail, prison or juvenile detention facility | <input type="radio"/> Hotel or motel | <input type="radio"/> Declined |
| <input type="radio"/> Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport) | | |