

# Minnesota Child Care Assistance Program Application

This is the Minnesota Child Care Assistance Program (CCAP) Application. You may be eligible to get help for your child care expenses so you can work, look for work, or attend school. CCAP can pay any legal child care provider who registers for payments including licensed, certified, and unlicensed providers, 18 years of age or older. If you do not have a child care provider, you can apply for CCAP and ask for help finding a child care provider.

## To qualify, your family must:

- Be income eligible;
- Meet employment and training requirements:
  - Work at least an average of 20 hours per week (10 hours per week if a full-time student) at minimum wage, *or*
  - Participate in job search, attend school or training classes, *or*
  - Comply with the activities of an approved Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP) employment plan.
- Cooperate with child support enforcement for all children in the family who have an absent parent.

## Read these instructions before you fill out the application.

The Child Care Assistance Program booklet [Do you need help paying for child care? \(DHS-3551\)](#) gives you information about the Child Care Assistance Program and choosing a child care provider.

## Please follow these instructions as you complete your application.

- Print using black ink.
- Read all instructions and answer all questions completely.
- If you need more room, use space on page 17 or attach additional sheets of paper.
- **Provide proof of all requested information.** This includes proof of:
  - Identity for each adult in your family
  - Residence/Address
  - Age and relationship to you for each child in your family
  - Citizenship or immigration status for each child in your family who needs child care
  - School schedule and program completion date for each adult in your family
  - All counted earned and unearned income and work schedules
  - Allowable deductions such as insurance premiums and child/spousal support paid
- The county or tribe must ask for your Social Security number. You are not required to provide this to be eligible for assistance.
- Read the "Penalty warning" section of this form.
- Read [Client Responsibilities and Rights \(DHS-4163\)](#), [Notice of Privacy Practices \(DHS-3979\)](#), and [The Child Care Assistance Program and fraud: Questions and answers for families \(DHS-3943B\)](#) at the end of this form. These documents are on tear-off pages for you to keep.
- Sign and date the application.
- Mail, fax or bring the completed application and all other needed items to the address listed below.
- **If you have questions or have problems getting the information you need, contact the county or tribal human services office where you live.**

Once your application is received, you will receive a written notice about your eligibility within 30 calendar days, or 45 days if needed.

A child care worker will write or call you if more information is needed.

**Mail application to:** →

**If you want help, please  
call this phone number.**

AFFIX COUNTY LABEL HERE

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶክመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆኑ፡ የጉዳዩን ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ၣ်ဟ်သးဘၣ်တၢ်က့ၢ်. ဖဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လၢ် တီလၢ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘၣ်ပုၤဂ့ၢ်ဖိအပူၤမၤစၢၤတၢ်လၢန့ၢ်မ့တၢ် မ့ၢ်ကိးဘၣ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

IDA (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

# 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.

PERSON 1					
LAST NAME		FIRST NAME		MIDDLE NAME	
OTHER NAMES YOU MIGHT BE KNOWN AS		GENDER <small>Prefer not to say</small> <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) |                                                                                  | <input type="radio"/> No permanent address |

## 2. Family members

### Tell us about all the other people living in your home.

Include all household members, both adults and children. Include family members who do not live with you, but are expected to return to your home.

#### Adults:

- Include your spouse, the parents of children in your family who live with you, and all other adults living with you whether or not they are family members.
- Include proof of identity for each adult in your family, such as a copy of a driver's license, state identification card, passport, school identification card, or birth certificate.

#### Children:

- List all children under the age of 18 who live with you. List children in order from oldest to youngest.
- Include children 18 or older if they are full-time students and you provide 50% or more of their financial support.
- Include proof of each child's relationship to you, such as a birth certificate, adoption record, legal guardianship statement or baptismal record.
- Include proof of each child's age, such as one of the items listed above or a school or immunization record.
- Include proof of citizenship or immigration status for each child in need of child care assistance, such as a birth certificate, an adoption record or a USCIS (United States Citizenship and Immigration Services) card.

**Note:** Proof of citizenship or immigration status will not be used for immigration purposes.

**\*RACE codes** (list all that apply)

A = Asian B = Black or African American N = American Indian or Alaska Native P = Pacific Islander or Native Hawaiian W = White

PERSON 2					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 3					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 4					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE <i>(optional)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 5					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE <i>(optional)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

PERSON 6					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	GENDER <small>Prefer not to say</small> <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER	ETHNICITY <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE <i>(optional)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
RELATIONSHIP TO YOU		CITIZENSHIP If this person is a child who needs child care, is the child a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No		What is your preferred spoken language?		What is your preferred written language?	

**For additional household members, use the blank page at the end of the application.**

### 3. Child Support and custody arrangement

List all children in your family who have a parent who does not live in your home. If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements.

CHILD 1		
CHILD'S NAME	NAME OF PARENT NOT LIVING IN YOUR HOME	Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No

Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 2		
CHILD'S NAME	NAME OF PARENT NOT LIVING IN YOUR HOME	Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No

Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 3		
CHILD'S NAME	NAME OF PARENT NOT LIVING IN YOUR HOME	Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No

Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 4		
CHILD'S NAME	NAME OF PARENT NOT LIVING IN YOUR HOME	Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No

Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

CHILD 5		
CHILD'S NAME	NAME OF PARENT NOT LIVING IN YOUR HOME	Do you receive child support? <input type="radio"/> Yes <input type="radio"/> No

Shared Custody/Visitation Schedule – List time child spends with parent who is not in the home.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

## 4. Student information – children

Complete this section for all children in your family who are **now in school or plan to go to school within the next 12 months**.

- Include start date if not currently in school.
- Include children 18 or older if they are full-time students and you provide 50% or more of their financial support. Include proof of their school status, such as a fee statement or registration confirmation, the expected completion date of their program, and your financial support.
- For preschool age children: Indicate "Head Start" or "preschool" in the "GRADE" field if child attends one of those programs.
- Include proof of school enrollment status for children with earned income.

STUDENT 1				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 2				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 3				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 4				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

STUDENT 5				
STUDENT NAME	START DATE	END DATE	SCHOOL NAME	GRADE

Days and times student attends school							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

## 5. Income

### List all income received by you and all members of your family.

- Include income received by family members temporarily absent from your home.
- Report self-employment income in question 5.B. *Self-employment income*.
- Include proof of work schedule and all income for the most current 30 days, such as wages, tips, commissions and bonuses.

### A. Earned income (wages)

Income #1				
EMPLOYEE'S NAME		EMPLOYER NAME		EMPLOYER PHONE NUMBER
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE
WORK ADDRESS (if different)		CITY	STATE	ZIP CODE
HOURLY PAY RATE	NUMBER OF HOURS PER WEEK	HOW OFTEN PAID? <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> Two times a month <input type="radio"/> Other _____		
TOTAL AMOUNT PAID BEFORE DEDUCTIONS	WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	

Income #2				
EMPLOYEE'S NAME		EMPLOYER NAME		EMPLOYER PHONE NUMBER
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE
WORK ADDRESS (if different)		CITY	STATE	ZIP CODE
HOURLY PAY RATE	NUMBER OF HOURS PER WEEK	HOW OFTEN PAID? <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> Two times a month <input type="radio"/> Other _____		
TOTAL AMOUNT PAID BEFORE DEDUCTIONS	WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	

### B. Self-employment income

Complete this section if you or someone in your family is **self-employed**. Examples of self-employment income include product sales, real estate sales, personal services, farming, in-home child care, and rental property.

Include proof of:

- All self-employment income and expenses, such as federal tax returns or business ledgers.
- Work schedule, such as a calendar with work hours.

Income #1			
ADULT'S NAME		TYPE OF BUSINESS	
START DATE	NUMBER OF HOURS WORKED PER WEEK	MONTHLY INCOME BEFORE EXPENSES	MONTHLY EXPENSES



Income #2			
ADULT'S NAME		TYPE OF BUSINESS	
START DATE	NUMBER OF HOURS WORKED PER WEEK	MONTHLY INCOME BEFORE EXPENSES	MONTHLY EXPENSES

### C. Unearned income

Complete this section for each type of **unearned income** you or someone in your family receives.

- Include proof of all unearned income, such as a check stub, an award letter, a financial aid form, or a written statement from the source of the income for the most current 30 days.

Type	Yes	No	Name of person receiving income	How often received	Amount
Public assistance (MFIP, DWP, GA, Tribal TANF)	<input type="radio"/>	<input type="radio"/>			
Child support/Spousal support	<input type="radio"/>	<input type="radio"/>			
Unemployment Insurance	<input type="radio"/>	<input type="radio"/>			
Insurance payments (settlements, short- or long-term disability, etc.)	<input type="radio"/>	<input type="radio"/>			
RSDI (Retirement, Survivors, Disability Insurance)	<input type="radio"/>	<input type="radio"/>			
Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>			
Veteran benefits (VA)	<input type="radio"/>	<input type="radio"/>			
Contract for deed	<input type="radio"/>	<input type="radio"/>			
Trust income	<input type="radio"/>	<input type="radio"/>			
Interest/dividends	<input type="radio"/>	<input type="radio"/>			
Tribal payments	<input type="radio"/>	<input type="radio"/>			
Cost-effective health care reimbursement	<input type="radio"/>	<input type="radio"/>			
Other (lottery or gambling winnings, inheritance, capital gains, etc.) - list below:	<input type="radio"/>	<input type="radio"/>			
Retirement benefits					
Workers' compensation					

### D. Do you expect any changes to work hours or income listed in A, B, or C above?

☐ Yes ☐ No

IF YES, DESCRIBE IN DETAIL

## 6. Deductions

Complete this section if you or someone in your family has any of the expenses listed for which you are not reimbursed.

- These expenses may be deducted from your gross income in determining your co-payment.
- Include proof of deductions, such as check stubs, benefit statements or premium statements.

Expense	How often do you pay?	Amount
Medical insurance premiums		
Dental insurance premiums		
Vision insurance premiums		
Child support paid for a child not living in the home		
Court ordered spousal support		

## 7. Assets

Assets include cash, bank accounts, vehicles, investments, and real estate (other than your home). Do not include the home you live in, personal belongings, or self-employment assets. How much are your family's assets?

- ☐ My family's assets are **LESS THAN \$1 million** (or equal to \$1 million), **OR**
- ☐ My family's assets are **MORE THAN \$1 million** (your worker will contact you for more information)

## 8. Request for child care assistance

**Complete the sections that apply to adult members of your family.**

**A. List all *adult* family members who need help paying for child care to attend school or training classes.**

- Include family members participating in GED or ESL classes.
- Include proof of school schedules that show the days and times classes meet, including school breaks.

ADULT 1							
ADULT'S NAME				NAME OF SCHOOL OR TRAINING SITE			
SCHOOL PROGRAM ATTENDING						START DATE	
Days and times this adult attends school or training							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

ADULT 2							
ADULT'S NAME				NAME OF SCHOOL OR TRAINING SITE			
SCHOOL PROGRAM ATTENDING						START DATE	
Days and times this adult attends school or training							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

**B. List all *adult* family members who need help paying for child care to be able to work.**

- Include proof of all work schedules, such as a time card or a letter from employer.

*If the work schedule varies, please provide this information for the past two months.*

ADULT 1							
ADULT'S NAME				EMPLOYER'S NAME			
Days and times this adult works							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

ADULT 2							
ADULT'S NAME				EMPLOYER'S NAME			
Days and times this adult works							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

**C. List all *adult* family members who need help paying for child care to look for work.**

ADULT'S NAME	NUMBER OF HOURS PER WEEK REQUESTED (up to 20)
ADULT'S NAME	NUMBER OF HOURS PER WEEK REQUESTED (up to 20)

**D. List all *adult* family members who need help paying for child care to attend MFIP orientations or other MFIP/DWP activities in an approved employment plan.**

ADULT'S NAME	JOB COUNSELOR ASSIGNED? <input type="radio"/> Yes <input type="radio"/> No	JOB COUNSELOR'S NAME	JOB COUNSELOR'S PHONE NUMBER
ADULT'S NAME	JOB COUNSELOR ASSIGNED? <input type="radio"/> Yes <input type="radio"/> No	JOB COUNSELOR'S NAME	JOB COUNSELOR'S PHONE NUMBER

## 9. Child care needs

List all children who are attending or are in need of child care.

- Child care assistance is available for children under age 13 and for children with disabilities under age 15.
- Complete the provider questions if you currently use or have chosen a child care provider(s) for your child.
- Contact your county or tribal human services office if your child has special needs and needs specialized care.
- Child care assistance can only pay two providers per child, one primary and one secondary provider.

CHILD 1							
CHILD'S NAME							
<b>Days and hours child care is needed with child's primary provider</b>							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
<b>Days and hours child care is needed with child's secondary provider</b>							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

<b>CHILD 2</b>							
CHILD'S NAME							
<b>Days and hours child care is needed with child's primary provider</b>							
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>START TIME</b>							
<b>END TIME</b>							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
<b>Days and hours child care is needed with child's secondary provider</b>							
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>START TIME</b>							
<b>END TIME</b>							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

<b>CHILD 3</b>							
CHILD'S NAME							
<b>Days and hours child care is needed with child's primary provider</b>							
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>START TIME</b>							
<b>END TIME</b>							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
<b>Days and hours child care is needed with child's secondary provider</b>							
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>START TIME</b>							
<b>END TIME</b>							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

<b>CHILD 4</b>							
CHILD'S NAME							
<b>Days and hours child care is needed with child's primary provider</b>							
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>START TIME</b>							
<b>END TIME</b>							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
<b>Days and hours child care is needed with child's secondary provider</b>							
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>START TIME</b>							
<b>END TIME</b>							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

CHILD 5							
CHILD'S NAME							
Days and hours child care is needed with child's primary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
PRIMARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
PRIMARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							
Days and hours child care is needed with child's secondary provider							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
SECONDARY CHILD CARE PROVIDER'S NAME					PHONE NUMBER		START DATE
SECONDARY CHILD CARE PROVIDER'S ADDRESS			CITY			STATE	ZIP CODE
WHERE IS CARE PROVIDED?				IS PROVIDER RELATED TO THE CHILD?			
<input type="radio"/> Provider's home <input type="radio"/> Child care center <input type="radio"/> Child's home				<input type="radio"/> Yes <input type="radio"/> No			
IF RELATED, PROVIDER IS CHILD'S:							
<input type="radio"/> Sibling <input type="radio"/> Aunt/Uncle <input type="radio"/> Grandparent <input type="radio"/> Other: _____							

**Important! Please read and sign this application.**



## **Authorization to share information for fraud investigation and audits.**

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation, and conducting federal or state audits. Third parties who can share information about me with investigators include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and others as they apply. I also understand that my permission to share information about me remains in effect for six months after my benefits stop.

## **Provider release.**

State and federal privacy laws protect my information. If I am eligible for child care assistance, CCAP staff can share information about the hours and amount of child care assistance I get with my child care provider(s). My provider will be notified when my redetermination is due. I understand:

- This information must be shared so that my child care provider knows how much CCAP will pay for the child care provided.
- This information can be shared only if I give my written permission or if the law allows it.
- I can refuse to sign or cancel this release, but if I do, CCAP may not be able to pay my provider for the child care provided.
- I may cancel this authorization with written notice anytime. This written notice will not affect information already released.
- The person or agency who gets my information may be able to pass it on to others.
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it. Minnesota Data Privacy Act (Minn. Stat., Ch. 13).

## **Penalty warning.**

If you get child care assistance benefits, do not give false information or hide information:

- To get or continue to get child care assistance benefits
- To help someone else to get or to continue to get child care assistance payments.

The state may bar a family with a member who breaks either of these rules from the Child Care Assistance Program. The bar lasts one year for the first fraud, two years for the second fraud, and is permanent for the third fraud. A person who supplies false information in order for them or someone else to receive Child Care Assistance may also be prosecuted criminally.

## **If I get child care assistance I understand:**

- I must cooperate with child support enforcement and assign my child care support portion to the Minnesota Department of Human Services. I have the right to claim "good cause" for not cooperating with child support enforcement.
- I may be required to pay a co-payment fee.
- If my child care provider charges more than the maximum rate paid in my county, I will pay the additional costs, as well as my co-payment fee.
- I must report changes to the information I have given within 10 calendar days from the date the change occurred. These include changes in employment and activity status and schedules, family status, significant income changes, address or residence, or anyone moving in or out of my household. Refer to [Reporting Responsibilities for CCAP families \(DHS-6953\)](#) for specific requirements.
- I must give the county agency and my child care provider 15 calendar days' notice before changing my child care provider(s). This notice is not needed in cases when:
  - A provider's Minnesota child care license has been temporarily immediately suspended or
  - There is an imminent risk of harm to the health, safety, or rights of a child in the care of a provider not licensed by Minnesota.
- My eligibility for child care assistance will be redetermined every 12 months.
- I have the right to choose any legal child care provider, including certified licensed child care centers, licensed family child care providers and legally nonlicensed child care providers that meet program requirements.
- If I choose a provider to provide child care in my home, I am considered the employer of the provider and have legal and tax responsibilities. This care must be approved by DHS before child care assistance can be paid.

## Perjury and general declarations

I declare under the penalties of perjury that I have reviewed this form and to the best of my knowledge is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both. [Minnesota Statute, section 256.984, subd. 1]

### By signing below:

- I have received a copy of the Notice of Privacy Practices (DHS-3979), the Client Responsibilities and Rights (DHS-4163), and The Child Care Assistance Program and Fraud - Questions and Answerers for Families (DHS-3943B). I have read, and understand this information. If I have questions about this information, I will ask a worker to explain them to me.
- I agree to continue to assign my child care support to the state of Minnesota. I understand that I have the right to claim good cause for not cooperating with child support enforcement.
- I agree to the sharing of information as stated in the provider release and fraud investigation authorization information above.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE		DATE
SIGNATURE OF SPOUSE OR SECOND APPLICANT		DATE
AGENCY SIGNATURE	DATE	CLIENT GIVEN: <input type="checkbox"/> Client Responsibilities and Rights (DHS-4163) <input type="checkbox"/> Notice of Privacy Practices (DHS-3979) <input type="checkbox"/> The Child Care Assistance Program and fraud: Questions and answers for parents (DHS-3943B)

AGENCY NOTES
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