

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.

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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. ဖဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘၣ်ပုၤဂ့ၢ်ဖိအပူၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ 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)