

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

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.

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 <i>(if different)</i> | | CITY | | STATE ZIP CODE |
| EMAIL ADDRESS | | 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 <i>(optional)</i> Hispanic? <input type="radio"/> Yes <input type="radio"/> No | RACE <i>(optional)</i> <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 | | | | |
| Do you want to register to vote or update your registration? <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 (answer question below) | <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) | | |