

# Minnesota Child Care Assistance Program Application

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

## 1. Applicant

You are reviewing a CCAP application generated from MNbenefits. 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 a copy of a driver's license, state identification card, recent utility bill, rental lease, mortgage document or mail you have received. If you are experiencing homelessness, you can provide a letter from a shelter or friend, or your own signed statement.

PERSON 1				
LAST NAME		FIRST NAME		MIDDLE NAME
OTHER NAMES YOU MIGHT BE KNOWN AS		GENDER <input type="radio"/> Prefer not to say <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"/> Widowed <input type="radio"/> Single		Is anyone in your household pregnant? <input type="radio"/> No <input type="radio"/> Yes – who? _____		
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) Client reported: <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 <input type="checkbox"/> Unable to determine			
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)

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

If you chose "Family/friends due to economic hardship", are you temporarily sharing housing due to loss of housing, lack of affordable housing or similar reasons? ☐ Yes ☐ No