

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 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"/> 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"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native <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