



FOND DU LAC HUMAN SERVICES CHILD CARE NEEDS & SCREENING APPLICATION

Primary Applicant Personal Information	Spouse Personal Information (or 2nd Adult in the home)
Name:	Name:
Mailing address:	
Tribe:	Tribe:
Phone #:	Phone #:
Email address:	Email Address:

Employer: (Applicant) -must be verified	Spouse's Employer - must be verified
Employer:	Employer:
Supervisor's Name:	Supervisor's Name:
Contact #:	Contact #:
Amount: /hourly wage	Amount: /hourly wage
School/Program (Applicant) -must be verified	Spouse's School/Program Attending- must be verified
School/Program:	School/Program:
Days/Hours Attended:	Days/Hours Attended:
Contact for Verification #:	Contact for Verification #:

Other Income Sources/Amounts (per cap is exempt)	Public Assistance/Amount (SNAP, TANF, Foster Care payment- exempt)

Childcare Center/Provider

Name:		Licensed provider? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address:		Family Relative(not living in the home)Friend/Neighbor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone #:				
List all children in the home, even those who will not receive child care assistance	Special Needs	Birth Date	Tribe	Days& Hours Needed for Childcare (Ex: Mon-Fri 8:00-4:30/ shift work/ weekends)
1.	Y N		Y N	
2.				
3.				
4.				
5.				
6.				

Verification of Income, Eligibility, School, Program Enrollment, Etc. is required to process your application

The above information is correct and true to the best of my knowledge. I am aware that falsified information will result in termination of services. I am also aware that the Human Services Division will determine eligibility for services based on their current registration information. I have read the Fond du Lac Child Care Assistance Program Guidelines, and understand that a Licensed Provider or Relative Family (not living in the home)Friend or Neighbor must be used to receive this child care subsidy.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FDL SS Rec'd Date: _____ Approved By: _____ Date: _____

Co-payment Amount: _____ Dates of Approval: _____