

CHILD CARE NEEDS & ELIGIBILITY DETERMINATION FORM

Personal Information (Applicant)		Personal Information (Co-Applicant)	
Name:		Name:	
Email address:		Email address:	
Tribal Affiliation:		Tribal Affiliation:	
Phone #:		Phone #:	
Address:		Address:	
County:		County:	

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

Other Income Sources/Amounts	Public Assistance Type/Amounts

Childcare Provider/Hours Information

Name:		Licensed? Yes No #		
Address:		Phone #:		
List all children in the home, even those who will not receive assistance	Special Needs	Birth Date	Tribal Affiliation	Days & Hours Needed for Childcare (Example: M-F 8:00-4:30)
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 information may be exchanged or shared with other programs. I have read the Fond du Lac Child Care Assistance Program Guidelines, and understand that a legally licensed provider must be used unless arrangements have been made through this office.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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

Co-payment Amount: _____ Dates of Approval: _____