Clear Form Data
FILLABLE FORM

Minnesota Department of Human Services

Combined Application - Child Care Addendum

Purpose: This form is used to apply for the Minnesota Child Care Assistance Programs (CCAP) if you are applying for cash assistance, Food Support or health care and have completed a Combined Application Form (CAF). You may be eligible to get help for your child care expenses so you can work, look for work or attend school.

To qualify for CCAP, your family must:

- Be income eligible
- Meet employment and training requirements:
  - Work at least an average of 20 hours per week (10 hours per week if a full-time student) at minimum wage, or
  - Participate in job search, attend school or training classes, or
  - Comply with the activities in your approved Minnesota Family Investment Program (MFIP) employment plan.
- Cooperate with child support enforcement for all children in the family
- Use a legal child care provider. (Legal providers include licensed and unlicensed providers, 18 years of age or older, who are registered with a county to provide care.)

CASE NAME (LAST, FIRST, MI)	WORKER NAME	WORKER PHONE NUMBER

Have you ever received or requested CCAP in Minnesota? ☐ Yes ☐ No

If yes, what county?_____

Read these instructions before you fill out the application.

We have included the CCAP Program booklet Do you need help paying for child care? (DHS-3551) to give you information about the CCAP Program and choosing a child care provider.

Please follow these instructions as you complete your application.

- Print your answers using black ink.
- Read all instructions carefully and answer all questions completely.
- Attach additional sheets of paper if you need more space.
- Include proof of all requested information.
- Sign and date the application.

If you have questions about completing this application or have problems getting the information, talk to your worker.

A child care worker will write or call you if we need more information. Once we receive all information you will receive a written notice about your eligibility.

Child Care Assistance staff only:

Case number	_____	MFIP begin date	_____
MAXIS number	_____	MFIP end date	_____
CCAP worker name	_____	ESP agency	_____
MFIP worker name	_____	ESP worker name	_____

Complete for all children who are attending or are in need of child care.

- Child care assistance is available for children under age 13 and for children with disabilities under age 15.
- Call the number on the front of the application if your child has special needs and requires specialized care.

Include proof of citizenship status for each child in need of child care assistance, such as a birth certificate, an adoption record or an BCIS card.

Child 1

CHILD'S NAME

Indicate the days and the hours each day child care is needed below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Complete the provider information if you currently use or have chosen a child care provider for this child.

CHILD CARE PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER	START DATE

ADDRESS	CITY	STATE	ZIP CODE

Is provider related to the child? ☐ Yes ☐ No If yes, relationship _____

Where is care provided? ☐ Provider's home ☐ Child care center ☐ Child's home

Complete the days and times student attends school below if this child is now in school or plans to go to school within the next six months. Start date if not currently attending (mm/dd/yy) _____

Monday	Tuesday	Wednesday	Thursday	Friday

If the child has a parent who does not live in your home, does the child live in your home full-time or part time? ☐ Full-time ☐ Part-time

Child 2

CHILD'S NAME

Indicate the days and the hours each day child care is needed below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Complete the provider information if you currently use or have chosen a child care provider for this child.

CHILD CARE PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER	START DATE

ADDRESS	CITY	STATE	ZIP CODE

Is provider related to the child? ☐ Yes ☐ No If yes, relationship _____

Where is care provided? ☐ Provider's home ☐ Child care center ☐ Child's home

Complete the days and times student attends school below if this child is now in school or plans to go to school within the next six months. Start date if not currently attending (mm/dd/yy) _____

Monday	Tuesday	Wednesday	Thursday	Friday

If the child has a parent who does not live in your home, does the child live in your home full-time or part time? ☐ Full-time ☐ Part-time

Child 3

CHILD'S NAME

Indicate the days and the hours each day child care is needed below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Complete the provider information if you currently use or have chosen a child care provider for this child.

CHILD CARE PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER	START DATE

ADDRESS	CITY	STATE	ZIP CODE

Is provider related to the child? ☐ Yes ☐ No If yes, relationship _____

Where is care provided? ☐ Provider's home ☐ Child care center ☐ Child's home

Complete the days and times student attends school below if this child is now in school or plans to go to school within the next six months. Start date if not currently attending (mm/dd/yy) _____

Monday	Tuesday	Wednesday	Thursday	Friday

If the child has a parent who does not live in your home, does the child live in your home full-time or part time? ☐ Full-time ☐ Part-time

Child 4

CHILD'S NAME

Indicate the days and the hours each day child care is needed below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Complete the provider information if you currently use or have chosen a child care provider for this child.

CHILD CARE PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER	START DATE

ADDRESS	CITY	STATE	ZIP CODE

Is provider related to the child? ☐ Yes ☐ No If yes, relationship _____

Where is care provided? ☐ Provider's home ☐ Child care center ☐ Child's home

Complete the days and times student attends school below if this child is now in school or plans to go to school within the next six months. Start date if not currently attending (mm/dd/yy) _____

Monday	Tuesday	Wednesday	Thursday	Friday

If the child has a parent who does not live in your home, does the child live in your home full-time or part time? ☐ Full-time ☐ Part-time

Agency use

Child 5

CHILD'S NAME

Indicate the days and the hours each day child care is needed below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Complete the provider information if you currently use or have chosen a child care provider for this child.

CHILD CARE PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER	START DATE

ADDRESS	CITY	STATE	ZIP CODE

Is provider related to the child? ☐ Yes ☐ No If yes, relationship _____

Where is care provided? ☐ Provider's home ☐ Child care center ☐ Child's home

Complete the days and times student attends school below if this child is now in school or plans to go to school within the next six months. Start date if not currently attending (mm/dd/yy) ☐

Monday	Tuesday	Wednesday	Thursday	Friday

If the child has a parent who does not live in your home, does the child live in your home full-time or part time? ☐ Full-time ☐ Part-time

List any **other** children who live with you that are:

- Eighteen years old or older and
- Attend school and
- For whom you provide 50% or more of their financial support.

NAME	NAME
NAME	NAME

The state and federal governments require CCAP to report data on families who receive CCAP. **This information will not affect your eligibility for CCAP.**

Do any children in your household attend Head Start? ☐ Yes ☐ No

Does your family attend Early Childhood Family Education (ECFE) classes? ☐ Yes ☐ No

Does any member of your family participate in the School Readiness Program? ☐ Yes ☐ No

Agency use

Authorization to share information for fraud investigation

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation. Third parties who can share information about me with investigators include, but are not limited to, financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and others as they apply. I also understand that my permission to share information about me remains in effect for six months after my benefits stop.

Provider release

State and federal privacy laws protect my information. If I am eligible for child care assistance, CCAP staff can share information about the hours and amount of child care assistance I get with my child care provider(s). I understand:

- This information must be shared so that my child care provider knows how much CCAP will pay for the child care provided.
- This information can be shared only if I give my written permission or if the law allows it.
- I can refuse to sign or cancel this release, but if I do, CCAP may not be able to pay my provider for the child care provided.
- I may cancel this authorization with written notice anytime. This written notice will not affect information already released.
- The person or agency who gets my information may be able to pass it on to others.
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it. Minnesota Data Privacy Act (Minn. Stat., Ch. 13).

If I get CCAP I understand:

- I must cooperate with child support enforcement and assign my child care support portion to the Department of Human Services. I have the right to claim "good cause" for not cooperating with child support enforcement.
- I may be required to pay a co-payment fee.
- If my child care provider charges more than the maximum rate paid in my county, I will pay the additional costs, as well as my co-payment fee.
- I must report all changes to the information I have given within 10 calendar days from the date the change occurred. These include changes in employment, school and training schedules, marital status, income, address or residence, or anyone moving in or out of my household.
- I must give the county agency and my child care provider 15 calendar days' notice before changing my child care provider(s). This notice is not needed in cases of alleged abuse by a provider or when the health and safety of a child in care is in immediate danger.
- My eligibility for CCAP must be redetermined at least every six (6) months.
- I have the right to choose any legal child care provider, including licensed child care centers, licensed family child care providers and legally unlicensed family child care providers that meet program requirements.
- If I choose a provider to provide child care in my home, I am considered the employer of the provider and have legal and tax responsibilities.

Perjury and general declarations

I declare under the penalties of perjury that this application has been examined by me and to the best of my knowledge is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than $10,000, or both. (Minn. Stat. 256.984, subd. 1)

By signing below:

- I acknowledge that my worker gave me a copy of the Notice of Privacy Practices (DHS-3979) and the "Your Responsibilities", "Your Rights" and "Penalty Warning" sections from this form and explained them to me.
- I agree to assign my child support as stated above.
- I agree to the sharing of information as stated in the provider and fraud authorization information above.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTANTIVE	DATE	AGENCY SIGNATURE	DATE
SIGNATURE OF SPOUSE OR SECOND APPLICANT	DATE	**Client given:** ☐ R & R (DHS-4163) ☐ ADA brochure (DHS-4133) ☐ Notice of Privacy Practices (DHS-3979)	

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែពត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຣ໌ ຫາຕາມເລກໂທຣ໌ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta’e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la’aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin nầy miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB22-0009 (1-08)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency’s ADA coordinator.

Tear off here

Child Care Responsibilities and Rights

Penalty warning

If you get child care assistance benefits, you must follow these rules. Do not give false information or hide information:

- To get or continue to get child care assistance benefits
- To help someone else to get or to continue to get child care assistance payments.

The state may bar a family with a member who breaks either of these rules from the Child Care Assistance Program. The bar lasts three months for the first fraud, six months for the second fraud, two years for the third fraud and is permanent for the fourth fraud. The maximum penalty is a fine of $100,000 or a jail term of 20 years, or both.

Your responsibilities

- *You* **may be required to pay a co-payment fee.** If you do not pay the fee, your Child Care Assistance will be terminated until fees are paid in full or satisfactory payment agreements have been made with the county and your child care provider. Your Child Care Assistance worker will tell you whether to pay this fee to your child care provider or to the county agency.
- You may be required to pay additional costs when your child care provider charges a rate that is more than the maximum rate in your county.
- **You must document** the immigration or citizenship status of the children in your family for whom you are applying for child care assistance.
- **You must cooperate with child support enforcement** for all children in your household. You must assign the child care portion of your child support to the State of Minnesota for all children receiving Child Care Assistance. If you do not cooperate or assign your child care support, Child Care Assistance will be denied or terminated. You have the right to claim "good cause' for not cooperating with child support enforcement. Ask your child care worker to help you.
- **You must report the following changes** for each family member to your Child Care Assistance worker within 10 calendar days.

  Failure to report these changes within 10 days may result in an overpayment, termination of your Child Care Assistance, a fraud investigation and/or possible criminal charges.

  - Employment status
  - Names of family members who move in or out of your household
  - Marriages, separations, divorces
  - Income, wage or salary increases and receipt or changes in child support, social security, MFIP, GA, unemployment insurance, insurance benefits and other cash payments
  - Child support paid by you to someone who does not live with you
  - Address or residence
  - Health and dental insurance premiums
  - Work, school or job search hours
  - Child custody arrangements

  Note: If *you* receive other types of assistance from your local county agency ***and*** your Child Care Assistance worker is not your worker for these programs, report changes to your Child Care Assistance worker to avoid possible overpayment.
- **If you change providers,** you must tell your child care worker and provider at least 15 days before the change goes into effect.

You must sign the application to acknowledge that you have read and understand your rights and responsibilities under the CCAP. Please keep these pages for your records.

Your rights

- **Your right to privacy.** Your private information, including your health information, is protected by state and federal laws. Your worker has given you a Notice of Privacy Practices (DHS-3979) information sheet. This sheet explains:
  - Why we are asking you to give us your private information
  - How we may use and share private information about you
  - Why we ask for your Social Security number
  - Your rights about your private information. You can:
    - Ask about how we can use information and with whom we will share this information
    - Ask to get this information in another format
    - Ask to see your information
    - Ask whom we have given your information to
    - File a privacy complaint.
  - How we must legally protect your private information
  - Whom you can contact if you think your private information has been mishandled.

  Please read it carefully. For more information about your data privacy rights or a copy of the Notice of Privacy Practices, ask your worker.
  You can also get a copy of this notice at http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3979-ENG.
- **You have the right to reapply** at any time if your benefits stop.
- **You have the right to know why, if we have not processed your application within 30 days.**
- **You have the right to know the rules of the program you are applying for** and for us to tell you how we figured your benefits.
- **Appeal rights.** If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. You may appeal within 30 days from the date you receive the notice by writing to the county agency, or directly to the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing your child care within 30 days, the agency can accept your appeal for up to 90 days from the date you receive the notice.)

  If you wish your assistance to continue until the hearing, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county worker to explain how the timing of your appeal could affect your present or future assistance.
- **Access to free legal services.** You may contact your worker for information on free legal services.
- **Your right to file a complaint.** If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including physical access to government buildings, you may file a complaint with your county agency or any of the following agencies.

  Minnesota Department of Human Services
  Office for Equal Opportunity
  PO Box 64997
  St. Paul, MN 55164-0997
  (651) 431-3040 (Voice)
  (866) 786-3945 (TTY))

  Minnesota Department of Human Rights
  190 East 5th Street, Suite 700
  St. Paul, MN 55101
  (800) 657-3704 (Voice)
  (651) 296-1283 (TTY)

  U.S. Department of Health and Human Services
  Office for Civil Rights, Region V
  233 North Michigan Avenue, Suite 240
  Chicago, IL 60601
  (312) 886-2359 (Voice)
  (312) 353-5693 (TTY)