

KIDSTOP® ASSISTANCE PROGRAM

This form is to be completed by parents, guardians and foster parents who need assistance in paying their KIDSTOP fees. As stated in our Parent Handbook, all fees are due on the first day of attendance each week. This form was designed to help you through the many Childcare Assistance Programs available and to help us determine scholarship awards for those who do not qualify for other programs.

***Step I:* Complete the entire KIDSTOP Scholarship Application (yellow and pink forms) and return to your KIDSTOP manager or the Boys and Girls Clubs Administration Office.**

***Step II:* Contact the county you live in to determine if you are eligible for County Child Care Assistance (Basic Sliding Fee, MFIP or Transitional). Please mention you are a KIDSTOP Parent when calling.**

Benton County Social Services:	(320) 968-5087
Sherburne County Social Services:	1-800-433-5239
Stearns County Social Services:	(320) 656-6000

What to expect when speaking with a County Worker:

- 1) During a brief phone screen, you will be asked questions regarding your income, the number of people in your household, your address, your employment status and your specific child care needs.
- 2) After the phone screen, the County Worker will inform you of your eligibility. If eligible for County Assistance, an application packet will be mailed to you with an appointment notice. It is crucial you meet all appointments and deadlines scheduled by the County.

If you do not qualify for County Child Care Assistance, notify your KIDSTOP Manager or the the Assistance Program Administrator at the Boys and Girls Clubs Administration Office. Your KIDSTOP Scholarship Application will then be processed.

***Step III:* If you are a student at St. Cloud State University, the St. Cloud Technical College or other Learning Institution, contact the Financial Aid Office and inquire about their Child Care Assistance Program.**

*****Copies of your last two pay stubs, class schedule or tax information if self employed if applicable must accompany this application.*****

Office Use Only
Date Received ____/____/____
Family ID: _____ Entered: _____
Notes _____

KIDSTOP Scholarship Application

Please complete all attached forms and return to your KIDSTOP Program Manager or the Boys and Girls Clubs Administrative Office. **Delays may result from incomplete forms and missing paperwork**

Please indicate the session you are applying for: School Year Summer

A new application is required prior to each session.

Registration Fees Paid*: School Year (\$20.00) Yes No Summer (\$10.00) Yes No

***Registration fees are the responsibility of the Family.**

MEMBERSHIP INFORMATION:

Child #1: _____ Grade: _____ Member ID (Office Use): _____

Child #2: _____ Grade: _____ Member ID (Office Use): _____

Child #3: _____ Grade: _____ Member ID (Office Use): _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Email: _____

School Attending: _____ KIDSTOP Site Attending: _____ Days Attending: _____

HOUSEHOLD INFORMATION:

Marital Status of Parent/Guardian/Foster Parent: Single Married Separated Divorced:

Name(s)/Ages of others residing at the above address: _____

FAMILY INCOME INFORMATION:

Mother's Employer: _____ Annual Income (gross) \$ _____

Father's Employer: _____ Annual Income (gross) \$ _____

Do you receive Child Support? Yes No Annual Amount \$ _____

Do you receive MFIP benefits? Yes No Annual Amount \$ _____

List all other sources of income: _____ Annual Amount(s) \$ _____

You are required to apply for County Child Care Assistance before your scholarship is processed.

When have you applied for County Child Care Assistance? Date: _____

Are you currently approved for County Child Care Assistance? Yes Case Worker: _____ No

Are you currently a student? Yes Full Time/Part Time Name of School _____ No

Please include other information you would like us to consider when processing this application:

PAYMENT INFORMATION:

I am able to pay \$_____ per day/per child for the After-School Program.

I am able to pay \$_____ per day/per child for the All-Day/Summer Program.

I am able to pay \$_____ per day/per child for the Summer School Program.

Thank you for your time in completing this application. Please keep in mind that all scholarship recipients are required to abide by the Fee Payment policy listed in the Parent Handbook.

I certify that the information provided is accurate and true to the best of my knowledge. I authorize the Boys and Girls Clubs of Central MN to verify any and all information I have provided. I certify that I am the legal Custodial/Parent/Foster Parent of the listed child(ren) and that I am responsible for his/her support. I agree to inform the Boys and Girls Club of any changes in the status of the provided information. I agree to pay my fees in a timely manner. If I do not abide by this agreement, I may lose my scholarship and be asked to pay the full KIDSTOP fees for each day my child(ren) attend KIDSTOP.

Parent/Guardian/Foster Parent Signature: _____ Date: _____

Office Use Only:

Co-Pay Amount

\$ _____ (After-school)

\$ _____ (All-day/Summer)

\$ _____ (Summer School)

Waived Amount:

\$ _____ (After-school)

\$ _____ (All-day/Summer)

\$ _____ (Summer School)

Date Application Received: _____ Date Scholarship Approved: _____ Initials: _____

Notes:



County Assistance Verification

Parent Name: _____

Address: _____ City: _____ County: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Child(ren)'s Name(s): _____ KIDSTOP Site Attending: _____

Child Care Assistance Case Worker: _____ Case Number: _____

General Consent for Release of Information

Giving Permission: I give permission to _____ to give the information requested to the
(County)

Boys and Girls Clubs of Central MN. This information is used to determine my eligibility for child care.

Consequences: I know that State and Federal privacy laws protect my records. I know that I must give my prior written consent for agencies to give out the information. I know why I am being asked for this information. I know I do not have to consent to this release. I know that I could be denied or lose my benefits if I do not give my consent. I know I may stop this consent with written notice at any time, but that this written notice will not affect information the agency has already requested. This consent will end one year from the date I sign it. Minnesota Data Privacy Act (Minn. Statute, Ch. 13)

Parent Signature: _____ **Date:** _____

Signature of Spouse/Guardian/Authorized Representative: _____ **Date:** _____

Client must return form to the Boys and Girls Club: 345 30th Ave N St. Cloud MN 56303

The client listed above: Has completed a Child Care Assistance Application as of ____/____/____
(And) Has been approved: Effective ____/____/____

Co-payment Amount: \$ _____

- Has been denied for the following reasons _____
- Is in process _____
- Is pending for the following reasons _____
- Has contacted this office to request an Application _____
- Has not contacted this office as of ____/____/____

Additional Comments:

County Worker Signature: _____

Date: _____