

## **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.**

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

### **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.**

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

**\*Processing 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:**

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**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

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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

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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: \_\_\_\_\_