

Wright County BSF Child Care Waiting List Eligibility Screening

THIS IS NOT AN APPLICATION and we are not currently opening up the waiting list at this time. When this form is returned and eligibility has been determined, you will be notified by mail. The information you submit will remain confidential and will only be used to determine your eligibility. Please return the complete form to:

Wright County Human Services
10 2nd Street NW Room 300
Buffalo, MN 55313

Or send as an email attachment to: gina.flanigan@co.wright.mn.us

Name of Parent/Person Requesting for Child Care Assistance: _____

Address: _____ Age: _____

City: _____ SSN: _____

State: _____ ZIP: _____ Telephone #: _____

County: _____ Work #: _____

Are you currently getting Child Care Assistance in another county? Yes, What County? _____ No

Family Status: Married Divorced Single Separated Widow/er

Family Size: Number of adults: _____ Number of children under age 18: _____

Are you pregnant?: Yes No

Need Child Care for: *Work Finish High School /GED Attend Post-Secondary School

*(must average 20 hours per week)

Household Income: Hourly Wage # Hours Week Tips/Overtime/Week

Your Income: \$ _____ \$ _____ \$ _____

Spouse's or if not married, Father or Mother of Child \$ _____ \$ _____ \$ _____

Other Income: Amount: \$ _____ Source: _____

Child Support: Yes No Month Amount \$ _____ Total for last 6 months : \$ _____

Allowed Deductions:

Medical Premiums: _____ How often paid: _____

Dental Premiums: _____ How often paid: _____

Child Support you pay for a child not living with you: \$ _____ How often paid: _____

If you are currently MFIP, did you get MFIP during the last 12 months? Yes No

If Yes, what month did you last get MFIP? Month: _____ Year: _____

Do you currently receive Food Support and/or Medical Assistance? Yes No

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Name/s of Child/ren needing Child Care:

Date of Birth:

Relationship to you

(Last, First)

(Last, First)

(Last, First)

(Last, First)

(Last, First)

Name all the other adults (18 or older) in your household:

Relationship
To You

Relationship
To Your
Children

Relationship to The
Other Children In
Your Household

Child's
Age

(Last, First)

(Last, First)

(Last, First)

(Last, First)

NOTE:

Please do not call to check your status on the waiting list. You will be notified by mail when your name comes to the top of the list. An application will be sent to you as well. If you have questions regarding this form, please contact:

Gina Flanigan – Telephone # 763-684-2310 Fax # 763-682-8920

Signature (Parent 1): _____

Date: _____

Signature (Parent 2): _____

Date: _____

Worker's Comments: _____