

Child Care Application Check List

It is the responsibility and requirement as the applicant to provide all required documentation with this application and complete all areas of the application. If the application is incomplete or missing documentation the approval process will be delayed.

Application Requirements:

- _____ Tribal ID/Enrollment Verification
- _____ Work Schedules For Adults
- _____ All Household Income for the last 30 days (paystubs, award letters, etc.)
- _____ Residency Verification (mail postmarked within last 30 days, ex: utility bill, lease)
- _____ Verification of Legal/Temporary Custody (if applicable)
- _____ Application must be completed in full, signed, and dated.

2640 West Point Rd •
Green Bay, WI 54304
Mailing: PO Box 365 •
Oneida, WI 54155
Telephone: (920) 490-3939 • Fax:
(920) 490-6803



ONEIDA

ECONOMIC SUPPORT SERVICES

Child Care Application Request

How would you like your interview scheduled? (check one): In Person Phone

Are you currently working: Yes No If yes, How many hours per week: _____

Are you currently enrolled in higher education: Yes No

If yes, what College: _____

*****Please provide all household income received in last 30 days*****

HOUSEHOLD INFORMATION

List **EVERYONE** including yourself living in the household i.e. spouse, significant other, and relative.

FULL NAME	D.O.B.	SOC. SEC #	RELATIONSHIP	TYPE OF INCOME	AMOUNT	HOW OFTEN RECEIVED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Signature: _____ Date: _____

Office use only:

Caseworker: _____

Appointment Date: _____ Appointment Time: _____

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education

Bureau of Child Care Subsidy

Administration

Wisconsin Shares Child Care Registration

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Your Wisconsin Shares Child Care application date is set on the date the agency listed below receives this Registration form with your name, address, and signature, **or** on the date that you complete an intake interview, whichever ever comes first. You can also set your application date and begin the Wisconsin Shares Child Care application process on line at <https://access.wisconsin.gov/>

It is important to set your application date as soon as you can. If you are found eligible for child care assistance, child care expenses may be covered back to the date that the agency received this Registration form. Please be aware that there may be other conditions that must be met under Wisconsin Shares policy that may delay your authorization start date.

The entire application process including the intake interview must occur before you can receive child care assistance. When you have completed each of the eligibility steps, you will receive a written notice within 30 calendar days informing you whether you are eligible for Wisconsin Shares Child Care assistance.

How to use this Registration form

1. Use blue or black ink.
2. Do not write in shaded areas.
3. If you need help filling out this Registration form, contact the local agency listed below. If you need it translated to another language or if you have a disability and need this application in an alternate format contact the local agency listed below.
4. Homeless persons are not required to verify a home address.

Local Agency Information		
Name – Agency	Telephone Number – Agency	Date this completed form is received at the local agency
Address – Agency (Street, City, Zip Code)		RFA / Case Number

I understand that by applying for child care, I am applying for child support services under the state title IV-D program and that I must cooperate with the child support agency by providing information that affects my case and by keeping appointments with the agency. Additional information regarding child support applications can be found at: <https://dcf.wisconsin.gov/cs/apply>.

Registration

Name – Applicant		Telephone Number – Applicant (Home)	
Home Address – Applicant (Street)	City	State	Zip Code
Social Security Number* – Applicant	Gender (check one box) Male Female	Birthdate – Applicant (mm/dd/yyyy)	
SIGNATURE – Applicant		Date Signed	

* It is voluntary to provide your own (parent or person taking the place of a parent) SSN. SSNs and other personally identifiable information will be used only for the direct administration of this program. You will be asked to provide proof of your age, identity of all household members, your household income, and the citizenship status of the children for whom you are requesting Wisconsin Shares Child Care assistance. During the intake process, you will be required to provide the child's Social Security Number (SSN) or prove that it has been applied for.

GOOD CAUSE NOTICE

Personal information you provide may be used for secondary purposes [Privacy Law, S. 15.04(1)(m), Wisconsin Statutes.]

To receive Wisconsin Works (W-2) services, Child Care Assistance (CC), Caretaker Supplement (CTS), BadgerCare Plus (BC+) or Medicaid, you are required by law to cooperate with the W-2, county or tribal human/social services and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and any child for whom you want W-2, CC, CTS, BC+ or Medicaid. Any parent in a W-2 household must cooperate to receive W-2 or CC services. The eligibility of children and pregnant women for Medicaid is not affected if you fail to cooperate.

Cooperation means that you may have to do one or more of the following:

1. Name the parent of any child included in your application for W-2, CC, CTS, BC+ or Medicaid and give information to help find that parent.
 2. Help to legally identify the father of any child for whom W-2, CC, CTS, BC+ or Medicaid is requested or received.
 3. Help to obtain money or property owed to you or the child(ren) who receive W-2, CC, CTS, BC+ or Medicaid.
 4. Attend required court hearings and agency appointments, including appointments for genetic testing.
 5. Report to your worker or child support agency any court ordered child support paid directly to you by the absent parent.
 6. Identify and provide information to help the State pursue any third party who may be liable to pay for medical care and services.
3. Your cooperation with the child support agency would make it more difficult for you to escape domestic abuse or risk further domestic abuse;
 4. Your child was born as a result of incest or sexual assault;
 5. A petition for the adoption of your child has been filed with a court; or
 6. You are working with an agency which is helping you to decide whether you will place your child up for adoption.

If you want to claim "good cause" for not cooperating with the child support agency, tell your worker. You will be given a claim form which explains how to claim "good cause." You may also ask for the claim form to help you decide whether or not to claim "good cause" for not cooperating. The claim may be requested or submitted at anytime.

Your cooperation is important because it may help you and your child(ren):

1. Find the absent parent.
2. Legally establish the identity of your child's father.
3. Become eligible for Social Security, Veterans or other government benefits in the future.
4. Receive adequate child or medical support payments or both to end your need for W-2, CC, CTS, BC+ or Medicaid.

If your claim of "good cause" for not cooperating with the Child Support agency is denied by the W-2, county or tribal human/social services agency, you will not be eligible for W-2 services, CC, CTS, BC+ or Medicaid unless you begin to cooperate. If you are receiving BC+ or Medicaid your child(ren) may still be eligible. The W-2, county or tribal human/social services and Child Support agencies will continue in the effort to obtain any financial and medical support for the child(ren) who are covered by Medicaid.

You may have a good reason for not cooperating. The following are circumstances under which the Wisconsin Works (W-2), county or tribal human/social services agency may find that you have "good cause" for not cooperating:

1. Your cooperation could result in physical and/or emotional harm to your child, including child kidnapping;
2. Your cooperation could result in physical and/or emotional harm to you, including domestic abuse;

If you are receiving W-2 services and you do not agree with the "good cause" claim decision, you may request a Fact Finding Review by writing your worker or W-2 agency within 45 days of the decision date.

If you are receiving BC+, Medicaid, CTS or CC, and you do not agree with the "good cause" claim decision, you may request a Fair Hearing by writing to the Department of Administration, Division of Hearings and Appeals within 45 days of the decision date.

I have read and understand this notice explaining my right to claim "good cause" for declining to cooperate.

Participant Signature or Telephonic Signature Interaction ID	Date Signed
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FOR OFFICE USE ONLY – I have given the participant a copy of this notice.		
Worker Signature	Agency	Date Signed

Re: 42 CFR 433.147; and
Wis. Stats.49.151, 49.155 (1m)(b), 49.124 and 49.775

Original: Agency

Copy: Participant