

Nicollet County CARES Act Child Care Funding Application

You may be eligible to receive financial assistance for child care expenses incurred at a licensed or legal non-licensed center, in-home provider or after school program with a valid FEIN or self-employed social security number from Nicollet County if you have experienced any one of the following events as a direct result of COVID-19:

- Furlough, reduction of hours or loss of wages
- Had to stop working to act as a primary caregiver
- Need assistance paying for child care to return to work

Please complete and sign this application and attach all required supporting documentation in order to request financial assistance for child care. Turning in an application does not guarantee approval of financial assistance. You will be notified if you are approved or denied. This program runs from August 15th 2020-November 15th 2020, or until funds are depleted, whichever comes first. The maximum award is \$600.00 per child, not to exceed \$1,800.00 per assistance unit.

PLEASE FILL OUT AND SUBMIT THIS FORM, ALONG WITH ALL SUPPORTING DOCUMENTS DIRECTLY TO: NICOLLET COUNTY HEALTH & HUMAN SERVICES, 622 South Front Street, St. Peter MN 56082 Fax: 507.934.8552

I. Parent/Primary Caregiver Information: Please list both parents/caregivers if applicable

Parent/Caregiver Legal Name: _____
FIRST MIDDLE LAST

Social Security Number: _____ DOB: _____

Parent/Caregiver Legal Name: _____
FIRST MIDDLE LAST

Social Security Number: _____ DOB: _____

Residential Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

LEAVE BLANK IF SAME AS RESIDENTIAL ADDRESS

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

II. Child(ren) Information: Please list additional children on a separate piece of paper

Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Legal Name: _____ DOB: _____
FIRST MIDDLE LAST

Is there a court ordered child care reimbursement from a non-custodial parent for the child(ren) listed on this application?

YES NO **Answering yes or no does not disqualify you from receiving funding**

Do you currently receive child care assistance for the child(ren) listed on this application?

YES NO **Answering yes or no does not disqualify you from receiving funding**

III. I declare that: *Please check the box below*

- I, _____ have been furloughed as a result of COVID-19
Employer Name: _____
Date of furlough: _____
- I, _____ have had a reduction of hours or loss of wages as a result of COVID-19
Employer Name: _____
Date of reduction or loss: _____
- I, _____ have had to stop working to act as a primary caregiver as a result of COVID-19
Employer Name: _____
Date stopped: _____
- I, _____ need assistance paying for child care to return to work as a result of COVID-19
Employer Name: _____
Start date of employment: _____
- Other
Please specify:

IV. Award Requested: *Maximum award per assistance unit is \$600.00 per child, not to exceed \$1,800.00*

I am requesting the following award amount for upcoming child care needs \$ _____
*****If you are approved for funding, additional information will be requested*****

V: Child Care Provider Information:

Center, In-home Provider, or After School Program Name: _____

DBA: *If not the same as above* _____

Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

FEIN or Employer ID: _____ Phone: _____

I certify that the information provided above is true and accurate

Signature of Parent: _____ Date: _____

*****Please provide proof of need for funding such as: proof of unemployment registration, furlough notice from your employer, notice of being laid off by employer or documentation of decreased hours and/or wages. Proof of citizenship or immigration status also required. Additional documentation may be requested*****

