



Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Previous/Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Number of Persons Dependent upon Family Income for Support: \_\_\_\_\_

### Children Eligible for Child Care:

Please provide information for each child enrolled in child care program:

Child's Name	Child's Age	Typical dates & times child care is used:

Please provide the information requested about your child care program/provider where your children are enrolled. To qualify, child care program must be state licensed or county certified & a participant in the YoungStar Program.

Name	Address	Phone Number

As of today, what is your current past due balance with your child care provider: \_\_\_\_\_

Have you applied for Wisconsin Shares Child Care Assistance? ☐ No ☐ Yes

Are you currently receiving Wisconsin Shares? ☐ No ☐ Yes

If you were denied for Wisconsin Shares, please tell us why: \_\_\_\_\_



### Income in Your Family –

To qualify for this program, a family's income must fall within 185-300% Federal Poverty Level (FPL). This chart lists the income range by family size that your family must fall within.

Please list all income listed below & attached proof of wages/income along with this application for the previous 30 days.

This may include paystubs, unemployment, child support, social security or disability benefit letters, etc. You may also include a letter or proof of denial of Wisconsin Shares benefits.

Family Size	Monthly Income	Annual Income
2	\$2,658-4,310	\$31,894-51,720
3	\$3,349-5,430	\$40,182-65,160
4	\$4,039-6,550	\$48,470-78,600
5	\$4,730-7,670	\$56,758-92,040
6	\$5,421-8,790	\$65,046-105,480
7	\$6,111-9,910	\$73,334-118,920
8	\$6,802-11,030	\$81,622-132,360
9	\$7,493-12,150	\$89,910-145,800
10	\$8,183-13,270	\$98,198-159,240

Name	Employer Name & Address	Monthly Earned Income	Monthly Unearned Income	Other Monthly Income

Please provide a brief, but detailed story describing your current situation and reasons why your struggling to pay for child care (these stories are shared anonymously with our funders to help show the need for this program). Thank you

I understand that the statements made in this application must be and are to the best of my knowledge, true and correct. I also understand these statements will be verified.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return application and supporting documents to: Child Care Partnership  
418 Wisconsin Street  
Eau Claire, WI 54703

**The Child Care Bridge Fund is funded by United Way of the Greater Chippewa Valley  
& through Anonymous Donors**

A representative from Child Care Partnership will be contacting you for a short follow-up survey.

#### For Office Use Only:

☐ Approved    ☐ Denied Reason: \_\_\_\_\_