

## 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, which 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)	
<b>SIGNATURE</b> – 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.