

Child Care Application for Migrant Farmworker Families

This form is to be used to document Migrant Farmworker Child Care Application and eligibility information. Applicants will be required to complete the eligibility process by signing this form. If the family does not understand written English the document must be provided to the family in a language of their preference.

How to use this form

1. Use blue or black ink.
2. If you need to add additional information you may attach additional pages.

Personal information you provide may be shared with others only for the purpose(s) of administration of public assistance programs [Wis. Statutes. s. 49.83] (Department of Children and Families Staff)

Section 1: Agency Information

Agency Name UMOS	Agency Telephone Number (920) 966-1113	Date of Application
Agency Address (Street, City, State, Zip)		

Section 2: Applicant Information

Applicant Name (Print)	Applicant Home Telephone Number	Applicant Work Telephone (or message telephone)
Applicant Current Address (Street, City, State, Zip)		
Applicant Permanent Address (if different)		Primary language spoken in your home
Child Plus ID #		

Section 3: Household Information

List the names of ALL persons living in the household (start with the Applicant) Name (Last, First)	Are you applying for Child Care assistance for this person?	Child's Social Security Number ¹ (required only for Children)	Date of Birth	Gender M – Male F – Female	Marital Status	US Citizenship or Qualifying Alien (only children needing child care)	Ethnicity ² (optional)	Race ³ (optional)	Relationship to Applicant (spouse, son, daughter, niece, cousin, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			

¹ The provision of your child's social security number (SSN) is mandatory per Wisconsin Statute 49.82 (2). The SSN will be used for the direct administration of this program.

² For Ethnicity, if you are Hispanic or Latino write it in the space provided, otherwise leave it blank.

³ For Race, enter any of the following that apply: Asian, Black or African American, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, White, or Other.

Section 4: Nonfinancial Information

Are you the parent of a child(ren) under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you share custody of your children with an absent parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you age 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a foster parent of the children for whom you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Migrant Farmworker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you caring for a relative's child (Kinship)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child(ren) live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How long do you intend to live in Wisconsin?			

Section 5: Financial Information

Part 1: Current Earned Income.

Does anyone in your household currently receive income from a job? Yes No - If no, skip to part 2

Household Member	Employer	How often are you paid? (weekly, biweekly, monthly, twice monthly)	Hourly Wage or Salary
			Start Date / End Date
Job Title	Employer Address (City, State, Zip)	Hours Per Week	Employment Verification <input type="checkbox"/> Taxes <input type="checkbox"/> Paystubs <input type="checkbox"/> Employment Contract
Household Member	Employer	How often are you paid? (weekly, biweekly, monthly, twice monthly)	Hourly Wage or Salary
			Start Date / End Date
Job Title	Employer Address (City, State, Zip)	Hours Per Week	Employment Verification <input type="checkbox"/> Taxes <input type="checkbox"/> Paystubs <input type="checkbox"/> Employment Contract
Household Member	Employer	How often are you paid? (weekly, biweekly, monthly, twice monthly)	Hourly Wage or Salary
			Start Date / End Date
Job Title	Employer Address (City, State, Zip)	Hours Per Week	Employment Verification <input type="checkbox"/> Taxes <input type="checkbox"/> Paystubs <input type="checkbox"/> Employment Contract

Part 2: Income received in the prior 12 months.

Complete this section if the prior 12 months gross income will be used to determine child care eligibility.

Household Member	Employer	Gross income earned in prior 12 months	Employment Start Date
			Employment End Date
Job Title	Employer Address (City, State, Zip)		Employment Verification <input type="checkbox"/> Taxes <input type="checkbox"/> Paystubs <input type="checkbox"/> Employment Contract
Household Member	Employer	Gross income earned in prior 12 months	Employment Start Date
			Employment End Date
Job Title	Employer Address (City, State, Zip)		Employment Verification <input type="checkbox"/> Taxes <input type="checkbox"/> Paystubs <input type="checkbox"/> Employment Contract
Household Member	Employer	Gross income earned in prior 12 months	Employment Start Date
			Employment End Date
Job Title	Employer Address (City, State, Zip)		Employment Verification <input type="checkbox"/> Taxes <input type="checkbox"/> Paystubs <input type="checkbox"/> Employment Contract

Total Gross Income Earned

Part 3: Unearned Income.

Does anyone receive income, such as child support, SSI, retirement or other unearned income? Yes No - if no skip to section 7

Type of Income	Who receives it?	Gross Monthly Amount	Expected to Continue?	Type of Income	Who receives it?	Gross Monthly Amount	Expected to Continue?
Supplemental Security Income (SSI)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation Benefits		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability Income (SSDI)	Applicant 1	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Compensation	Applicant 1	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicant 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Alimony/maintenance		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans Benefits		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Unearned Income		\$				\$	
Total Family Income (Earned Income + Unearned Income)		\$					

Financial Eligibility Determination

Total Income Over Past 12 Months	\$	Eligible for Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Size			
Income % of FPL	%	Copayment Amount	\$

Section 6: Parent Work Schedule

Parent Name:			Approved Activity:			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Parent Name:			Approved Activity:			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Section 7: Days and Times that Child Care is Needed

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Is Child Care Available During this Time?

<input type="checkbox"/> Yes <input type="checkbox"/> No						
Child Plus ID	_____	Family Name	_____	Change Effective Date	___/___/___	

Section 8: Shared Placement Schedule (if applicable)

Which days of the week does this applicant have placement of the children for whom child care assistance is needed?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Parent Responsibilities

You may be responsible for child care costs that are not paid through the subsidy payment including:

- Costs not included in the child care price such as transportation, meals, registration fees, art supplies, diapers, etc.
- The difference between the subsidy payment and the provider's price.

You must inform your UMOS worker immediately if there is a change in your child care needs, including:

- Changes in the number of work hours or work training hours you are involved in which changes your need for child care.
- Your child is no longer attending the child care provider shown above.
- You plan to change child care providers.
- Changes in your income.
- Changes in your home address.
- Changes in your marital status (marriage or divorce).
- Changes in any shared placement schedule for a child.

Overpayments, Recoupments and Sanctions

- You could be referred for a fraud investigation and may be required to repay any overpayment if the information you provided is not accurate or if your changes are not reported timely.
- If you fail to report a change and it results in a child care overpayment to your provider, you may be required to repay the overpayment to Wisconsin Shares (UMOS).
- If you discontinue the activity for which you receive child care subsidy but continue to take your child to child care, you may be required to pay back the Wisconsin Shares (UMOS) overpayments.
- If you use child care for activities other than the activity for which the subsidy payment is intended, you are responsible to pay for those hours of child care on your own.
- Using child care subsidy when you are not in the activity for which the subsidy payment is intended could result in a referral for fraud investigation and/or an overpayment.

Department of Children and Families

Division of Early Care and Education

- If you commit an intentional program violation it will result in your family being suspended from the Wisconsin Shares program for the following length of time:
 - Violation #1: six (6) months.
 - Violation #2: twelve (12) months.
 - Violation #3: permanent suspension from the Wisconsin Shares (UMOS) program.
- Under DCF 101.23, you may be responsible to repay overpayments caused by an agency error. For example: If the agency did not accurately update your case information or the agency authorized payments for hours that you are not eligible for.

By signing this application you certify that all the information above is true and correct. Knowingly providing false or misleading information may result in the loss of child care benefits and overpayment recoupment.

Applicant Signature	Date
Agency Worker Signature	Date