



## Things that must be included with your Kidstop application

### Income Items:

\_\_\_\_\_ Pay Stubs for the last thirty days of income for yourself and spouse/child's father (if applicable).

OR

\_\_\_\_\_ If you have a NEW job, a letter from your employer confirming employment. This should include the following: Your Name, Hire Date, Hours per Day, Rate of Pay, and Number of Days per Week

**and/or**

\_\_\_\_\_ Documentation of any other type of income. (Child Support, Social Security, Pension, and/or Unemployment).

### Child Support:

\_\_\_\_\_ If you are receiving child support or should be receiving child support, please bring a printout from the Clerk of the Court. You may request this at the Porter County Courthouse for a \$1.00/pg. fee.

### Educational Program:

\_\_\_\_\_ If you are attending school, please bring a copy of your school schedule along with a paid receipt showing enrollment. A letter from your school administration printed on their letterhead is acceptable.

**Please make sure all blanks are filled in and you have signed the second page of the Fee Assisted Application. This will speed up the Process. The Process for approval can take up to ten business days. Thank you.**

If you have any questions, please contact Jennifer Hedger (219) 464-7282 Ext. 241 or [jhedger@bgcgreaterwi.org](mailto:jhedger@bgcgreaterwi.org)

# Kidstop Fee Assisted Application



Office Use only: Date Received: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

School Child(ren) Attends: \_\_\_\_\_

Name of Applicant: (Parent or Guardian) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Member Live With: \_\_\_\_\_ Two Parents, \_\_\_\_\_ Mother Only, \_\_\_\_\_ Father Only, \_\_\_\_\_ Grandparents, \_\_\_\_\_ Guardian, \_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Other: \_\_\_\_\_

**Family Members:** Complete this section for yourself and ALL FAMILY MEMBERS living in your household. Be sure to complete ALL Information. (Only list children under 18 years old)

Last Name	First	M.I.	Date of Birth	Gender	Free or Reduced Lunch	Relationship to Applicant	Social Security Number	*Adult Service Need code?	Codes:
				M / F	Y / N	Self			<u>* Service Need Code:</u> 1. Employment/On the Job Training 2. Education 3. Both 1 & 2 4. Child Protection Services 5. Other: (New Job)
				M / F	Y / N				
				M / F	Y / N				
				M / F	Y / N				
				M / F	Y / N				
				M / F	Y / N				
				M / F	Y / N				

**Family Income and Size:** List the income received by family members living in your household.

Name of Person Receiving Money	Monthly Gross Income - Before Taxes	***Income Source Code?	*** Income Source Codes
			1. Wages/Employment 2. TANF 6. SSI or Other Federal Cash Program 7. Pension 8. Unemployment 9. Child Support 10. Other (Interest, trust, etc.)
			<u>Does Not Count in Total Family Income:</u> 3. Other State Funding/TANF MOE 4. Housing Voucher/Cash Assistance 5. Food Stamps

# Kidstop Fee Assisted Application

**Children needing Service:** Please fill in the names of the children you need care for, the number of days per week, and the number of hours per day you will need care.

Child's Name:	Days per Week	Hours per Day

**I Understand:** (Please initial the following statements even if they do not pertain to you. You are initialing that you have read the statements below.)

\_\_\_\_\_ I hereby certify that all the above information, provided by me, is true and correct to the best of my knowledge.

\_\_\_\_\_ I may be requested to verify these statements, and give my consent to the agency from where I am requesting services to make any necessary contacts to verify any statements.

\_\_\_\_\_ I have the right to treatment that is fair and does not discriminate. I will not be treated differently because of color, race, national origin, religion, sex, age, political beliefs, marital status, or because of a physical, mental, or emotional condition.

\_\_\_\_\_ I must report changes to Kidstop within ten (10) calendar days.

\_\_\_\_\_ The information I have given is private and cannot be seen by the public.

\_\_\_\_\_ This program is not an entitlement and therefore, I may be placed on a waiting list.

\_\_\_\_\_ Failure to pay any child care co-pay could result in my family being terminated from this funding assistance.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

# A Word about Fraud

Kidstop does not want to see its fee assisted recipient's penalized for fraudulent activity. Many of our past offenders say they did not realize they were committing fraud. We do not want this to happen to anyone.

Please be aware that changes in household size, household income, or job status must be reported to the Boys & Girls Club Kidstop Program (219) 464-7282 Ext. 241 immediately. If any of the above changes are not reported within ten days you risk termination from the program for a minimum of 30 days.

The changes include, but are not limited to the following:

- \*Maternity Leave
- \*Sick Leave
- \*Loss of Employment
- \*Change of Employment
- \*Dropping or Adding a School Course
- \*Decrease or Increase in Income  
(Wages, Child Support, and Social Security Income)

Childcare should only take place while you are working or going to school. For Example, if you work from 10:00 a.m. to 5:00 p.m., your child(ren) should only be at the Kidstop for that period.

If you used assistance for which you were not eligible, you will have to pay back the full amount.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_