



# Fee Assistance Application

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Please read through the application carefully and be sure to submit all information. Missing information may delay the application process. Filling out an application does not guarantee a reduced payment fee.

**Your application must include the following items:**

**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 income. (Child support, social security, pension, and/or unemployment).

\_\_\_\_\_ CCDF (Child Care and Development Fund) Voucher approved paperwork.

**Child Support:**

\_\_\_\_\_ If you are receiving child support or should be receiving child support, please bring a print out from the Clerk of the Court. You may request this at the Porter/Lake County Courthouse for \$1/page fee.

**Education 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 Assistance Application. This will speed up the process. The process for approval can take up to ten business days. Thank you.

For questions, please contact Tanisha Kidd at [assistance@bgcgreaterwi.org](mailto:assistance@bgcgreaterwi.org) or 219.764.2582 x 412.

Valparaiso Club and Kidstop assistance, contact Jennifer Hedger at [jhedger@bgcgreaterwi.org](mailto:jhedger@bgcgreaterwi.org) or 219.462.2182 x 241.



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**Office Use Only:** Date Received: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

**Club/Kidstop Site Attending:** \_\_\_\_\_

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

**Family Members:** Complete this section for yourself and ALL FAMILY MEMBERS living in your household. Be sure to complete ALL information.

Last Name, First Name	Date of Birth	Gender	Relationship to Applicant	*Adult Service Need	*Adult Service Codes:
					1. Employment 2. Education 3. Both 1 & 2 4. Child Protection Services 5. Other (New Job)

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

Name of Earner	Monthly Gross Income - Before Taxes	Income Source Code	*Income Source Codes:
			1. Wages/Employment 2. TANF 3. SSI or Other Federal Cash Program 4. Pension 5. Unemployment 6. Child Support 7. Other (Interest, Trust, etc.)



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

Child's Name	Day 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 contact 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 my Club within ten (10) calendar days.

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

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

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

Please Type/Print Name: \_\_\_\_\_