



**Beltrami County Workforce Impact**  
**616 America Ave NW Suite 220 Bemidji, MN 56601**  
**Phone: 218-333-8200 | Fax: 218-333-4150**

Applicant's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

***Child Care policy requires our agency to receive verifications from you to complete the processing of your application.***  
***Please provide the following verifications below:***

- ☐ Identity of all CCAP family members. (Verification includes, but is not limited to driver's license, state ID card, passport, school ID card, birth certificate, or tribal document.) \_\_\_\_\_
- ☐ Relationship of minor child(ren) to the parent, stepparent, legal guardian, eligible relative caretaker, or the spouses of any of these listed persons. (Verification includes, but is not limited to birth certificate, adoption record, legal guardianship statement, baptismal record, tax records, tribal document, or marriage certificate to verify stepparent relationship.) \_\_\_\_\_
- ☐ Citizenship or immigration status for at least one child or verification that at least one child is attending care in a setting subject to public education standards. (Verification includes, but is not limited to: birth certificate, permanent resident card, passport, or visa.) \_\_\_\_\_
- ☐ Social security numbers for all CCAP family members. \_\_\_\_\_
- ☐ Residence. (Verification includes, but is not limited to driver's license, state ID card, utility bill, mortgage document, current lease, any form of mail provided by the client.) \_\_\_\_\_
- ☐ Income for the last 30 days and income deductions. (Deduction example: health & dental.) \_\_\_\_\_
- ☐ Child support payments made to person(s) inside /outside the household for the last 30 days. (If payment amounts differ, include up to the last 6 months.) \_\_\_\_\_
- ☐ Child Support Packet. (DHS3163B and DS2338 are both included and required.) \_\_\_\_\_
- ☐ Authorized activity of Parentally Responsible Individuals. \_\_\_\_\_
- ☐ Proof of work schedule from employer that includes start and end times for each day worked. \_\_\_\_\_
- ☐ Verification of school schedule that includes start and end times for each class per day. \_\_\_\_\_
- ☐ Education Plan and School satisfactory Progress Forms. (Both forms are included and required.) \_\_\_\_\_
- ☐ School schedule information for every child who needs childcare and attends school. \_\_\_\_\_
- ☐ Legally Unlicensed Childcare Provider Registration Form and Parent Acknowledgement when Choosing a Legal Non-Licensed Provider Form. (Both forms are included and required.) \_\_\_\_\_
- ☐ MFIP/DWP Employment Plan. \_\_\_\_\_
- ☐ Childcare Providers name and start date, if established. \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**PROVIDE THIS INFORMATION BY \_\_\_\_\_**

**OR YOUR APPLICATION FOR CHILD CARE ASSISTANCE WILL BE DENIED.**

**YOUR CASE WORKER \_\_\_\_\_ CAN BE REACHED AT \_\_\_\_\_.**