



2588140 BLF023

Beltrami County Health and Human Services

Workforce Impact

616 America Ave N.W. Suite 220 Bemidji, MN 56601-3802

Phone: 218-333-8200 | Fax: 218-333-4150

CCAP Student Assessment
(to be completed by a school official)

Case Number: _____ Date: _____

Participant's Name: _____

Address: _____

Telephone Number: _____

School Attending: _____

Name of Program: _____

Length of Program: _____ Graduation Date _____

Please attach a copy of the most current class schedule

Is the student is making satisfactory progress? _____ Yes _____ No

Has the student remained in good standing with the educational institution? _____ Yes _____ No

Comments: _____

Will the student be receiving any funding or assistance to help pay for child care costs during the school year through this institution? _____ Yes _____ No

If so, please attach a copy of the grant amount.

The purpose of this information is to help determine continued eligibility for the Child Care Assistance Program.

Signature and Title of School Official

Date

Please return this form with all supporting documentation within 15 days to Beltrami County

"This Institution is an Equal Opportunity Provider"



Rev. 02/2024