

Minnesota Family Investment Program (MFIP) and Child Care Assistance Program (CCAP) Verification of Benefits

This form is used by county and tribal social service staff and other agency staff to verify Minnesota Family Investment Program (MFIP) and/or Child Care Assistance Program (CCAP) participation for students applying for the Postsecondary Child Care Grant.

Student Name: _____ **Birthdate** _____

Case Number (if known): _____

Release of Information/Consent: I have applied for the Postsecondary Child Care Grant and give permission to _____ (county name) to release information to _____ (school name) about receipt of benefits.

Student Signature: _____ **Date** _____

1. Is student on the Minnesota Family Investment Program (MFIP)?

(Please check what type of assistance the student is currently receiving – check only one)

- | | |
|---|--|
| <input type="checkbox"/> MFIP (Cash) | <input type="checkbox"/> Diversionary Work Program (DWP) |
| <input type="checkbox"/> MFIP Child-Only Grant (FS/Medical) | <input type="checkbox"/> Not receiving MFIP or DWP |

2. Is student currently receiving benefits through the Child Care Assistance Program (CCAP)?

(If yes, please attach a CCAP Notice of Decision or current Service Authorization)

- Yes No

If yes, which type of child care assistance is the student currently receiving?

- MFIP Child Care
- Basic Sliding Fee Child Care
- Transition Year/Transition Year Extension Child Care

3. If no person is identified to match this request, please check:

Print Name _____ **Title** _____

Agency _____ **Phone** _____

Authorized Signature _____ **Date** _____

Please return completed form to:

School Name _____ Contact Person _____

Address _____

Email _____

Fax _____ Phone _____