



APPLYING FOR FINANCIAL AID

Edina KIDS Club offers a temporary financial aid program for qualifying families in need of assistance to pay for child care fees (up to a child's 13th birthday). All of the financial aid available to eligible families has been contributed by other KIDS Club families and supportive community members. The amount of aid available is limited and is intended to serve as temporary assistance until a family can get assistance from the State or County.

TO QUALIFY, YOU MUST BE:

- **working a minimum of 20 hours/week or attending school full-time and working a minimum of 10 hours/week**
- **have your name on a MN County Childcare Assistance Wait List**

If you are unemployed, some financial aid may be available for a limited time while searching for employment. To be considered for aid due to unemployment, a written letter explaining your situation in detail must be submitted with your application. Our financial aid program strictly follows the guidelines required to qualify for county childcare assistance.

For more information on applying for child care subsidy through **Hennepin** County, call: 612-348-5937. Basic information about child care assistance programs is also available on the Hennepin County Child Care website: <http://www.hennepin.us/residents/human-services/child-care-assistance>

ELIGIBILITY GUIDELINES

- Financial aid is only available if you are working or going to school. If unemployed, financial aid is only available on a limited basis for job search activities if you write a letter explaining your situation.
- Financial Assistance is granted for a six month period. You may reapply for financial aid if you remain on a County Child Care Assistance Wait List.
- Our financial aid program is available while you are on a county waiting List one time (cannot go on and off the wait list). We realize that the waiting list is many months long and you can continue to receive aid while you are on the list as long as you remain eligible. If you do not return your county's application to receive child care assistance when your name reaches the top of the waiting list, you will be ineligible for our financial aid program because our funds are limited. Be sure to notify your county if you move or they will not forward their application materials.
- If you need to continue receiving assistance, you must reapply before the end of the six month period.
- Financial assistance cannot be granted retroactively.
- Please inform the Edina KIDS Club office immediately of any change in your employment status, child support, or child care costs.

APPLICATION REQUIREMENTS - CHECK LIST

Information provided in the financial aid application will be kept confidential. In order to fairly assess a family's eligibility, **all information requested below must be complete or your application will be returned unprocessed.**

1. Complete the attached Application for Child Care Financial Aid. Include all information requested.

2. Attach verification of:
 - a. Proof that you are on a MN County Childcare Assistance Waitlist (usually your County will send you a confirmation form letter that you are on their wait list for subsidy)

 - b. Gross (before taxes) Income from ALL members of your household for TWO months (i.e. paycheck stubs, letter from employer)

 - c. Your most recent tax return

 - d. If you are a full-time student, attach your current class schedule which shows the hours of classes that is provided by the school or training program being attended.

 - e. Alimony, child support, or any additional supporting information

Submit the application and all documentation to:

Edina KIDS Club Office
Edina Community Center
5701 Normandale Road
Edina, MN 55424
FAX: 952.848.3977

Questions? 952.848.3947

APPLICATION FOR CHILD CARE FINANCIAL AID

EDINA KIDS CLUB

PERSONAL INFORMATION					
Applicant Name					
Home Address					
City, State, Zip					
Cell/Work Phone	C: ()	W: ()	H: ()		
Email Address					
LIST ALL PERSONS LIVING IN YOUR HOME (LAST NAME, FIRST NAME)	BIRTHDATE	RELATIONSHIP	GENDER	STUDENT	MARITAL STATUS*
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

*Marital Status Codes: S=Single, M=Married, LS=Legally Separated, MS=Married, Involuntary Separated, WD=Widowed, D=Divorced

NAME OF CHILD(REN)'S OTHER PARENT, IF NOT LIVING IN THE SAME HOUSEHOLD	
Name	
Home Address	
City, State, Zip	
Cell/Work Phone	C: () W: () H: ()

STATEMENT OF INCOME

Date you applied for a MN County Child Care Assistance Wait List: _

Complete the information below on income for ALL household members (including yourself) who are 14 years of age or older.

EMPLOYMENT/TRAINING	YOURSELF	SPOUSE	OTHER
Employed	Y N*	Y N*	Y N*
Hours worked per week			
Student/Training Program	Y N	Y N	Y N
Name of School/Training Program			
Description of Degree/Area of Study			
TYPE OF MONTHLY INCOME	YOURSELF (List Amount)	SPOUSE (List Amount)	OTHER (List Amount)
Gross (before taxes) Wage/Salary If paid hourly, pay per hour			
Child Support			
Social Security			
Unemployment Insurance			
Alimony (spousal maintenance)			
Other			
TOTAL MONTHLY HOUSEHOLD INCOME			

I understand and agree to the following:

- This application is for financial aid to pay for child care provided by Edina KIDS Club while **working or attending a training program**. If unemployed, I need to write a letter explaining the need for assistance. Aid will only be available during times I am actually performing work search tasks (i.e. interviewing).
- I am eligible to be subsidized for child care as long as I continually work and/or attend the training program and remain on a MN County Wait List.
- I must apply to my County for state sliding fee assistance (place name on waiting list).
- **This subsidy is for a six month period.**
- I may reapply after six months if I am still on the waiting list for the state sliding fee subsidy from the County.
- I must inform the Edina KIDS Club office of any changes in income or number of persons in my household.
- I must attach all documentation stated in the guidelines.
- I agree that if it becomes necessary for Edina KIDS Club to verify that my name remains on the county waiting list for child care assistance, that they may do so with my permission. I release the county and Edina KIDS Club from any liability brought about by this request for information.

I affirm that the statements I have made in this application are true and accurate.

Applicant's Signature

Date

FOR OFFICE USE ONLY

MONTHS OF COVERAGE	CO-PAY
	\$