



Minnesota Department of **Human Services**

Child Care Assistance Form

(To be completed in the county of residence by county staff)

This family has an adopted child who is on the Adoption Assistance Program.

This family is seeking child care funding in order to keep employment or to pursue an AA/BA/BS degree necessary to find employment. The Adoption Assistance Program requires the county social service agency to assess the family's eligibility under the child care fund as per Minn. Stat. 119B.09 and 119B.10 before seeking reimbursement under the Adoption Assistance Program. Complete the following information as appropriate to this family.

Check and complete the appropriate sections below

This family is eligible for the county child care program. The service will be provided by the county agency. The co-payment that this family will be required to pay is \$_____. The Adoption Assistance Program will reimburse the family the amount of their co-payment.

This family is eligible for the county child care program. There are insufficient funds at this time. The family will be put on a waiting list for future service. In the interim, this family will be reimbursed at the maximum rate paid under the child care fund by the Adoption Assistance Program. When the family is no longer on the waiting list notify the Adoption Unit at:

Permanency Support Unit
PO Box 64944
St. Paul, MN 55164-0944
Fax: 651 - 431-7627
Email: adoption.assistance@state.mn.us

This family is not eligible for the county child care program, as the family income is greater than the maximum allowed. The Adoption Assistance Program will reimburse parent(s) up to the maximum rate allowed under the child care fund.

This family is not eligible for the county child care program because _____

Child's name: _____	DOB: _____	Child's name: _____	DOB: _____
Child's name: _____	DOB: _____	Child's name: _____	DOB: _____

Name of county

Signature of county representative

Date