

Wisconsin Shares Child Care Interview

This form is to be used ONLY when CARES is not available for recording a Child Care Interactive Interview. Applicants will be required to complete the interview process by signing and completing the Application Summary page when it is available.

How to use this form

1. Use blue or black ink.
2. Do not write in shaded areas.
3. If you need help with this form, contact the local agency listed in Section 1 below. If you need this application in an alternative format, or need it translated to another language, contact the local agency listed in Section 1.

Personal information you provide may be shared with others only for the purpose(s) of administration of public assistance programs [Wis. Statutes. s. 49.83].

Section 1: Local Agency Information		
Name – Agency	Telephone Number – Agency	Date Received
Address – Agency (Street City, State, Zip Code)		Case Number

Section 2: Applicant Information			
Name – Applicant	Telephone Number – Applicant (Home)	Telephone Number (Work) (or message phone)	
Address – Applicant (Street)	City	State	Zip Code
Mailing Address (if different)	Primary language spoken in your home?	Check the box for the language you want notices printed: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other – Specify:	

Section 3: Household Information

List the names of all persons living in your household (start with yourself) Name (Last, First)	Are you applying for Child Care assistance for this person?	Child's social security number ¹ (required for children)	Date of Birth	Gender M – Male F – Female	Marital Status	US Citizenship or Qualifying Alien (of children for whom you are applying)	Ethnicity ² (optional)	Race ³ (optional)	Relationship to Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			

¹ The provision of your child's social security number (SSN) is mandatory per Wisconsin Statute 49.82 (2). The SSN will be used for the direct administration of this program.

² For Ethnicity, if you are Hispanic or Latino write it in the space provided, otherwise leave it blank.

³ For Race, enter any of the following that apply: Asian, Black or African American, American Indian, or Alaska Native, or Native Hawaiian, or Other Pacific Islander, White.

<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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Section 4: Nonfinancial Information

Are you the parent of a child(ren) under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you share custody of your children with an absent parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you age 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a foster parent of the children for whom you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a migrant worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you caring for a relative's child (Kinship)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to continue living in Wisconsin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Kinship placement court ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child(ren) live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving a Kinship Care payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Absent Parent Information

Yes No Do any children have a natural or adoptive parent who is not living in this home? If "No", skip to Section 6

Name – Absent Parent	SSN (if known)	Date of Birth	Name(s) – Children	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent Absence	Date of Absence	Date of Last Contact	Paternity Established <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name – Absent Parent	SSN (if known)	Date of Birth	Name(s) – Children	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent Absence	Date of Absence	Date of Last Contact	Paternity Established <input type="checkbox"/> Yes <input type="checkbox"/> No	



Name – Absent Parent	SSN (if known)	Date of Birth	Name(s) – Children	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father
Reason for Parent Absence		Date of Absence	Date of Last Contact	Paternity Established <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Financial Information

Part 1: Earned Income

Yes No Does anyone in your household receive income from a job? If “No”, skip to next question

Name – Household Member	Name – Employer	How often are you paid? (weekly, biweekly, monthly, twice monthly)	Wages
			Start Date
Job Title	Address – Employer (Street)		Hours per week
	City	State Zip Code	
Name – Household Member	Name – Employer	How often are you paid? (weekly, biweekly, monthly, twice monthly)	Wages
			Start Date
Job Title	Employer Address (Street)		Hours per week
	City	State	
Name – Household Member	Name – Employer	How often are you paid? (weekly, biweekly, monthly, twice monthly)	Wages
			Start Date
Job Title	Employer Address (Street)		Hours per week
	City	State	

Part 2: Unearned Income

Yes No Does anyone receive income, such as child support, SSI, retirement or other unearned income? If “No” skip to next question

Type of Income	Who Receives It?	Gross Monthly Amount	Expected to Continue?	Type of Income	Who Receives It?	Gross Monthly Amount	Expected to Continue?
Supplemental Security Income (SSI)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation Benefits		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability Income (SSDI)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Compensation		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans Benefits		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony/maintenance		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 7: Other Approved Activity

If you are not employed, you must be engaged in another activity during which you need child care. Below are other activities or combinations of activities. Check the box to indicate your activity.

High School (teen parents only)

Technical College and at least 20 hours of employment per month

GED, HSED, ABE, ESL, literacy training and at least 20 hours of employment per month

Enrolled in W-2 (Wisconsin Works) Employment Position

Enrolled in FSET work experience

Second parent in a W-2 placement

Other – Specify:

Section 8: Work or School Schedule

Name – Parent:

Approved Activity:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name – Parent:

Approved Activity:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Section 9: Shared Placement Schedule (if applicable)

Which days of the week does this applicant have placement of the children for whom child care assistance is needed?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I understand that I will need to sign the Application Summary page when it becomes available; this form does not take the place of the signed Case Summary Page.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability you have the right to request this information through a sign language interpreter or in an alternate format. If you do not speak or read English, you have the right to request an interpreter or to have this information translated to another language. Contact (608) 266-5335 or 711 TTY (Toll Free).