



WHITE BEAR LAKE COVID-19 RELIEF CHILDCARE ADDENDUM

Residents of White Bear Lake may qualify for additional support to pay the cost of childcare. To qualify households must meet the eligibility requirement and have increased childcare cost due to COVID-19 and/or may lose childcare due to a past due balance. The Childcare Addendum must be submitted with COVID-19 Relief Assistance Application and required documentation.

Please note not all households that apply will qualify. Grants are limited. If you have questions or need assistance completing this addendum, call 651-999-5737. This addendum and required documents can be submitted by email to CAPCares@caprw.org, by fax 651-365-2386 or mail to Community Action - 450 Syndicate Street North, Suite 122 - St. Paul MN 55104

APPLICANT INFORMATION		
Full Legal Name:		
Address:	Apt:	City:
Zip code:	County:	Phone:
PLEASE ANSWER THE FOLLOWING QUESTIONS. This information helps us determine if your household qualifies.		
Has your childcare cost increased due to COVID-19		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain why?		
Is childcare needed to remain employed or find employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at risk of losing childcare due to a past due balance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
CHILDCARE PROVIDER		
Name of Childcare Provider:		
Phone Number:	Email:	
Number of Dependents Enrolled in Childcare with Provider?		
How much is your monthly childcare? \$		
Amount Past Due? \$		
(2 nd Provider) Name of Childcare Provider:		
Phone Number:	Email:	
Number of Dependents Enrolled in Childcare with Provider?		
How much is your monthly childcare? \$		
Amount Past Due? \$		

AUTHORIZATION

Read the information below before signing.

- I understand the Childcare Addendum must be submitted with COVID-19 Relief Assistance Application and required documentation to be considered.
- I understand failure to respond to requests for additional information may cause my application to be denied.
- I understand I will be notified of the status of my application once it is reviewed.
- I have the right to submit a written request to revoke this application any time prior to payment authorization. I understand that revoking this authorization does not apply to information already released under it.
- I understand approved grants are paid directly to the specified vendor.
- I understand that filling out this application does not guarantee that my household will receive assistance.
- By signing below, I authorize Community Action Partnership of Ramsey & Washington Counties to share and/or obtain information from the Childcare Provider listed on this addendum for the sole purpose of verifying eligibility to authorize payment to said vendor. I understand this consent will automatically expire on January 31, 2021.
- By signing below, I attest that the information I have provided on this application and any supporting documentation submitted is and will be true, correct, and complete.

Applicant Signature:

Date: