

Kids Club Financial Aid Application | 2024-25

Edina Community Ed offers a temporary financial aid program for qualifying families in need of assistance to pay for child care fees for KIDS Club/Wise Guys. All of the financial aid available to eligible families has been contributed by other 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.

Financial Assistance is granted for the current school year, through August, with reverification of your County Child Care Assistance Wait List status required every three (3) months.

Eligibility Requirements

- 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 Child care 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 child care assistance.

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 wait list can be 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 wait 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.

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>

Financial aid cannot be granted retroactively.

Please inform the Edina Community Ed office immediately of any change in your employment status, child support, or child care costs.

Application

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 the following:
 - Gross Income (before taxes) from all members of your household for two months (i.e. paycheck stubs, letter from employer)
 - Your most recent tax return (only the page that states your adjusted gross income)
 - 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.
 - Alimony, child support, or any additional supporting information
 - Verification that you are on a County Child care Assistance Wait list. This could be in the form of your confirmation letter from the county or an email or phone call from your case manager. Verification must be dated within the last three months.

Submit the application and all documentation to: Edina Community Center, 5701 Normandale Road, Edina, MN 55424 or ecc.kidsclub@edinaschools.org. For questions call 952.848.3947.



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Household Information

Name (main contact person): _____
(First) (Last)

Address: _____
(Street) (City, State) (Zip Code)

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Name of each additional member in household	Birthdate	Grade (If student, Fall 2022)	School	Relationship to main contact person

Name of child(ren)'s other parent
if not living in the same household: _____
(First) (Last)

Address: _____
(Street) (City, State) (Zip Code)

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Statement of income

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

Complete the following for all household members (including yourself) who are 14 years of age or older.

	Yourself		Spouse		Other	
	Y	N	Y	N	Y	N
Employed?						
Hours worked per week						
Student/training program?						
Name of school/training program						
Description of degree/area of student						
Gross wage/salary (before taxes) If paid hourly, list pay per hour	\$		\$		\$	
Child support	\$		\$		\$	
Social security	\$		\$		\$	
Unemployment insurance	\$		\$		\$	
Alimony (spousal maintenance)	\$		\$		\$	
Other	\$		\$		\$	
Total monthly income	\$		\$		\$	

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I understand and agree to the following:

- This application is for financial aid to pay for child care provided by Edina KIDS Club/Wise Guys 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).
- This subsidy is good through 2023-24.
- I must inform the Edina Community Education office of any changes to my income or number of persons in my household.
- I must attach all documentation as requested.
- I am eligible to be subsidized for child care as long as I continually work and/or attend the training program.
- For Kids Club/Wise Guys only:
 - I am eligible to be subsidized for child care as long as I apply to my County for state sliding fee assistance and remain on a MN County Child Care Assistance Wait List.
 - **Reverification of wait list status is required every three months.**
 - I agree that if it becomes necessary for Edina Community Education 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 Community Education 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.

Signature of applicant

Date

OFFICE USE ONLY:

Approved Denied

Annual salary: Self \$ _____ Paystubs \$ _____ Taxes \$ _____

Co-pay amount: \$ _____

Start date: _____ Wait list verification: _____ _____ _____