

# Minnesota Family Investment Program (MFIP) and Child Care Assistance Program (CCAP) Verification of Benefits

This form is used by county and tribal social service staff and other agency staff to verify Minnesota Family Investment Program (MFIP) and/or Child Care Assistance Program (CCAP) participation for students applying for the Postsecondary Child Care Grant.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Case Number (if known): \_\_\_\_\_

**Release of Information/Consent:** I have applied for the Postsecondary Child Care Grant and give permission to \_\_\_\_\_ (county name) to release information to **St. Cloud Technical and Community College** about receipt of benefits.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## TO BE COMPLETED BY COUNTY PERSONNEL:

### 1. Is student on the Minnesota Family Investment Program (MFIP)?

(Please check what type of assistance the student is currently receiving – check only one)

- ☐ MFIP (Cash)
- ☐ Diversionary Work Program (DWP)
- ☐ MFIP Child-Only Grant (FS/Medical)
- ☐ Not receiving MFIP or DWP

### 2. Is student currently receiving benefits through the Child Care Assistance Program (CCAP)?

(If yes, please attach a CCAP Notice of Decision or current Service Authorization)

- ☐ Yes
- ☐ No

If yes, which type of child care assistance is the student currently receiving?

- ☐ MFIP Child Care
- ☐ Basic Sliding Fee Child Care
- ☐ Transition Year/Transition Year Extension Child Care

### 3. If no person is identified to match this request, please check:

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to:

St. Cloud Technical and Community College  
Fox Watson, Financial Services Office  
1540 Northway Drive, St. Cloud, MN 56303  
[fox.watson@sctcc.edu](mailto:fox.watson@sctcc.edu)  
320-308-5923  
320-308-5707 fax