

Do you Receive WI Shares Child Care or W2?

Neighborhood House of Milwaukee is a licensed WI Shares child care facility & welcomes WI Shares families. This form is required for all members.

Please Select One (required):

<input type="checkbox"/>	Yes, I have an open WI Shares Child Care Case. My Case Number is: _____ I will call MECA (1-888-947-6583) to update my Child Care Authorization. Neighborhood House of Milwaukee Provider #: 0000563840 / Location #: 004
<input type="checkbox"/>	Yes, I receive W2. My Case Number is: _____ I will contact my FEP worker to update my Child Care Authorization. Neighborhood House of Milwaukee Provider #: 0000563840 / Location #: 004
<input type="checkbox"/>	No, I currently do not receive WI Shares Child Care or W2. I understand that I <u>must</u> complete the information below to determine if I am eligible for benefits.

Signature: _____ Date: _____ Phone Number: _____

Am I Eligible?

Please complete the following information if you selected the third box above. All information must be completed for membership if you do not have an open WI Shares Child Care or W2 case.

List all Adults in Household		
First name	Current Health Insurance?	Currently Working?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all Children in the Household		
First Name	Child's Age	Current Health Insurance?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Income Information	
Total Monthly Gross Income for your Household from Jobs(s):	\$ _____
OR	
Hours Worked Per Week:	_____
Amount Earned Per Hour:	\$ _____
Do you receive any Additional Income? Check all that apply:	
<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment
<input type="checkbox"/> W2 Payments	<input type="checkbox"/> Social Security / SSI
<input type="checkbox"/> Other: _____	
Total Additional Monthly Income Receive:	\$ _____

<p>For Office Use Only:</p> <p style="text-align: center;">Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parent Needs to Update Auth</p> <p>If Eligible, Date Contacted: _____ By: _____</p> <p>Notes: _____</p>	<p style="text-align: center;">Service Location: _____</p>
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