



Kids Kare
Mildly Ill and Hourly Care
Reduced rate program
for UW Madison Students/Staff/Faculty

Office of
Child Care and
Family Resources
UNIVERSITY OF WISCONSIN-MADISON
611 Eagle Heights, Room 148
Madison, WI 53705

New Applicant ____ Previous Applicant ____

Parent Information (must be the individual affiliated with UW-Madison)

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

Wisc.edu E-mail Address: _____

UW-Madison Affiliation

Student: ____ Student ID: _____ Receiving CCTAP: Yes ____ No: ____
 If not, are you eligible? _____

Faculty: ____ Academic Staff: ____ Classified Staff: ____ Other: ____

Department/Title: _____

Child(ren) Information

Full Name _____ Date of Birth _____
Last First Month/day/year

Current Center/Provider _____

Full Name _____ Date of Birth _____
Last First Month/day/year

Current Center/Provider _____

Full Name _____ Date of Birth _____
Last First Month/day/year

Current Center/Provider _____

Financial Information

Students: If you are currently enrolled in the CCTAP program, you do not need to submit any financial information. You will receive 16 free hours per semester. Any hours past the 16 hours, your copay will be \$5.00/hour (family rate, not per child).
If you are not enrolled in the CCTAP program, please attach your 2008 U.S. Federal Income Tax Return OR documentation that you did not file a U.S. Federal Income Tax Return. You will then be given a co-pay based on a sliding scale.

Staff/Faculty: Please attach a signed copy of your 2008 U.S. Federal Income Tax Return OR documentation that you did not file a U.S. Federal Income Tax Return*. You will then be given a co-pay (per child) based on a sliding scale.
**If you did not file a U.S Federal Income Tax Return, please write your 2008 income here: _____*

The information on this form will be kept strictly confidential within the Office of Child Care and Family Resources and Chicken Soup, hourly and mildly ill child care center. Data collected will be in aggregate; no individual income information will be included in any reporting about this program.

I hereby grant permission for Chicken Soup, LLC to contact the University of Wisconsin-Madison OCCFR to verify my eligibility and discuss matter pertinent to providing care for my child. I understand that I will be asked to participate in regular program evaluations that are essential for the ongoing funding of this program. I verify that this information is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____