

Application for Child Care Stipends (Licensed Group Centers)

Applicant Information

Name: _____ Date: _____
Last First

Phone: _____ Email _____

Program Name: _____

Program Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Provider and Location number: _____

Does your program accept WI Shares payments? YES NO

Does your program care for children under the age of 2 years old? YES NO

Does your center currently have closed classrooms due to staffing shortages? YES NO

If yes, how many _____

Does your program currently have classrooms operating at reduced capacity due to staffing shortages? YES NO

If yes, how many _____

What is the current salary for a teacher qualified position at your center? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____