Required Documentation: All HPOP participants who are requesting assistance with child care will be required to a review by a HPOP Specialist prior to authorization. Child care will **ONLY** be approved with the appropriate documentation requested by HPOP.

- Student Schedule
- Child Care Provider Fee Schedule
- Birth Certificate
- W2 Eligibility Child Care Form (if applicable)
- Proof of Dependent/Guardianship Status (if applicable)

**HPOP Child Care Guidelines:** Child care is a form of assistance to HPOP participants. Child care assistance will only be based on the need of each individual case.

- Presently enrolled as a full-time or part-time student at Gateway Technical College
- HPOP will **ONLY** pay for child care based on the number of hours the student is in classes on campus or at a clinical/job shadowing site during open child care hours
- HPOP **WILL NOT** pay for child care unrelated to Gateway Technical College activities (including: employment, recreational activities, and personal time)
- The HPOP Participant may be responsible for any applicable registration fees for each child at the time of registration, after each child is registered you may submit your receipt for a reimbursement of fees
- If you are receiving W2 Child care assistance HPOP will only pay co-pays; you will be required to submit your co-pay amount

**Type of Approved Child Care Providers:** If the HPOP participant is approved for child care assistance, the child must be under the age of 13 years and enrolled in a regulated care setting:

- A Wisconsin State licensed child care center
- A Wisconsin State licensed family child care provider

**Acknowledgement:** I agree that I will adhere to all HPOP Child Care program polices and guidelines. I understand that the violation of these policies and guidelines could result in my immediate discharge from the program without prior warning and will be financially responsible for any applicable fees that have accrued.

Name of HPOP Participant (Print) ____________________________________________
Signature ___________________________ Date __________________________

Name of HPOP Specialist (Print) ____________________________________________
Signature ___________________________ Date __________________________

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