2013-2014 Postsecondary Child Care Grant Program Application

IMPORTANT: Read instructions before completing application. Incomplete applications will not be processed.

- Step 1 Student completes Section A and gives form to child care provider.
- Step 2 Child care provider completes Section B and returns form to student.
- Step 3 Student submits application to financial aid office at college student attends.
- Step 4 Financial aid administrator determines student award and notifies student of award.

SECTION A - Completed by Student (Please use ink or type)								
1. Name (Last, First, Middle)								
2. Social Security Number	3. Date of Birth (month/day/year)	4.	County of Residence					
5. Permanent Home Address	6.	6. Telephone Number (include area code)						
7. City, State Zip Code	8.	8. Student's Email Address						
9. Name of Postsecondary institution(s		10. Are you a Minnesota resident? (see instructions) Yes No						
11. Are you (check one) Married Not I Separated	12	12. What is your total family income? (see instructions) \$						
13. Number of persons in family (see instructions)	14. Number of children 12 years of younger receiving child care	of age or 15	15. Number of children with a disability 14 years of age or younger receiving child care (see instructions)					
16a. Are you and/or any of your dependents currently receiving MFIP benefits? (check one) No Yes (If Yes, list names of all MFIP recipients and attach documentation from county social services office) 16b. Are you or the other parent receiving child care assistance from some other source? (see instructions) No Yes (If Yes, please identify source and attach documentation of assistance you are receiving)								
17. Indicate the number of credits for when the second sec								
	Winter Term	Spring Term	Summer Term					
STUDENT CERTIFICATION Please check every box next to each statement indicating that you understand the statement. I understand and accept the obligation to provide a written report to the school of any changes in information provided on this application within 10 days of the change. Changes may include, but are not limited to, my enrollment, family size, family income, receipt of MFIP or Basic Sliding Fee benefits, hours of child care, changes in provider, or provider rates, etc. I understand that failure to report any changes within 10 days will result in cancellation and possible repayment of any Postsecondary Child Care Grant. I understand that the Postsecondary Child Care Grant must be used to pay my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes. I agree to furnish receipts from my child care provider if requested by the school or Office of Higher Education staff.								
I give permission to the school and the Office of Higher Education to share information regarding the Postsecondary Child Care Grant with my child care provider(s) and to verify the information provided on this application. I also give my provider permission to verify the information in the Provider's Section, when contacted by the school or Office of Higher Education staff and understand that my application will be on hold until the provider information has been verified.								
I give permission to the county social service agency to release to the school or the Office of Higher Education the amount and terms of any MFIP or Basic Sliding Fee child care benefits I receive from July 1, 2013 to September 30, 2014. I give permission to the school and the Office of Higher Education to report my child care award to my county social service agency if I receive MFIP benefits or Basic Sliding Fee child care assistance during this academic school year.								
I declare that the other parent or legal guardian of my child/children is not capable or available to care for my child/children during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.								
I understand that, if I withdraw from school after receiving a Postsecondary Child Care Grant, all or a portion of the grant will need to be repaid to my college.								
I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Postsecondary Child Care Grant Program and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the forfeiture or repayment of future awards from this program.								
Student's Signature		Date (n	nonth/day/year)					

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Student Name -	Student School ID -

Child Care Provider Must Complete ENTIRE Section

SECTION B - Completed by Child Care Provider (Please use ink or type)									
SECTION B - Comple	ted by Ch	ild Care				1	1		
		C1 :1.12-	Total Hours	Hourly	Weekly				
	C1 11 11	Child's	Child Care	Rate	Rate				
~	Child's	Date of	Provided	Per	Per	Child Care Assistance From	Date Day		
Child's Full Name	Age	Birth	Per Week	Child	Child	Other Sources *	Care Started		
				\$	\$	\$ Source:			
	l	<u> </u>	<u> </u>	\$	\$	\$ Source:			
				\$	\$	\$ Source:			
				\$	\$	\$ Source:			
	+	+	+	\$	\$	\$ Source:	 		
*DI 1:-+ shild save assistance	:-! 1 to provid	- from other	and as ME			·	41 a a sistance		
Please list child care assistance programs.	paid to provide	er from other	sources such as Ivifi	iP, Basic Silu	ing Fee, Transi	ition Year, private child care scholarship	s or other assistance		
Child Care Center / Providence	der's Name			Relat	ionship to S	tudent (if any)			
Omico Caro Caraca, and a					ionom _F	tadent (n any)			
Provider's Street Address		С	ity, State, Zip Co	ode for Pro	vider	County in Which Provider	Located		
			,						
Provider's Phone Number					Provider's F	Email Address			
Land Line: ()		Cell: ())						
Check all that apply:									
I am a licensed home	child care j	provider. L	icense number:						
I am a relative of the	student, wh	o is at leas	t 18 years of age	ł .					
☐ I am at least 18 years	of age and	legally eye	mot from home	day care li	aanaura Un	der the exempt status I will care	anly for my own		
children and/or the ch					censure. Oin	der the exempt status I will care	omy for my own		
	illuren er ur.	3 Student 1.	Steu on uno appa	Icanon.			I		
☐ I represent a licensed	l child care	center. Lice	ense number:						
	• • •					ide child care for school age child			
PROVIDER CERTIF	ICATION	Please ch	eck every box n	ext to eacl	n <u>statement</u>	indicating that you understan	d the statement.		
I certify that the information	on provided in !	Section B is t	rue and correct and f	hat if I nurno	cely give false	or misleading information on this form, I	may be subject to a		
fine, a prison sentence, or both an	and such action	may result in	the forfeiture or rep	ayment of fut	ture awards from	m this program.	may be subject to a		
		-	_						
I promise to provide additional documentation if necessary, including confirming the above information when contacted by Office of Higher Education staff or the									
college financial aid administrator. I also grant permission to Office of Higher Education or school auditors to review my financial records to verify receipt of Postsecondary Child Care Grant funds.									
l —									
Applies only to unlicensed child care providers. I give permission to the Office of Higher Education or the school to report the amount of the student's Postsecondary Child Grant to the Internal Revenue Service or the Minnesota Department of Revenue as taxable income to the provider, when requested.									
Child Grant to the Internal Kever	nue Service or	the Minnesot	a Department of Kev	enue as taxar	ole income to th	ne provider, when requested.			
I understand that I cannot charge a Postsecondary Child Care Grant recipient a higher rate for services than the rates charged to other clients who are not recipients. I									
understand that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both.									
I understand my obligation to immediately report any changes to the information provided in the above chart to the student's financial aid administrator using the									
I understand my obligation to immediately report any changes to the information provided in the above chart to the student's financial aid administrator using the contact information provided below. This includes informing the school if I am no longer providing child care services for the student's children.									
Provider Signature Date (month/day/year)									
						,			
Please report any changes to the students' college financial aid administrator using this contact information:									
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1									

2013-2014 Postsecondary Child Care Grant Program Application Instructions

IMPORTANT: Read instructions before completing application. Incomplete applications will not be processed.

- Step 1 Student completes Section A and gives form to child care provider.
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The maximum full-time Postsecondary Child Care Grant award for a full-time student (15 credits per term) is \$2,800, for each eligible child per academic year. Assistance may cover up to 40 hours of child care per week for each eligible child. For a maximum home care cost of \$5 an hour, and a maximum center care cost of \$10 an hour. The institution may increase the amount shown on the maximum award chart by ten percent to compensate for higher infant care rates charged by some providers. Annual awards will be divided evenly into term installments and disbursed to recipients each quarter or semester, depending upon the type of school the student attends. The amount of the full-time term award will be decreased for students taking 6-14 credits. The school may choose to make payments more frequently or to pay the provider directly. Office of Higher Education staff or the college financial aid administrator will contact child care providers to verify the information provided on the application.

In order to be eligible, a recipient must:

- 1. be a Minnesota resident (see definition below);
- 2. not be receiving benefits from the Minnesota Family Investment Program (MFIP);
- 3. must be income eligible (your college financial aid office has a chart showing qualifying income guidelines);
- 4. be pursuing a non-sectarian program or course of study that applies to an undergraduate degree, diploma, or certificate:
- 5. have a child 12 years of age or younger, or 14 years of age or younger with a disability, needing child care service on a regular basis;
- 6. be enrolled at least half-time, taking at least six credits per quarter, semester, or the equivalent;
- 7. be in good standing and making satisfactory academic progress;
- 8. not be receiving tuition reciprocity;
- 9. not be in default on a student loan or, if in default, have made satisfactory arrangements to repay the loan with the holder of the note:
- 10. not have earned a baccalaureate degree; and
- 11. not have attended the equivalent of more than eight full-time semesters or twelve full-time quarters of postsecondary education. If you withdrew from college during a term because you were called up for active military service after December 31, 2002, please provide the necessary documentation to your college financial aid administrator.

Question #10 on application – Minnesota resident is:

- 1. a student who has resided in MN for purposes other than postsecondary education for at least 12 consecutive months without being enrolled at a postsecondary institution for more than five credits in any term; or
- 2. a dependent student whose parent or legal guardian resided in MN at the time the 2013-2014 FAFSA was completed; or
- 3. a student who graduated from a MN high school, if the student was a resident of MN during the student's period of attendance at the MN high school and the student is physically attending a MN campus; or
- 4. a student who, after residing in the State of MN for a minimum of one year, earned a high school equivalency certificate in MN; or
- 5. a student who is a member (or spouse/dependent of a member) of the armed forces of the United States stationed in MN on active federal military service as defined in section 190.05, subdivision 5c; or
- 6. a spouse or dependent of a veteran, as defined in section 197.447, if the veteran is a MN resident; or
- 7. a student (or spouse of) who relocated to MN from an area that is declared a presidential disaster area within 12 months of the disaster declaration, if the disaster interrupted the person's postsecondary education; or
- 8. a student defined as a refugee under United States Code, title 8, section 1101(a)(42), who, upon arrival in the United States, moved to MN and has continued to reside in MN.

2013-2014 Postsecondary Child Care Grant Program Application Instructions

Question #12 on application – Total Family Income is:

- Total Taxable Income from 2013-2014 FAFSA (adjusted gross income if tax filer, #35 independent #83 dependent, or total wages if non-filer, #38 & #39 independent, #86 & #87 dependent)
- + Total Untaxed Income from 2013-2014 FAFSA (untaxed income, #44 a-j independent, #92 a-i dependent)
- Income Exclusions from 2013-2014 FAFSA (additional financial information #43 a-f independent, #91 a-f dependent)
- = Total Family Income

Question #13 on application – Number of persons in family is: The number of persons in the household reported on the 2013-2014 FAFSA.

Question #15 on application – Child with a disability is: A child who has a hearing impairment, blindness, visual disability, speech or language impairment, physical disability, other health impairment, mental disability, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services, as determined by the standards of the commissioner, is a child with a disability. In addition, a child under age three and at local district discretion from age three to age seven, who needs special instruction and services, as determined by the standards of the commissioner, because the child has a substantial delay or has an identifiable physical or mental condition known to hinder normal development is a child with a disability.

Not a child with a disability is: A child with a short-term or temporary physical or emotional illness or disability, as determined by the standards of the commissioner, is not a child with a disability.

Question #16b on application – Other sources of child care funding: Answer "yes," if you are receiving child care funding from another source. Examples are: the child's other parent is receiving the Postsecondary Child Care Grant, your employer is helping to pay your child care costs, you receive Basic Sliding Fee child care assistance from the county, your ex-spouse is required to cover a portion of child care costs per a divorce decree, etc.

NOTICE TO APPLICANTS

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your Social Security number is voluntary.

The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Postsecondary Child Care Grant Program for such purposes as processing the application form, program evaluation, and reporting and notification of program eligibility and award amount to your Postsecondary institution.

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (2006), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of information to the school. You are not required to provide the information supplied in this application. However, failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 642-0567.