2023-2024 Postsecondary Child Care Grant Program Application

IMPORTANT: Read instructions before completing application. <u>Incomplete applications will not be processed.</u>

- 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 amount and notifies student of award.

Section A – Completed by student (Please use ink or type)			
1. Name (Last, First, Middle):			
2. Student School ID:	3. Students Email Address:		
4. Permanent Home Address:			
5. City, State, Zip Code:			
6. County of Residence:	7. Telephone Number:		
8. Number of children 12 years of age or younger receiving child care:	9. Number of children with a disability 14 years of age or younger receiving child care:		
10. Are you and/or any of your dependents currently receiving MFIP benefits? No Yes (If yes, list names of ALL MFIP recipients and attach documentation from county social services.)			
 11. 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.) 			
Caseworkers name:			
Caseworkers phone number:			
12. Indicate the number of credits for which you intend to register:			
Fall Term Winter Term	Spring Term Summer Term		
13. Program I am enrolled in? 4-year undergraduate 2-year undergrad	uate certificate graduate/professional		

STUDENT CER Please check every box next to each statement in			
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 imited to, my enrollment, FAFSA, receipt of MFIP, Basic Sliding Fee or Transition Yearbenefits, hours of child care, changes in provider, or provider rates, etc. I understand that failure to report any changes within and days will result in cancellation and possible repayment of any Postsecondary Child Care Grant.			
I understand that the Postsecondary Child Care Grant the award is subject to repayment and/or cancellation if from my child care provider if requested by the school or	used for other purposes. I agree to furnishreceipts		
Igive permission to the Office of Higher Education and any school I attend to share information regarding the Postsecondary Child Care Grant with my child care provider(s) and to verify the information on this application I also give my provider permission to verify the information in the provider's section, when contacted by the school or the Office of Higher Education staff and I 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 Education the amount and terms of any MFIP, Transition from July 1, 2023 to September 30, 2024. I give permission report my child care award to my county social service agency to Sliding Fee child care assistance during this academic sch	Year or Basic Sliding Fee child care benefits I receive on to the school and the Office of Higher Education to gency if I receive MFIP, Transition Year benefits or Basic		
☐ I declare that the other parent or legal guardian of my child/children during the hours for which I have requested Program.	•		
I understand that if I withdraw or reduce my enrollm or a portion of the grant will need to be repaid to my col	nent after receiving a Postsecondary Child Care Grant, all llege.		
I certify that the information on this application is tru documentation if requested. I understand that this form is Care Grant Program and that if I purposely give false or m to a fine, a prison sentence, or both and such action may awards from this program.	used to establish eligibility for the Postsecondary Child nisleading information on this form, I may be subject		
Student's Signature	Date (month/day/year)		

Student Name:	Student School ID:
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Child Care Provider Must Complete ENTIRE Section

SECTION B – Completed by Child Care Provider (Please use ink or type)						
Child's Full Name	Child's	Child's	Total Hours	Rate Type	Amount	Date Day Care
	Age	Date of	Child Care	Charged (check	Charged	Started
		Birth	Provided	one box)	Per Child	
			Per Week			
				☐ Hourly Rate	\$	
				■ Weekly Rate		
				☐ Hourly Rate	\$	
				■ Weekly Rate		
				☐ Hourly Rate	\$	
				Weekly Rate		
				☐ Hourly Rate	\$	
				■ Weekly Rate		
				Hourly Rate	\$	
				■ Weekly Rate		
Please list child care assistance paid to provider from other			Source:	\$	Child	
sources such as Basic Slidi	•	•	•	Source:	_ \$	Child
Transition Year, other parent receiving discounted rate, child care scholarships or any other assistance programs, etc.			Source:	\$	Child	
				Source:	\$	Child
				Source:	\$	Child
Child Care Center / Provider's Printed Name R				Relationship to Student (if any)		
Provider's Street Address City, State, 2			Cip Code County Provider Located			
Provider's Phone Number			Provider's Email Address			
Land Line: ()	Land Line: () Cell: ()					
Check all that apply:						
I am a licensed home child care provider. License number:						
I represent a licensed child care center. License number:						
☐ I represent a latch-key program which has a contract with a school district to provide child care for schoolage children.						
☐ I represent a child care center which is legally exempt from licensure. (YMCA, tribal daycare)						
I am at least 18 years of age. Under the exempt status I will only care for this family's children, besides my own and I do not reside in the same household as the student and child.						

PROVIDER CERTIFICATION Please check every box next to each statement indicating that you understand the statement.			
I certify that the information provided in Section B is true and correct and that if I purposely give false or nisleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may esult in the forfeiture of future awards from this program.			
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.			
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 Care Grant to the Internal Revenue Service or the Department of Revenue as taxable income to the 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, prison sentence or both.			
I understand the obligation to immediately report any changes to the information provided in the above chart to the student's financial aid administrator. 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 student's college financial aid administrator using this contact information: Jon P. Erickson Director of Financial Aid			
Alexandria Technical and Community College 1601 Jefferson Street Alexandria, MN 56308			

Phone: 320-762-4405

Email: jon.erickson@alextech.edu

2023-2024 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.
- Step 2 Child care provider completes Section B and returns form to student.
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The maximum full-time Postsecondary Child Care Grant award for a full-time undergraduate student taking 12 or more credits, and 6 or more credits for graduate/professional is \$6,500 prorated for EFC range and enrollment level (see chart below), for each eligible child per nine-month academic year. Students are able to receive an extra term of eligibility for summer term attendance. 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. Assistance may cover up to 40 hours of child care per week for each eligible child. The maximum allowable cost that will be considered is \$5 an hour for home care, and \$10 an hour for center care. The institution may increase the maximum award amount by ten percent to compensate for higher infant care rates charged by some providers. 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 or the applicant's spouse meets the MN resident definition (see definition below), including undocumented students who qualify under the MN Dream Act;
- 2. not be receiving benefits from the Minnesota Family Investment Program (MFIP);
- 3. must be EFC eligible;
- 4. be pursuing a non-sectarian program or course of study that applies to an undergraduate, graduate or professional 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 in an eligible program, undergraduate or graduate students taking at least one credit per quarter, semester, or the equivalent;
- 7. be in good standing and making satisfactory academic progress;
- 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. has not received child care grant funds for a period of ten semesters or the equivalent; and
- 11. a student who withdrew from college during a term because you were called up for active military services after December 31, 2002, or for a major medical illness may be eligible for an additional term award, please provide the necessary documentation to your college financial aid administrator.

2023-2024 Postsecondary Child Care Grant Program Application Instructions

Minnesota resident is:

- 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
 undergraduate or one graduate credits in any term; or
- 2. a dependent student whose parent or legal guardian resided in MN at the time the 2022-2023 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, has moved to MN and has continued to reside in MN.
- 9. a student eligible for resident tuition under section 135A.043; or
- 10. an active member, or a spouse or dependent of that member, of the state's National Guard who resides in Minnesota or an active member, or a spouse or dependent of that member, of the reserve component of the United States armed forces whose duty station is located in Minnesota and who resides in Minnesota; or
- 11. a student whose spouse meets the definition of a Minnesota resident.

Question #9 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.

A child without 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 #11 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, you receive an Early Childhood scholarship, you receive any other assistance to help pay for daycare costs, other parent is receiving any of the above or a discounted day care rate, or your ex-spouse is required to cover a portion of child care costs per divorce decree, etc.

Postsecondary Child Care Grant Award Table- Award Amount Per Child

EFC Beginning Range	EFC End Range	Full-Time Award	3 Quarter Time Award	Half Time Award	Less than Half Time Award
\$0	\$6,656	\$6,500	\$4 <i>,</i> 875	\$3,250	\$1,625
\$6,657	\$6,999	\$6,347	\$4,760	\$3,174	\$1,587
\$7,000	\$7,999	\$5,347	\$4,010	\$2,674	\$1,337
\$8,000	\$8,999	\$4,347	\$3,260	\$2,174	\$1,087
\$9,000	\$9,999	\$3,347	\$2,510	\$1,674	\$837
\$10,000	\$10,999	\$2,347	\$1,760	\$1,174	\$587
\$11,000	\$11,999	\$1,347	\$1,010	\$674	\$337
\$12,000	\$13,312	\$655	\$491	\$328	\$164
\$13,313	+	\$0	\$0	\$0	\$0

Credit Level to Enrollment Status Conversion

Enrollment Level	Student Credit Level	Report Field
Undergraduate	1	Less than Half Time
Undergraduate	2	Less than Half Time
Undergraduate	3	Less than Half Time
Undergraduate	4	Less than Half Time
Undergraduate	5	Less than Half Time
Undergraduate	6	Half Time
Undergraduate	7	Half Time
Undergraduate	8	Half Time
Undergraduate	9	3 Quarter Time
Undergraduate	10	3 Quarter Time
Undergraduate	11	3 Quarter Time
Undergraduate	12+	Full-Time
Graduate	1	Less than Half Time
Graduate	2	Less than Half Time
Graduate	3	Half Time
Graduate	4	Half Time
Graduate	5	3 Quarter Time
Graduate	6+	Full-Time