2014-2015 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 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:_____ and phone number:_____

12. Indicate the number of credits for which you intend to register:

_____	_____	_____	_____
Fall Term	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, Basic Sliding Fee or Transition Year 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 the Office of Higher Education staff.

☐ I give 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 release to the school or the Office of Higher Education the amount and terms of any MFIP, Transition Year or Basic Sliding Fee child care benefits I receive from July 1, 2014 to September 30, 2015. 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, Transition Year 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 or reduce my enrollment 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 (month/day/year)**

Student Name:	Student School ID:

Child Care Provider Must Complete ENTIRE Page

SECTION B – Completed by Child Care Provider (Please use ink or type)

Child's Full Name	Child's Age	Child's Date of Birth	Total Hours Child Care Provided Per Week	Rate Type Charged (check one box)	Amount Charged Per Child	Date Day Care Started (month/day/year)
				☐ 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 sources such as MFIP, Basic Sliding Fee, Early Childhood scholarship, Transition Year, other parent receiving discounted rate, child care scholarships or any other assistance programs, etc.	Source:_____ Source:_____ Source:_____ Source:_____ Source:_____	$_____ $_____ $_____ $_____ $_____	Child_____ Child_____ Child_____ Child_____ Child_____

Child Care Center / Provider's Printed Name	Relationship to Student (if any)

Provider's Street Address	City, State, Zip Code	County Provider Located

Provider's Phone Number Land Line: ( ) Cell: ( )	Provider's Email Address

Check all that apply:

☐ I am a licensed home child care provider. License number: _____

☐ I am a relative of the student, who is at least 18 years of age.

☐ I am at least 18 years of age and legally exempt from home day care licensure. Under the exempt status, I will care only for my own children and/or the children of the student listed on this application.

☐ 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 school age children.

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 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 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:

2014-2015 Postsecondary Child Care Grant Program Application Instructions

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The maximum full-time Postsecondary Child Care Grant award for a full-time student (15 credits per term) is $3,800, 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), 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 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 services after December 31, 2002, please provide the necessary documentation to your college financial aid administrator.

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 2014-2015 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.

2014-2015 Postsecondary Child Care Grant Program Application Instructions

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 assistant 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.

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