

# 2010-2011 Postsecondary Child Care Grant Program

## Application Instructions

### **Processing of this application will begin around September 1, 2010**

**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.**

The maximum full-time Postsecondary Child Care Grant award for a full-time student (15 credits per term) is \$2,600 for each eligible child per academic year. 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.

### **STUDENT ELIGIBILITY**

#### **In order to be eligible, a recipient must:**

1. be a Minnesota resident (see definition below);
2. be a U.S. citizen or eligible non-citizen (see definition below);
3. not be receiving benefits from the Minnesota Family Investment Program (MFIP);
4. must be income eligible (your college financial aid office has a chart showing qualifying income guidelines);
5. be pursuing a non-sectarian program or course of study that applies to an undergraduate degree, diploma, or certificate;
6. have a child 12 years of age or younger, or 14 years of age or younger if handicapped, needing child care service on a regular basis;
7. be enrolled at least half-time, taking at least six credits per quarter, semester, or the equivalent;
8. be in good standing and making satisfactory academic progress;
9. not be receiving tuition reciprocity;
10. 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;
11. not have earned a baccalaureate degree; and
12. 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.

### **APPLICATION QUESTIONS**

#### **Question #10 on application – Minnesota resident is:**

1. a student who has resided in Minnesota 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 Minnesota at the time the 2010-2011 FAFSA was completed; or
3. a student who graduated from a Minnesota high school, if the student was a resident of Minnesota during the student's period of attendance at the Minnesota high school; or
4. a student who, after residing in the State of Minnesota for a minimum of one year, earned a high school equivalency certificate in Minnesota; or
5. an independent student who was granted residency as a dependent and has not since left the State of Minnesota; or
6. a student who is a member (or spouse/dependent of a member) of the armed forces of the United States stationed in Minnesota on active federal military service as defined in section 190.05, subdivision 5c; or
7. a student (or spouse of) who relocated to Minnesota 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 Minnesota and has continued to reside in Minnesota.

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**Question #11 on application – Eligible Non-Citizen is:**

1. a permanent U.S. resident with a Permanent Resident card (I-551) or a conditional permanent resident holding an (I-551C) card; or
2. the holder of an Arrival/Departure Record (I-94) from the Department of Homeland Security showing any of the following designations: “Refugee,” “Asylum Granted,” “Parolee,” “Victim of human trafficking,” T-Visa holder (T-1, T-2, T-3, etc. or “Cuban-Haitian Entrant.”

**Question #13 on application – Total Family Income is:**

- Total Taxable Income from 2010-2011 FAFSA (adjusted gross income if tax filer, #36 independent #84 dependent, or total wages if non-filer, #39 & #40 independent, #87 & #88 dependent)
- + Total Untaxed Income from 2010-2011 FAFSA (untaxed income, #45 a-j independent, #93 a-i dependent)
- Income Exclusions from 2010-2011 FAFSA (additional financial information #44 a-e independent, #92 a-e dependent)
- = Total Family Income

**Question #14 on application – Number of persons in family is:** The number of persons in the household reported on the 2010-2011 FAFSA.

**Question #16 on application – Handicapped child is:** Any child who has a hearing impairment, visual disability, speech or language impairment, physical handicap, other health impairment, mental handicap, 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 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.

**Question #17b 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.

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

<b>SECTION A - Completed by Student (Please use ink or type)</b>		
1. Name (Last, First, Middle)		
2. CLC Student ID or SS#	3. Date of Birth (month/day/year)	4. County of Residence
5. Permanent Home Address		6. Telephone Number (include area code)
7. City, State Zip Code		8. Student's Email Address
9. Name of Postsecondary institution(s) you are attending  <b>Central Lakes College</b>		10. Are you a Minnesota resident? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Citizenship (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen (see instructions) <input type="checkbox"/> Neither of the above	12. Are you (check one) <input type="checkbox"/> Married <input type="checkbox"/> Not Married (divorced, single, widowed) <input type="checkbox"/> Separated	13. What is your total family income? (see instructions) \$
14. Number of persons in family (see instructions)	15. Number of children 12 years of age or younger receiving child care	16. Number of handicapped children 14 years of age or younger receiving child care (see instructions)
17a. Are you and/or any of your dependents currently receiving MFIP benefits? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, list names of all MFIP recipients and attach documentation from county social services office)		
17b. Are you or the other parent receiving child care assistance from some other source? (see instructions) <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please identify source and attach documentation of assistance you are receiving)		
18. Indicate the number of credits for which you intend to register:		
_____	_____	_____
Fall Term	Spring Term	Summer Term
<b>STUDENT CERTIFICATION Please check every box next to each statement indicating that you understand the statement.</b>		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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, 2010 to September 30, 2011. 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<b>Student's Signature</b>		<b>Date</b> (month/day/year)

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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 Age	Child's Date of Birth	Total Hours Child Care Provided Per Week	Hourly Rate Per Child	Weekly Rate Per Child	Child Care Assistance From Other Sources *	Date Day Care Started
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	
				\$	\$	\$ Source:	

\*Please list child care assistance paid to provider from other sources such as MFIP, Basic Sliding Fee, Transition Year, private child care scholarships or other assistance programs.

Child Care Center / Provider's Name	Relationship to Student (if any)	
Provider's Street Address	City, State, Zip Code for Provider	County in Which Provider Located
Provider's Phone Number	Provider's Email Address	

Check all that apply:

- I am a licensed home child care provider. License number: \_\_\_\_\_
- I represent a licensed child care center. License number: \_\_\_\_\_
- I am a relative of the student, who is at least 18 years of age. I will care **only** for my own children and/or the children of the student listed on this application.
- 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 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 or repayment 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 Grant to the Internal Revenue Service or the Minnesota 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, 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 contact information provided below. This includes informing the school if I am no longer providing child care services for the student's children.

<b>Provider Signature</b>	<b>Date</b> (month/day/year)
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#### **Please report any changes to the students' college financial aid administrator using this contact information:**

Becky Davis  
 CLC Financial Aid  
 501 W College Drive  
 Brainerd MN 56401  
 218.855.8022  
 bdavis@clcmn.edu