

## Summer 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.**

**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 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;
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. 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.
- 12.

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### 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 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 2023-2024 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	\$6,206	\$6,500	\$4,875	\$3,250	\$1,625
\$6,207	\$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	\$12,412	\$655	\$491	\$328	\$164
\$12,413	+	\$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

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### 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 for **Summer 2024**: \_\_\_\_\_ credits

Indicate the number of weeks daycare is needed for **Summer (05-20-24 thru 08-09-24)**: \_\_\_\_\_ weeks

13. Program I am enrolled in?

 4 year undergraduate

 2 year undergraduate

 certificate

 graduate/professional

### 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, FAFSA, 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, 2023 to September 30, 2024. 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 Section****SECTION B – Completed by Child Care Provider (Please use ink or type)**Complete form for Summer 2024 only: May 20, 2024 thru August 09, 2024. **Child is not eligible if on a waiting list.**

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	Indicate Start Date & Number of Weeks for Daycare During: 05-20-24 thru 08-09-24 only
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate	\$	
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate	\$	
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate	\$	
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate	\$	

Please list child care assistance paid to provider from other sources such as 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: \_\_\_\_\_ \$ \_\_\_\_\_

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

Provider's Email Address

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 school age 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 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 students 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 students children.

Provider Signature

Date (month/day/year)

Please report any changes to the student's college financial aid administrator using this contact information:

Wendy Knapek, Postsecondary Child Care Grant Coordinator, 320-308-5478

1540 Northway Drive, St. Cloud, MN 56303 or wknapek@sctcc.edu

# Minnesota Family Investment Program (MFIP) and Child Care Assistance Program (CCAP) Verification of Benefits

This form is used by county and tribal social service staff and other agency staff to verify Minnesota Family Investment Program (MFIP) and/or Child Care Assistance Program (CCAP) participation for students applying for the Postsecondary Child Care Grant.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Case Number (if known): \_\_\_\_\_

**Release of Information/Consent:** I have applied for the Postsecondary Child Care Grant and give permission to \_\_\_\_\_ (county name) to release information to **St. Cloud Technical and Community College** about receipt of benefits.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TO BE COMPLETED BY COUNTY PERSONNEL:

### 1. Is student on the Minnesota Family Investment Program (MFIP)?

(Please check what type of assistance the student is currently receiving – check only one)

MFIP (Cash)

Diversionary Work Program (DWP)

MFIP Child-Only Grant (FS/Medical)

Not receiving MFIP or DWP

### 2. Is student currently receiving benefits through the Child Care Assistance Program (CCAP)?

(If yes, please attach a CCAP Notice of Decision or current Service Authorization)

Yes

No

If yes, which type of child care assistance is the student currently receiving?

MFIP Child Care

Basic Sliding Fee Child Care

Transition Year/Transition Year Extension Child Care

### 3. If no person is identified to match this request, please check:

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to:

St. Cloud Technical and Community College  
Wendy Knappek, Financial Services Office  
1540 Northway Drive, St. Cloud, MN 56303  
[wknapek@sctcc.edu](mailto:wknapek@sctcc.edu)  
320-308-5478  
320-308-5707 fax