

## **MN POSTSECONDARY CHILD CARE GRANT PROGRAM**

### **2022-2023 Application Procedures and Information Sheet**

SCSU Financial Aid  
106 Administrative Services Building  
St. Cloud State University  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498  
Telephone: (320) 308-2047

The Minnesota State Legislature has established a child care grant program to provide financial assistance to students pursuing a postsecondary education who require child care for their dependent children and do not receive assistance through the Minnesota Family Investment Program (MFIP).

#### **APPLICATION PROCEDURES:** (Incomplete applications will not be processed.)

1. Apply for financial aid by completing the 2022-2023 Free Application for Federal Student Aid. Your child care grant application will not be considered complete until you have received your Financial Aid Award Information from the Financial Aid Office.
2. Complete the attached 2022-2023 Postsecondary Child Care Grant Program Application. Have your provider(s) complete Section B. If you have more than one provider, please photocopy Section B of the application or obtain additional copies from the Financial Aid Office.

#### **PRIORITY FOR 2022-2023 FUNDING:**

1. Students who were awarded child care grant funds or were on the waiting list in 2021-2022 at SCSU, who maintained continuous enrollment and who still meet all other eligibility criteria will be awarded first. These students must have a complete 2022-2023 SCSU financial aid file by August 1, 2022 to be considered for priority funding. A complete SCSU financial aid file means that SCSU has received the results of the Free Application for Federal Student Aid (FAFSA) and a completed 2022-2023 Postsecondary Child Care Grant Program Application and Provider Form and the student has received their Financial Aid Award from the SCSU Financial Aid Office.
2. After August 1, 2022 new student applicants who have complete files will be funded on a first-come, first-served basis as long as funds are available.
3. If funds run out, eligible students will be placed on a waiting list. If additional funds become available, students on the waiting list will be funded on a first-come, first-served basis as of the date their application became complete.
4. If two or more eligible students have complete applications on the same date, single parent students will be funded first.
5. If a tie still remains, students with the fewest remaining terms of eligibility in the program will be funded first.

## **FUNDING INFORMATION:**

1. By statute, students who received an award the previous year and have maintained continuous enrollment at the same school, must receive funding first if they continue to meet all other eligibility requirements and notify the school by the established deadline each year that they want to be considered for funding for the next year.
2. Summer term is included in the year's award if students indicate on their child care grant application that they intend to enroll summer term.
3. Eligible students can be paid retroactive to the beginning of the academic year in which they apply and have a complete application, if funding is available. Day care expense receipts may be required.
4. For students who have been awarded child care grant funds and have responded to requests for updated information, funds will be issued as soon as possible after the term begins, but no earlier than the first day that other financial aid is disbursed for the term.
5. Funds will be payable to the student. SCSU does not pay the provider.

## **STUDENT'S RESPONSIBILITIES:**

1. Notify the Financial Aid Office of any data changes on the original application within 10 days of the change. These include, but are not limited to, changes in: child care hours needed, child care provider, child care costs, class schedule, receipt of MFIP or Basic Sliding Fee benefits, enrollment plans for the year. If you do not enroll for a term, you must notify the Financial Aid Office if you want to retain funding for a subsequent term. If you are out of school for more than one academic term (not counting summer), your funding will be discontinued. You may be put on a waiting list if you request it. Failure to notify the Financial Aid Office of your intention to re-enroll within 10 days after the term of non-enrollment begins will mean that your remaining awards for the year will be cancelled. You may want to make a copy of your application for your own records.
2. Keep receipts or otherwise be able to provide documentation that child care grant funds were paid to the provider(s) on record for the cost used to calculate your award each term. You should be able to demonstrate that a parent or legal guardian was not able to care for your child(ren) during those hours.
3. Respond to requests for information needed to process your application by specified deadlines. You may be asked to verify information each term about your child care costs, especially if your enrollment changes from what you put on the original application. Your award for the term will change if your actual enrollment is different from the number of credits you indicated on your application that you intended to register for. Awards can be increased only if funding is available.
4. If you withdraw from all classes, St. Cloud State University's refund and repayment policy will apply.
5. Be aware that failure to comply with program regulations could result in the termination of your award.

*Appeal information: If you wish to appeal the denial of a Child Care Grant award, you may appeal through SCSU's appeal procedure. Please contact the SCSU Financial Aid Office for more information about appealing. If the outcome is not satisfactory, you can submit a written appeal to the Office of Higher Education, 1450 Energy Park Drive, Suite 350, St. Paul, MN 55108-5227. The Office of Higher Education will review appeals and determine if the school's actions were in compliance with the program statutes and rules. The decision of the Office of Higher Education is final. You must first follow SCSU's appeal procedure before contacting the Office of Higher Education.*

## 2022-2023 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 – Students 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.

## 2022-2023 Postsecondary Child Care Grant Program Application Instructions

### 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 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.

**2022-2023 Postsecondary Child Care Grant Program Application Instructions**

**Postsecondary Child Care Grant Award Table- Award Amount Per Child**

<b>EFC Beginning Range</b>	<b>EFC End Range</b>	<b>Full-Time Award</b>	<b>3 Quarter Time Award</b>	<b>Half Time Award</b>	<b>Less than Half Time Award</b>
\$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**

<b>Enrollment Level</b>	<b>Student Credit Level</b>	<b>Report Field</b>
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

**2022-2023 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: \_\_\_\_\_

Caseworkers phone number: \_\_\_\_\_

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

\_\_\_\_\_ Fall Term

\_\_\_\_\_ Spring Term

\_\_\_\_\_ Summer Term

Number of weeks you need child care assistance Summer 2023 (up to 12 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, 2022 to September 30, 2023. 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** (needs to be an actual signature; not typed)

**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)**

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
				<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	\$	
				<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: \_\_\_\_\_ \$ \_\_\_\_\_ Child \_\_\_\_\_  
 Source: \_\_\_\_\_ \$ \_\_\_\_\_ Child \_\_\_\_\_  
 Source: \_\_\_\_\_ \$ \_\_\_\_\_ Child \_\_\_\_\_  
 Source: \_\_\_\_\_ \$ \_\_\_\_\_ Child \_\_\_\_\_  
 Source: \_\_\_\_\_ \$ \_\_\_\_\_ 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** (needs to be an actual signature; not typed)

**Date (month/day/year)**

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

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