DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Box is for Administrator Use Only:
Program Name:_____
Award Start Date:_____
Award Amount:_____
Application Fiscal Year:_____
Notes: _____

Early Learning Scholarship – Pathway I Application

Complete this form in blue/black ink or electronically. Information with an asterisk (*) is required to be filled out by the parent/guardian. If any required questions are left blank, the parent/guardian will need to correct the application.

If your child is in foster care, your foster care case worker must apply online. Foster parents cannot apply for a scholarship themselves.

Child Information

Provide information for all children you want considered for a scholarship; **all children birth through 4 years old are age eligible**. Use separate applications for children living at different addresses. Siblings are children who share one or both parents through blood, marriage or adoption, including siblings as defined by the children's tribal code or custom. Include all children birth through 4 years old

Note: Children age 5 or older on September 1 of the current fiscal year are not eligible to receive a scholarship.

Child One

*Child's Legal Name: _____
First *Middle* *Last*

*Child's Date of Birth (MM/DD/YYYY): _____

*Child's Gender (*check one*): ◉ Male ○ Female

Is this child in Foster Care?: ○ Yes ◉ No

Ethnicity (*check one*): ◉ Hispanic/Latino ○ Not Hispanic/Latino

Race (*check all that apply*): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White

Has this child received an Early Childhood Screening? ○ Yes ◉ No

If yes: Location: _____ Date (*MM/YYYY*):_____

Name the early childhood program where you plan to use the scholarship, if awarded. *Write "unknown" if no program has been selected yet.*_____ Phone: _____

Is this child currently attending this program? ○ Yes ○ No

If you are only applying for one child, skip this page. If you are applying for more than three children, photocopy this page and attach the additional sheet(s) to your application.

Child Two

*Child's Legal Name: _____
First *Middle* *Last*

*Child's Date of Birth (MM/DD/YYYY):_____

*Child's Gender (*check one*): ◯ Male ◯ Female

Is this child in Foster Care?: ◯ Yes ◯ No

Ethnicity (*check one*): ◯ Hispanic/Latino ◯ Not Hispanic/Latino

Race (*check all that apply*): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White

Has this child received an Early Childhood Screening? ◯ Yes ◯ No

If yes: Location: _____ Date (*MM/YYYY*):_____

Name the early childhood program where you plan to use the scholarship, if awarded. *Write "unknown" if no program has been selected yet.*_____ Phone: _____

Is this child currently attending this program? ◯ Yes ◯ No

Child Three

*Child's Legal Name: _____
First *Middle* *Last*

*Child's Date of Birth (MM/DD/YYYY):_____

*Child's Gender (*check one*): ◯ Male ◯ Female

Is this child in Foster Care?: ◯ Yes ◯ No

Ethnicity (*check one*): ◯ Hispanic/Latino ◯ Not Hispanic/Latino

Race (*check all that apply*): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White

Has this child received an Early Childhood Screening? ◯ Yes ◯ No

If yes: Location: _____ Date (*MM/YYYY*):_____

Name the early childhood program where you plan to use the scholarship, if awarded. *Write "unknown" if no program has been selected yet.*_____ Phone: _____

Is this child currently attending this program? ◯ Yes ◯ No

Parent/Legal Guardian Information

The parent or legal guardian of the children included in this application must complete this section.

*Parent/Guardian's Legal Name: _____
First *Middle* *Last*

*Resident Address: _____ Apt/Unit #: _____

*City: _____ *State: _____ *ZIP: _____ County: _____

*Relationship to child: ◯ Parent ◯ Legal Guardian (appointed by the court)

Other: _____

Phone Number: _____ Email Address: _____

Do you consent to receive text messages from your Area Administrator? *Msg/data rates may apply*. ◯ Yes ◯ No

Mailing Address (*If different from resident address*): _____

City: _____ State: _____ ZIP: _____ County: _____

Additional Contact 1

If there is another contact such as another parent/legal guardian, additional family member, case worker, program staff, interpreter, or other adult that you want to include on your application, list them here. If there are two parent/legal guardians, the second parent/legal guardian should be listed here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: _____
First *Middle* *Last*

Resident Address: _____ Apt/Unit #: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone Number: _____ Email Address: _____

Do you consent to receive text messages from your Area Administrator? *Msg/data rates may apply*. ◯ Yes ◯ No

Relationship to child/children: _____

Additional Contact 2

Optional: If there is another contact such as an additional family member, case worker, program staff, interpreter, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: _____
First *Middle* *Last*

Resident Address: _____ Apt/Unit #: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone Number: _____ Email Address: _____

Do you consent to receive text messages from your Area Administrator? *Msg/data rates may apply*. ◯ Yes ◯ No

Relationship to child/children: _____

Parent/Legal Guardian Information

What is the highest level of education you have completed? *Check one.*

- ◯ Less than a high school degree
- ◯ High school degree or equivalent (ex. GED)
- ◯ Some college
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Graduate degree

What is your current employment status? *Check one.*

- ◯ Employed full-time (25 hours/week or more)
- ◯ Employed part-time (less than 25 hours/week)
- ◯ Unemployed, seeking employment
- ◯ Unemployed, not seeking employment

The following information is being requested because certain situations may prioritize your child for an early learning scholarship. Sharing this information is optional, and can only benefit your child's application, and cannot be used to deny your child's application. For more details, view the Supplemental Guide for Priority Populations on the Early Learning Scholarships webpage: https://education.mn.gov/MDE/fam/elsprog/elschol/

Are you a teen parent under 21 and pursuing a high school diploma or GED? ◯ Yes ◯ No

If yes, Date of Birth (*MM/DD/YYYY*): _____

And attach written proof of your pursuit of a high school diploma or GED® on the letterhead of the educational organization.

Is a parent, primary caregiver, legal guardian, and/or the child experiencing any of the following? *Check any that apply.*

- ☐ Currently in jail, prison, detention center or on active supervision
- ☐ Currently in a substance use treatment program
- ☐ Currently in a mental health treatment program
- ☐ Domestic Violence
- ☐ Currently have an individualized education program (IEP, ages 3 to 5) or an individualized family service plan (IFSP, ages birth to 3)

Has your family experienced any of the following living situations at any point in the last 24 months (including now) due to economic hardship or loss of housing? *Check any that apply.*

- ☐ Shelter
- ☐ Moving from place-to-place
- ☐ Car, outside, or public space
- ☐ Doubling up temporarily with other family or friends
- ☐ Hotel, motel, trailer, or campground (*due to loss of housing, economic hardship, or similar reason)*

For a Child in Protective Services

If your child is not receiving child protective services, leave this section blank.

Referring Agency:_____ Date:_____

Referring Staff Name: _____ Title: _____

Phone Number:_____ Email Address:_____

For a Parent in Extended Foster Care Up to Age 21

If you are not a parent in extended foster care, leave this section blank. If your child is in foster care, their case worker must complete the application.

Referring Agency:_____ Date:_____

Referring Staff Name: _____ Title: _____

Phone Number:_____ Email Address:_____

Household Information

Children in Household*

List all Household Members who are **infants, children, and students up to and including grade 12,** including the children listed in this application. See page 7 for the definition of household. Do not list adults over grade 12 in this table. If more spaces are required for additional names, attach another sheet of paper.

Child's First Name List all children in household including scholarship applicant children.	**Child's Middle Initial**	**Child's Last Name**	**Child's Date of Birth**	**Applying for Early Learning Scholarship Yes/No**

What language does your family speak most at home? *Check one.*

◯ English ◯ Hmong ◯ Somali ◯ Spanish ◯ Vietnamese ◯ Other: _____

Do you need an interpreter? ◯ Yes ◯ No

Are any members of your household affiliated with one of the eleven federally recognized tribes in Minnesota? *If yes, check all that apply. If no, leave blank.*

- ☐ Bois Forte Band of Chippewa
- ☐ Fond Du Lac Band of Lake Superior Chippewa
- ☐ Grand Portage Band of Lake Superior Chippewa
- ☐ Leech Lake Band of Ojibwe
- ☐ Lower Sioux Indian Community
- ☐ Mille Lacs Band of Ojibwe
- ☐ Prairie Island Indian Community
- ☐ Red Lake Nation
- ☐ Shakopee Mdewakanton Sioux Community
- ☐ Upper Sioux Community
- ☐ White Earth Nation
- ☐ Other: _____

How did you hear about Early Learning Scholarships? *Check all that apply.*

- ☐ My program
- ☐ Friend/Family
- ☐ Another family in my program
- ☐ Area Administrator
- ☐ Community partner (i.e., library)
- ☐ Social media (Facebook, Twitter)
- ☐ Online research
- ☐ Parent Aware/Child Care Aware
- ☐ Tribal, County, or State service provider
- ☐ Flyer/advertisement
- ☐ Other: _____

Proof of Income Eligibility

Families must demonstrate their income eligibility.

Option 1: Participation in Public Programs

- If you respond **yes** to one or more of questions 1 through 7, **attach documentation for one of your public programs** to your application.
- **Acceptable proof of participation includes** official notice on program letterhead; application with program approval/signature (i.e., approved CACFP or FRPM application); authorization form from the public program; current bill or receipt from the program (i.e., MEC^2 bill from CCAP); or screenshot from a program's official system of record (i.e., free or reduced-priced meals status in Infinite Campus). Proof of participation must have the name of the parent/guardian and/or child(ren), must be dated, and must be valid at the time of the award.
- **Unacceptable proof includes**: a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

Public Program Attach proof from **one program** listed below.	**Type Yes or No**
1. Does your child or a sibling participate in the **Free and Reduced-Price Meals Program (FRPM)**? *If yes, attach FRPM documentation such as an authorization letter, an approved application with program signature, or documentation from your program's official system of record.*	
2. Do you currently participate in the **Child Care Assistance Program (CCAP)**? *If yes, attach CCAP documentation such as a Notice of Decision letter.*	
3. Is your child currently enrolled in a **Head Start program**? *If yes, attach documentation of participation in Head Start such as an acceptance/authorization letter from the Head Start agency or approved enrollment form with program signature.*	
4. Do you currently participate in the **Supplemental Nutrition Assistance Program (SNAP**)? *If yes, attach SNAP documentation such as a letter or status statement from your county, or other county documentation. A copy of your EBT card is not acceptable documentation.*	
5. Do you currently participate in the **Minnesota Family Investment Program (MFIP)?** *If yes, attach MFIP documentation such as a letter or status statement from your county, or other county documentation.*	
6. Do you currently participate in the **Child Adult Care Food Program (CACFP)**? *If yes, attach CACFP documentation that shows your child's participation such as an authorization letter or an approved application with program signature. Note: Families are not income-eligible for scholarships based solely on CACFP provider area eligibility. Families must be eligible based on their own income.*	
7. Do you currently participate in a **Food Distribution Program on an Indian Reservation**? *If yes, attach Food Distribution Program documentation such as an authorization letter or a status statement.*	

If you responded **yes** to one or more of questions 1 through 7, skip pages 7 and 8.

If you responded **no** to questions 1 through 7, you will need to use **Option 2** to demonstrate your income. Complete the *Adults in the Household and their Income* table on the following page and submit valid income documentation for review of eligibility.

Complete this page and submit valid income documentation if you do **not** currently participate in an Option 1 public program.
Skip this page if you currently participate in and can provide documentation for one of the Option 1 public programs listed on Page 6.

Step 1: Complete the "Adults in the Household and their Income" Table.

- List adult household members (including yourself) in the table.
- For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related."
  - Household members include all people living in the household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. Households do not include other people who are economically independent, such as a roommate.
  - Include any college students temporarily away from home.
  - Include all adults, even if they do not have an income.
- If they do receive income, report the total gross income only. Enter income(s) in whole dollars.
- If they do not receive income from any source, check the "No Income" box.

Step 2: Attach proof of income for each adult listed. Include proof for all types of income earned.

- Acceptable proof includes the previous year's W-2 form, most recent (consecutive) 30 days of pay stubs for each income earner, financial aid statement, or a statement from an employer on company letterhead.
  - Families should submit the most current documentation available.
  - Pay stubs must be dated within six months of the award.
  - If other types of documentation are not available, the previous year's income tax filing documents may be used. The tax documents must be a copy of the signed version submitted to the Internal Revenue Service (IRS) or include the confirmation notice if submitted electronically.
- If the household has no income, one of the adults in the household must complete the *Household Declaration of No Income* on Page 8.

Sources of Income for Adults

Gross Pay from Work

- Salary, wages, cash bonuses (before deductions or taxes)
- If you are in the U.S. Military:
  a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  b. Allowances for off-base housing, food and clothing

Self-Employed or a Farmer

- Net income from self-employment (farm or business)

Child Support, Alimony

- Child support payments, Alimony payments

All Other Incomes

- Other Cash Assistance from State or local government (do not include any Option 1 programs listed on Page 9)
- Unemployment benefits
- Worker's compensation
- Veteran's benefits
- Strike benefits
- Social Security, disability benefits
- Regular income from trusts or estates
- Annuities, Investment income, Rental income
- Regular cash payments from outside household

Option 2: Household Income Eligibility

Adults in the Household and their Income (If more spaces are required for additional names, attach another sheet of paper)

In the table below, place an X in the appropriate box for each group.

Names of All Adult Household Members (First and Last)	Gross Pay from Work Do not write in an hourly wage. Place an X in the appropriate box.					Are you Self-Employed or a Farmer?			Child Support, Alimony					All Other Incomes					No Income
List all **adult** household members (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-Weekly	2x Month	Monthly	Report income **before deductions or taxes** in whole dollars (no cents). ($)	Monthly	Yearly	Farm or Self-Employment net income. Do not duplicate elsewhere.) ($)	Weekly	Bi-Weekly	2x Month	Monthly	Payments received ($)	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc. ($)	Check if this adult has no income.
1.																			
2.																			
3.																			
4.																			
5.																			

Complete this page if **no** adult members of your household have income.
Skip this page if you are using an Option 1 program or if one or more adults in your household have an income.

- Households with no income still need to list all adults in the household on Page 7.
- Do not complete this page if income for one or more adults is listed on Page 7.
- Do not complete this page if you answered "yes" to questions 1-7 on Page 6 and are submitting proof of participation in a public program.

Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be completed by the same parent or legal guardian who signs the *Early Learning Scholarships – Pathway I Application*.

I, _____, declare that we as a household currently
Print full legal name

do not have income on this day of _____.
Today's Date (MM/DD/YYYY)

Signature:_____ **Date (MM/DD/YYYY)**:_____

Agreement to Comply with Requirements

By signing this application, you are confirming that you have read, understand and agree to the Early Learning Scholarships Program requirements and the items listed below.

- The information on this application is true, and all household members' incomes are reported. If I purposely give false information, my child may lose the scholarship, and I may need to reimburse the state for funds paid.
- **My 3- to 5-year-old** must complete an Early Childhood Screening within 90 calendar days of attending a selected program using a scholarship. If my child receives a scholarship between age 0 and 2, they must complete the screening within 90 days of their third birthday.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Area Administrator when my child stops attending the program where we are using a scholarship.
- I will notify the Area Administrator if I move or my contact information changes.
- Within three months of being awarded an Early Learning Scholarship, my awarded child(ren) must be enrolled in a program participating in Parent Aware or the scholarship will be cancelled. If needed, the Area Administrator will help direct me to Child Care Aware to help me find programs in my area. The scholarship may be cancelled earlier if I do not communicate with the Area Administrator about my plans for using the scholarship.
- Regular and consistent attendance is expected. Early Learning Scholarships does not pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense unless an official exemption has been extended to my child(ren).
- If the program is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program.
- If I am a family childcare provider participating in Parent Aware, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family childcare.

Required Consent to Share Your Information

You must consent to all the following statements to participate in the scholarship program.

- The Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application, as well as any scholarship amount my child is eligible for and the award date, with the program I choose. This is needed to ensure accuracy between the application and the *Award Planning Agreement* and information retained by the program.
- The Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application with: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- The State of Minnesota may share information about me and my child's/children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), county or Tribal social agency workers, MFIP, SNAP, Head Start, free and reduced-price meals (FRPM), and the Child and Adult Care Food Program (CACFP). These agencies can also share information about me and my child's/children's eligibility for and use of assistance with the State of Minnesota. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for six months after my scholarship ends.

- Area Administrators may share information from this application with the State of Minnesota including my name and address; demographic information; parent education; income information; my child's eligibility for and the amount of any Early Learning Scholarship; the program where I am using the scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.
- To verify the early childhood screening has taken place, the Area Administrator has my permission to contact the school district office of the child to verify the screening location and date.

Note*: I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be eligible to receive an Early Learning Scholarship. Information to be released does not include supporting documents attached to this application.*

Tennessen Warning from the State of Minnesota

This notice applies to all information collected for the Early Learning Scholarships program. It explains what information we will collect and why we are collecting it.

What Information are we requesting?
We are requesting all information on the Early Learning Scholarship – Pathway I program application, some of which is considered private data under Minnesota law.

Why do we ask you for this Information?
Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. This information is necessary to comply with the state law authorizing the program.

Am I required to provide this data?
There is no legal obligation for you to provide the data requested; however, without it, we cannot determine your child's eligibility, and your child will not receive a scholarship.

Who else may see this information?
As described elsewhere in the application, with your required informed consent we will share your information with the program that you choose, your resident school district, and the State of Minnesota. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. All these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator must not share your data with anyone except the State of Minnesota Early Learning Scholarship Program.
We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services, and/or other agencies with the legal authority to access the information, or anyone authorized by a court order.

How else may this information be used?
We may use or release this information only as stated in this notice, unless you give us your written permission to release the information for another purpose or to another individual or entity. The information may be used for another purpose if the U.S. Congress or the Minnesota Legislature passes a law allowing or requiring other uses.

How long will my data be kept?
Your data will be kept for a minimum of seven years.

Parent/Guardian Signature

Optional Consent: Release Information and Participate in an Evaluation

Please initial to confirm that you have read, understand and agree to the following.

___Area Administrator or the State of Minnesota may share information from my application, my child's eligibility for and amount of any Early Learning Scholarship, and the program where I use my scholarship, with State of Minnesota authorized program evaluators for purposes of analyzing how funds are spent, how families are informed about the program, the program's impact on child development or school readiness, the quality of early learning programs where scholarships are used, and other evaluations deemed relevant by the State of Minnesota. No public report will include specific identifying information about any individual child.

By signing below, you agree and verify all the following:

1. I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose the scholarship and I may need to reimburse the state for funds already paid.
2. I agree to the program requirements described on the Agreement to Comply with Requirements page.
3. I agree to have my information and/or my child's information shared as described on the Required Consent to Share Your Information.
4. I agree that I have read and understand the Tennessen Warning.

Signature of Parent or Legal Guardian

Sign in blue/black ink or electronically, not in pencil.

*Parent/Guardian's Legal Name:_____

First *Middle* *Last*

*Signature:_____ *Date (MM/DD/YYYY):_____

Submit Your Application

Submit your completed application and eligibility documentation to your Area Administrator. Please do not send this application to the Department of Children, Youth, and Families (DCYF).

Northland Foundation
202 West Superior Street, Suite 800
Duluth, MN 55802

218.260.2736

Please do not email applications. Contact Northland Foundation for a link to our secure portal.