



CLINTON-GRACEVILLE-BEARDSLEY PUBLIC SCHOOLS

"Home of the Wolverines"

I.S.D. #2888

www.graceville.k12.mn.us

August 2016

Dear Parents of CGB Preschoolers:

Welcome to the 2016-2017 Preschool Program! Your child will be in our program for 128 days. You will receive a separate letter from your child's teacher indicating which days of the week your child is in the program.

I'm happy to report that the cost this year will remain at \$15.00 a day, or \$7.50 a day for those who qualify for **Free/Reduced Lunch**—more on that in a moment.) There is no reimbursement or reduction in billing for absentee days.

Because we often miss some days in the winter, we bill on an 8-month schedule (September - April). This way you can anticipate the rates without having to remember exactly how many days there are in each month. The rates for 2016-2017 are as follows:

Regular Rate

128 days (4 da/wk) x \$15.00/day = \$1920.00 → \$240.00 due each month, September – April

Reduced Rate

128 days (4 da/wk) x \$7.50/day = \$960.00 → \$120.00 due each month, September - April

The **first payment** is due September 6, 2014. After that, **payment is due the first of each month**. Send to:

Clinton-Graceville-Beardsley School District
Attn: Trisha Anderson
PO Box 361
Clinton, MN 56225

If you prefer, you can stop by the district office in Clinton and make payment directly. Either way, make sure that you pay by the 1st of each month. This insures we can continue services for your child.

New this year: our Parent Aware Four Star preschool program now offers a type of assistance called **Pathway II Scholarships**, designed for qualifying non-Head Start families. For more information about this scholarship, see the enclosed information sheet.

In addition to the preschool fee, students need to pay for their lunches. (Breakfast and snack are provided at no charge.) Lunches are \$2.50 per day. If you qualify for free or reduced lunches, your daily charge for lunch is \$0.00.

District Office
601 First Street
P.O. Box 361
Clinton, MN 56225-0361
Tele: 320-325-5282
Fax: 320-325-5509

Clinton Site
601 First Street
P.O. Box 361
Clinton, MN 56225-0361
Tele: 320-325-5224
Fax: 320-325-5509

Graceville Site
712 Third Street
P.O. Box 398
Graceville, MN 56240-0398
Tele: 320-748-7233
Fax: 320-748-7159

How do you qualify for **Free and Reduced Student Meals**? Simply fill out the **Application for Educational Benefits** included in this mailing and return it by September 6. (If you return the application later, you will miss out on the free meal benefits until you've turned it in.)

Our preschool program is offered in collaboration with **Prairie Five Head Start**. Prairie Five provides our teachers and supervises them. If you have questions about teaching and learning, they're the place to start. The Prairie Five number is 1-800-443-4283. If you have any questions about costs, please call the CGB district office at 320-325-5282.

CGB Schools use an **Emergency Alert System** to inform families of adjustments to the school day because of bad weather or other events. These phone calls usually come to you early in the morning, as we generally make weather-related decisions by 6:00 a.m. We want to help all families prepare for child-care alternatives if needed. **Note:** Please call the Elementary School office at 320-325-5224 to make sure we have your current telephone number(s) in our system. If you do not receive a call when others do, please let us know that as well, so that we can update our system.

We look forward to another great year with our Preschoolers!

Sincerely,

A handwritten signature in cursive script that reads "Philip Grant".

Philip Grant, Superintendent



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Dear Parent/Guardian:

Our school provides healthy meals each day. Breakfast costs \$1.50; lunch costs \$2.50 (Elem) & \$2.80 (HS).

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge. State funds also help to pay for breakfasts for kindergarten students, so all participating kindergarten students receive breakfasts at no charge.

Return your completed Application for Educational Benefits to:

Clinton-Graceville-Beardsley School District #2888

Attn: Trisha Anderson

PO Box 361

Clinton, MN 56225

Who can get free school meals? Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

I get WIC or Medical Assistance. Can my children get free school meals? Children in households participating in WIC or Medical Assistance may be eligible for free school meals. Please fill out an application.

Who should I include as household members? Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

What if my income is not always the same? List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes.

Will the information I give be checked? Yes, and we may also ask you to send written proof.

How will the information be kept? Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

If I don't qualify now, may I apply later? Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call (320)325-5282.

Sincerely,

District Office
601 First Street
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How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2016-17 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). *or*
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child). *or*
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2016 through June 30, 2017.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

Step 1 Children

List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Please provide the requested information on ethnicity and race for each child. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.

Step 2 Case Number Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue on to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

Step 4 Signature and Contact Information An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Application for Educational Benefits – School Year 2016-17
School Meals • State and Federally Funded Programs

Step 1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	Grade	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Optional - Hispanic/Latino? If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child.							
							American Indian	Asian	African American	Pacific Islander	White			
			School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

Step 2 Do any Household Members, including yourself, currently participate in any of the following assistance programs: SNAP, MFIP or FDIPIR? Circle one: **Yes** **No**
Medical Assistance and WIC do not qualify. If No > Go to STEP 3. If Yes > Write in the CASE NUMBER _____ here; then go to STEP 4.

Step 3 A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.	Gross Pay from Work Do not write in an hourly wage.			Farm or Self-Employment Net income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony Payments received.			All Other Incomes Pension, retirement, disability, unemployment, Veterans benefits, etc.						
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
		\$	\$		\$									
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?

XX - XX - XX - XX
TOTAL

I don't have a Social Security Number.
 I don't have a Social Security Number, if any: regular incomes of children, if any: Security Number.

\$ _____ Weekly Bi-Weekly 2x Month Monthly

Step 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box: Do not share my information with Minnesota Health Care Programs.
Signature of Adult Household Member (required) _____ Print Name: _____ Date: _____

Address: _____ City _____ Zip _____ Home Phone: _____ Work Phone: _____

Office Use Only Total Household Size: _____ Total Income: \$ _____ per _____ Approved: Case Number - Free Foster - Free Income - Free
 Income - Reduced-Price Denied: Incomplete Income Too High Signature of Determining Official: _____ Date: _____

Is this form required?

This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to program.intake@usda.gov. This institution is an equal opportunity provider.

Office Use Only: Verification

Date Verification Sent: _____ Response Due: _____ 2nd Notice:

Result: No Change Free to Reduced-Price Free to Paid Reduced-Price to Free Reduced-Price to Paid
Reason for Change: Income Case number not verified Foster not verified Refused Cooperation Other: _____

Signature of Confirming Official: _____ Date: _____ Signature of Verifying Official: _____ Date: _____

EARLY LEARNING SCHOLARSHIP SUPPLEMENTAL INFORMATION
SUPPLEMENTAL INFORMATION: AWARD FORM FOR PATHWAY II - EARLY LEARNING SCHOLARSHIPS

WHAT IS AN EARLY LEARNING SCHOLARSHIP?

An Early Learning Scholarship can help you pay for child care or early education to help your child get ready for school. A scholarship may also help your child by providing additional or enhanced services.

There are two types of scholarships: Pathway I and Pathway II. Pathway I scholarships are awarded by Regional Administrators. Pathway II scholarships are awarded by child care or early education programs.

A child care or early education program is eligible to receive Pathway II scholarship funds if they are Four Star Parent Aware rated. Parent Aware is a rating tool to help parents select high-quality child care and early education. Read more about Parent Aware (<http://www.parentaware.org>). **Effective July 1, 2016, programs must have a Parent Aware rating of 3 or 4 stars to be eligible to receive Pathway I Early Learning Scholarships. All programs with Pathway II funds are Four Star Parent Aware Rated.**

WHERE CAN MY CHILD USE A SCHOLARSHIP?

Pathway II scholarships are awarded to families through an eligible Four Star Parent Aware rated program.

Child care or early education programs designated as Pathway II scholarship sites receive scholarship funds. These programs then use their Pathway II scholarship funds to award scholarships to families.

If you have any questions about Early Learning Scholarships or the Award form, ask your child care or early education provider.

HOW DO I APPLY?

To apply for a Pathway II - Early Learning Scholarship for your child, follow these steps:

- Complete the information on pages 1-4. Information that is required is marked with an asterisk.
- Read and sign the program agreement and consent to release information on pages 5-6 of the award form
- Return the completed award form (pages 1-7) to your child care or early education provider.

ELIGIBILITY

To qualify for a **Pathway II - Early Learning Scholarship**, you must be the parent, legal guardian or agency worker for the child/ren and your family must meet the following requirements:

PROGRAM YOUR CHILD ATTENDS

Your child must attend, or plan on attending, a Four Star Parent Aware rated program that is receiving Pathway II scholarship funds.

INCOME

You must provide proof that:

- Your child currently participates in one of the following programs:
 - Minnesota Family Investment Program (MFIP)
 - Child Care Assistance Program (CCAP)
 - Free and Reduced-Price Lunch Program (FRLP)
 - Child and Adult Care Food Program (CACFP)
 - Food Distribution Program on Indian reservations
 - Food Support (SNAP)
 - Head Start
 - Foster Care

OR

- Your family's income is equal to or less than 185% of the federal poverty level in the current calendar year. The chart below based on FY2016 poverty guidelines published in the Federal Register on January 25, 2016:

Family Size	Gross Income	Family Size	Gross Income
2	\$29,637	6	\$60,273
3	\$37,296	7	\$67,951
4	\$44,955	8	\$75,647
5	\$52,614	9*	\$83,343

For family units of more than eight members, add \$7,696 for each *additional* member.

*See Family Size of 9 as an example.

CHILD

Your family must have:

- A child who is age three or four by September 1, 2015, and who is not yet eligible for kindergarten.

OR

- A parent under the age of 21, who is pursuing a high school or general education equivalency diploma (GED), and who has a child age birth through age two. You must provide written proof that you are pursuing a high school diploma or GED; attach a letter from the organization (on their letterhead) you are currently attending.

- A younger sibling may be eligible for a scholarship if they attend the same program as their 3- and 4-year old sibling that has a scholarship. (*"Sibling" is defined as a child who shares one or both parents through blood, marriage or adoption, including siblings as defined by the child's tribal code or custom.*)

CHECKLIST TO SUBMIT YOUR AWARD FORM

Review the checklist below to make sure you have everything you need for your award form:

- Completed all required areas of the scholarship award form. The sections marked with an asterisk (*) are required. All other information is optional.
- Staple all supporting documents to the back of the scholarship award form (**note: if your child care or early education provider has already confirmed your eligibility, you do not need to submit these documents**). Supporting documents include:
 - o Income verification:
 - Proof of child's participation in a program listed on page 3 of the award form.
 - OR
 - Proof of income.
 - o If you are under 21 and requesting a scholarship for a child ages birth through age two:
 - Submit a letter from the organization (on their letterhead) stating you are currently attending a high school diploma or GED program.
- Carefully read the Agreement and Consent section, including the agreement to comply with program requirements, consent to release information, and to participate in the evaluation.
- Carefully read the Tennessen Warning.
- Initial, sign and date the scholarship award form.
- Double check your scholarship application. Missing items may cause a delay. Keep a copy of the scholarship application and attachments for your own records.

SUBMIT YOUR APPLICATION

Return your completed application and all other required documents to your child care or early education provider. Faxed or emailed award form will not be considered for a scholarship. If you have questions, contact your child care or early education provider.

REGIONAL ADMINISTRATOR

DATA SHARING CONSENT

To approve your application and process your scholarship, we must share certain information you provide to us with other entities:

Who	What	Why	Required/ Optional
Child care / early education program where child is enrolled.	Child's name, address, demographic, parent education, and income information from application, eligibility for and the amount of any Early Learning Scholarship awarded.	To allow the scholarship to be paid to a child care or early education program on child's behalf.	Required Consent
Child's local school district	Child's name, address, date of birth, gender, as well as parent/ guardian's name & address as listed on award form.	To assign child a unique Statewide Student Identification (SSID) number that will be used by the Regional Administrator and the Minnesota Department of Education (MDE) to identify child and validate scholarship payments.	Required Consent
Minnesota Department of Education (MDE)	Child's name, address, demographic, parent education, and income information from scholarship award form, child's eligibility for and amount of Early Learning Scholarship award, Parent-Aware rated program where child is enrolled, child's SSID number, and compliance with program requirements.	To determine child's eligibility for Pathway II - Early Learning Scholarship and to manage statewide scholarship program.	Required Consent
Scholarship Program Evaluator	Information from child's Pathway II - Early Learning Scholarship award form, child's eligibility for and the amount of Early Learning Scholarship award, and the program where child is enrolled. (No public report will include specific identifying information about any individual child.)	To analyze how scholarship funds are spent, how families are informed about the scholarship program, and the program's impact on child development or school readiness.	Optional Consent

- All entities are bound by Minnesota's data practices and privacy laws when working with any information shared through this program.
- Information to be released does not include supporting documents attached to application.
- Required Consent: I do not have to consent to this sharing of my information, but if I choose not to, I understand that my child/children will not be able to participate in the Pathway II - Early Learning Scholarship Program.
- Optional Consent: Refusal to consent to participate in the evaluation does not impact my eligibility to receive a Pathway II - Early Learning Scholarship.

EARLY LEARNING SCHOLARSHIP

AWARD FORM FOR PATHWAY II - EARLY LEARNING SCHOLARSHIP

CHILD INFORMATION (CHILDREN APPLYING FOR SCHOLARSHIP)

Complete tables below for all children applying for a scholarship who live at the same address. Make copies of this page to add more children. Siblings are children who share one or both parents through blood, marriage or adoption, including siblings as defined by the child's tribal code or custom. **Your children must be enrolled in a Pathway II - Early Learning Scholarship Program.**

CHILD ONE

*LEGAL FIRST NAME:	*LEGAL MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):		*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
RACE (Optional – Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		ETHNICITY (Check one): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
IS THIS CHILD CURRENTLY IN FOSTER CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD TWO (Younger sibling must attend same program as a 3- or 4-year old sibling.)

*LEGAL FIRST NAME:	*LEGAL MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):		*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
RACE (Optional – Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		ETHNICITY (Check one): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
IS THIS CHILD CURRENTLY IN FOSTER CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD THREE (Younger sibling must attend same program as a 3- or 4-year old sibling.)

*LEGAL FIRST NAME:	*LEGAL MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):		*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
RACE (Optional – Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		ETHNICITY (Check one): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
IS THIS CHILD CURRENTLY IN FOSTER CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PATHWAY II PROGRAM NAME WHERE MY CHILD/ CHILDREN WILL ATTEND:	PROGRAM PHONE NUMBER:
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PARENT / LEGAL GUARDIAN INFORMATION

Complete the information on this page if you are the parent or legal guardian of the child applying for a Pathway II - Early Learning Scholarship. Note: If the child is in foster care, please list the name and address of the agency overseeing the foster care placement in the "Home Address" section below.

*LEGAL FIRST NAME:	MIDDLE INITIAL:	*LEGAL LAST NAME:
*RELATIONSHIP TO CHILD: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Agency <input type="checkbox"/> Worker <input type="checkbox"/> Other:		
*HOME ADDRESS:	*CITY:	*ZIP CODE:
MAILING ADDRESS (if different from home address):	CITY:	ZIP CODE:
*DATE OF BIRTH (if under 21) (MM/DD/YYYY):	*COUNTY:	
*PHONE NUMBER:	OTHER PHONE NUMBER:	
EMAIL ADDRESS:		

RESIDENTIAL STATUS

Is your family currently residing in any of the following? Check any that apply.

- Shelter Doubling up temporarily with other family or friends due to economic hardship
 Car, outside, public space, hotel, or motel due to lack of accommodation

EDUCATION INFORMATION

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

- Less than high school High School or GED
 Some college, no degree College degree or more

EMPLOYMENT INFORMATION

What is your current employment status? Check one:

- Employed Full-Time (at least 25 hours/week) Employed Part-Time (less than 25 hours/week)
 Unemployed, seeking employment Unemployed, not seeking employment

ADDITIONAL INFORMATION

What language does your family speak most at home?

- English Spanish Somali Hmong Vietnamese
 Other:

Do you need an interpreter?

- Yes No

Is there another adult you want to list on this award form? (By listing this person, you give your consent for the Regional Administrator to contact this adult to discuss the information on this award form.)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE NUMBER:		RELATIONSHIP TO YOU:

FAMILY INCOME INFORMATION

IMPORTANT - BEFORE YOU BEGIN THIS SECTION -

- If you indicate you are participating in one of the public programs listed under "OPTION 1" - YOU MUST ATTACH TO THIS FORM THE REQUIRED DOCUMENTS THAT DEMONSTRATES PARTICIPATION IN A PUBLICLY FUNDED PROGRAM (i.e. a copy of an official letter or authorization form from the public program).
- If you elect to validate your income eligibility by completing "OPTION 2" - YOU MUST ATTACH TO THIS FORM THE REQUIRED DOCUMENTS THAT DEMONSTRATES VALID PROOF OF INCOME (i.e., a recent tax form, W-2 form, two most recent pay stubs, a financial aid statement/document, or a document from an employer on company letterhead).

OPTION 1: DO YOU ALREADY RECEIVE ONE OF THE PROGRAMS LISTED BELOW?

- Minnesota Family Investment Program (MFIIP) Child and Adult Care Food Program (CACFP) by family income
- Child Care Assistance Program (CCAP) Head Start
- Food Support (SNAP) Food Distribution Program on Indian Reservations
- Free and Reduced-Price Lunch Program (FRLP) Foster Care

IF YOU CHECKED ANY BOXES ABOVE FOR OPTION 1 AND CAN PROVIDE DOCUMENTATION, THEN GO TO PAGE 5.

OPTION 2: IF YOU OPTED TO VALIDATE YOUR INCOME ELIGIBILITY, THEN COMPLETE SECTION BELOW.

Step A. List all children in your household. Total Children _____

Reminder: Use this option ONLY if your children are NOT currently participating in one of the programs listed in OPTION 1 above.

List all sources of income in the tables below. Include all children and adults living in your household, even if they are not related; include yourself; include a household member who is temporarily away, such as a college student. Write in how often each income is received: weekly (W), biweekly (BW), twice per month (TM), monthly (M), or yearly (Y). Do not write in an hourly wage. If the income fluctuates, write in the amount normally received. For farm or self-employment income only, list net income (take-home pay).

First Name	Last Name	Age	Regular income received for this child (e.g., Social Security Income)
			\$ per
			\$ per
			\$ per

Step B. List all adults in your household, related or not. Total Adults _____

First Name	Last Name	✓ if No Income	Gross Wages/Salaries (before deductions)	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Other income, including net Farm/Self-Employment
			\$ per	\$ per	\$ per	\$ per	\$ per

First Name	Last Name	√ if No Income	Gross Wages/ Salaries (before deductions)	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Other Income, including net Farm/ Self-Employment
			\$ per	\$ per	\$ per	\$ per	\$ per
			\$ per	\$ per	\$ per	\$ per	\$ per

Step C. Proof of Income. Attach proof of all income for each household member listed in the table above. Acceptable proof of income includes a recent tax form, W-2 form, two most recent pay stubs, a financial aid statement, or a statement from an employer on company letterhead.

AGREEMENT AND CONSENT

AGREEMENT TO COMPLY WITH REQUIREMENTS

Please initial each item below to confirm that you have read and agree to the requirements.

All items must be initialed in order to qualify for an Early Learning Scholarship.

- _____ My three- to five-year-old must complete an Early Childhood or preschool screening within 90 calendar days of receiving or starting a program using a scholarship. I understand screening is not required for children younger than three years old, unless the child turns three while receiving the scholarship. ***How will you verify screening has taken place? (choose one of the two options below):***
- _____ Regional Administrator will contact the school district office to validate the screening location and date.
- _____ My child's screening was completed at: _____ (location) on _____ (date).
- _____ My child will remain eligible to receive a scholarship until he/she is age-eligible for kindergarten, as long as state funding is available. (No child may be awarded more than one scholarship in a 12-month period.)
- _____ I will notify the Regional Administrator when my child stops attending the program where we are using a scholarship and will comply with the required notification period per contract/agreement with the program.
- _____ I will notify the Regional Administrator if I move.
- _____ My child must be enrolled in a participating Parent Aware program within 10 months of being awarded an Early Learning Scholarship or scholarship will be canceled. Effective July 1, 2016, programs must have a rating of 3 or 4 stars to be eligible to receive scholarships.
- _____ If my Provider is no longer participating in Parent Aware, or does not receive a rating of 3 or 4 stars by July 1, 2016, I may not be able to continue to use the Early Learning Scholarship for that program. If this happens, the Regional Administrator can help me choose a new program.
- _____ The information on this application is true, and all household members' income is reported. I understand that if I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds already paid.

REQUIRED CONSENT TO RELEASE INFORMATION

You **must** consent to all three of the following to participate in the scholarship program. Please **initial each one** to confirm that you have read and agree with each statement.

- _____ Regional Administrator may share my child/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 deemed eligible for and the award date, with the Provider.
- _____ Regional Administrator may share my child/children's name, address, date of birth and gender, and my name and address as listed on the application with my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Regional Administrator and the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- _____ Regional Administrator may share information from this application with MDE 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 my scholarship; my child's SSID number; and whether or not I have complied with program requirements.

Note: I do not have to consent to this sharing of my information, but if I choose not to, I understand my child/children will not be able to participate in the Pathway I - Early Learning Scholarship Program. Information to be released does not include supporting documents attached to this application.

OPTIONAL CONSENT TO RELEASE INFORMATION AND PARTICIPATE IN AN EVALUATION

Please initial to confirm that you have read and agree to the following. ***This consent is optional and is not required to receive a scholarship.***

- _____ Regional Administrator or MDE 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 MDE authorized program evaluators for purposes of analyzing how funds are spent, how families are informed about the program, and 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 MDE. No public report will include specific identifying information about any individual child.

TENNESSEN WARNING FROM THE MINNESOTA DEPARTMENT OF EDUCATION

What Information are we requesting?

We are requesting all information on the Pathway II - Early Learning Scholarships program application, some of which may be considered private data under Minnesota law.

Why do we ask you for this information?

Information on this application is required to apply for the Pathway II - Early Learning Scholarships program. We will use the information collected here, and any additional related information, to determine eligibility for the program. 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?

You need to consent to us sharing your information with the provider that you choose your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will evaluate the effectiveness of the scholarship program for us. The evaluator is bound by Minnesota's data practices and privacy laws and must not share your data with anyone except MDE.

We may also give the data you've 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 it.

How long will my data be kept?

Your data will be kept for a minimum of seven years.

AGREEMENT AND CONSENT: SIGNATURE REQUIRED

By initialing one or more of the items in the Agreement and Consent section above, I agree to the program requirements, to the release of information, and agree that I have read and understand the above Tennessee Warning.	
SIGNATURE OF PARENT, LEGAL GUARDIAN OR FOSTER CARE AGENCY REPRESENTATIVE:	DATE:
FIRST NAME (print):	LAST NAME (print):
FOSTER CARE AGENCY NAME (if applicable):	

(Pathway II Program Verification and Child's Award Start Date Information are on page 7)

I acknowledge that the required information on this Pathway II – Early Learning Scholarship Award Form and required income documentation have been reviewed and approved as true for the purpose of placement in an available Pathway II - Early Learning Scholarship slot within our program. I also acknowledge that we have discussed Early Learning Scholarships options and benefits with the parent(s)/family and that they have accepted a Pathway II scholarship from our program.

SIGNATURE OF PROGRAM REPRESENTATIVE:		DATE:
FIRST NAME (print):	LAST NAME (print):	
CHILD CARE / EARLY LEARNING PROGRAM NAME:	TITLE:	

CHILD OR CHILDREN'S LEGAL NAME	CHILD'S AWARD START DATE

***Please be sure the required income verification documents are on file to validate eligibility, see page 3).**

