

## PATHWAY II Instructions – Early Learning Scholarship Award

### INFORMATION ABOUT THE PROGRAM

The Pathway II - Early Learning Scholarship Award form is to be used to determine eligibility and to notify regional administrators which children have received Pathway II scholarships through child care/early education programs. Pathway II - Early Learning Scholarships provide programs with funds to pay for child care/early education programming/services to help prepare children for kindergarten. Scholarships are paid directly to the child care/early education programs chosen by the parent or guardian.

Scholarship funds may be used to cover the cost of attendance to a child care/early education program, increase the length of time a child receives services, enhance the services a child receives, cover parent fees, rates or other charges not covered by other public funding like the Minnesota Child Care Assistance Program (CCAP), Head Start or School Readiness.

### TO QUALIFY FOR A PATHWAY II - EARLY LEARNING SCHOLARSHIP, A FAMILY MUST:

- 1) Attend a Four Star rated program that has been allocated Pathway II funds.
- 2) Have a family income equal to or less than 185 percent of federal poverty level income in the current calendar year. The chart below is a guide that is based on FY2013 poverty guidelines published in Federal Register on January 2013:

Family Size	Gross Income	Family Size	Gross Income
2	\$28,693.50	6	\$58,441.50
3	\$36,130.50	7	\$65,878.50
4	\$43,567.50	8	\$73,315.50
5	\$51,004.00	9*	\$77,335.50
For family units of more than eight members, add \$4,020 for each <i>additional</i> member. *See Family Size of 9 as an example.			

**Or:** be able to document child's current participation in one of the follow programs:

- Free and Reduced-Price Lunch Program
- Child and Adult Care Food Program (CACFP)
- Food Distribution Program on Indian reservations
- Head Start
- Minnesota Family Investment Program (MFIP)
- Child Care Assistance Programs (CCAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Placement in foster care under section 260C.212

- 3) Meet the following eligibility requirements:
  - a. Families must have a child who is age three or four as of September 1 of the current year and not yet eligible for kindergarten; or
  - b. A child between the ages of zero and five of a parent under the age of 21 who is pursuing a high school or general education equivalency diploma is eligible for a scholarship if the parent meets the income eligibility guidelines; or
  - c. A sibling\* between the ages zero-to-five years old of a child who has been awarded a scholarship attending the same child care/early education program.

\*Definition of *sibling* means one or more individuals who have one or both parents in common through blood, marriage or adoption, including siblings as defined by the child's tribal code or custom.

## **FOR FAMILIES: HOW TO COMPLETE THE PATHWAY II AWARD FORM**

- 1) Answer all required questions on the award form.
- 2) Attach the required written proof of:
  - a. Public Assistance or Publicly Funded program participation OR income documentation. You can also complete the *Verification Form*, if applicable.
  - b. High school or general education equivalency diploma (showing participation) if you are under 21 and requesting a scholarship for a child ages zero through age five.
- 3) Carefully read the Agreement and Consent form (agreement to comply, consent to release information, and to participate in the evaluation). Initial, sign and date the scholarship award form.
- 4) Carefully read the Tennessean Warning.
- 5) Deliver the completed award form, including all other *required* documents, to the program/provider where the child is receiving, or will receive, a Pathway II scholarship. Award forms that are faxed or emailed will be **not** be considered for a scholarship.
- 6) What happens next? The program/provider will send you a letter to confirm the Pathway II - Early Learning Scholarship award.
- 7) Questions/need assistance? The program/provider will work closely with and assist parents.

## **EARLY LEARNING SCHOLARSHIP AWARD CONTENTS**

### **SECTION I - APPLICANT INFORMATION**

This section collects parent/family information, household size and number of family members and children (including siblings).

### **SECTION II - INCOME VERIFICATION**

This section serves to gather and verify income. Supporting documentation (proof of income) is required. You must provide proof of participation (showing participation) in a public assistance or publicly funded program OR you can provide income documentation. If you do not have documentation, see **Verification Form** (Attachment A).

### **SECTION III - CHILD CARE/EARLY EDUCATION PROGRAM CHOICE**

This section asks the parent to identify the child care/early education program at which the parent would like to use the scholarship. You must provide the name, address and phone number of the programs of your choice, in order of priority.

### **SECTION IV - AGREEMENT AND CONSENT**

This document provides important details and an overview of the scholarship program requirements for applicants to participate in the scholarship program and evaluation. There are areas where your initials, signature and date are required.

### **SECTION IV - TENNESSEN WARNING**

This notice is regarding the request for information and private data.

### **SECTION VI: ELIGIBILITY VERIFICATION**

This section is completed by program/provider.

### **FRIENDLY REMINDER AND CHECK LIST**

This is a quick point of reference to remind you of the required documentation and to make sure to supply all the necessary information with the Pathway II Scholarship Award form.

### **VERIFICATION FORM (Attachment A)**

The Verification Form is to be completed only if the applicant does not have evidence of participation in one of the public assistance or publicly funded programs (see Section II, option #1 of the Pathway II Scholarship Award).

This verification form has two sections to fill out and sign. The top section is for the parent to complete. The parent then gives the form to their program/provider to complete.

the second half. The agency worker returns the completed and signed form to the parent who must submit it with the Pathway II - Scholarship award form.

## **Pathway II – Early Learning Scholarship Award Instructions**

**The top part of the award form is to be completed only by the regional administrator's office.**

For the “Child Care/ Early Education Program Type” this includes, but is not limited to, Head Start, school-based, or Child Care Assistance Program (CCAP).

### **SECTIONS I-IV must be completed by the Parent or Legal Guardian**

The form is to be used for Pathway II - Early Learning Scholarships awards.

All required information on the form is marked with an asterisk (\*) in order to determine eligibility. All other information is optional or useful in the program's evaluation.

Please continue to refer to the *INSTRUCTIONS* document for assistance and guidance when completing the form. If you need assistance, please ask your program/provider.

### **SECTION I – APPLICANT INFORMATION (page two)**

***Special Services*** – Indicate if you need an interpreter, the preferred spoken language in your home and how you heard about the Pathway II - Early Learning Scholarship. This information is optional.

***Parent /Legal Guardian*** – Provide accurate information of the party representing the child or children. This can be a parent or legal guardian (i.e. grand parent, foster care parent, someone with legal authority, etc.). All required information is marked with an asterisk (\*) in order to determine eligibility.

For entering information in the “Employment Status” indicate if you work full time (FT) this means more than 25 hours per week; part time (PT) means less than 25 hours per week. If you are Unemployed, Seeking Employment (UE) or Unemployed, Not Seeking Employment (NSE), mark the corresponding box.

***Family Size*** – Complete this information by identifying the number of family members in your current household (including any siblings).

Definition of *sibling* means one or more individuals who have one or both parents in common through blood, marriage or adoption, including siblings as defined by the child's tribal code or custom.

***Parents under 21*** – If you are a parent *under* age 21, pursuing a high school or general education equivalency diploma, and you are requesting a scholarship for a child ages zero through age five, then you must provide written proof that you are pursuing a high school or general education equivalency diploma.

Definition of *written proof* means a copy of the official letter from the organization (on their letterhead) in which you are currently enrolled and actively participating in classes.

**Child Information** – Provide the required identifying information for each child to be awarded a scholarship: first, middle and last name; birth date; and gender.

The **Ethnicity and Race** identity is *optional* and intended only for evaluation of the program. This information will not be used to determine eligibility. If you choose to enter the ethnicity and/or race of the eligible children in your household, who are between the ages of three and five and not yet eligible for kindergarten, do so in the area on page four of the award form.

Choose one ethnicity and enter it next to each child on the list:

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Choose one or more races and enter it next to each child on the list:

- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

## SECTION II - INCOME VERIFICATION (page four of award form)

**You have two options for verifying your income.** You only need to **choose one** of the two options to apply.

**Option 1:** Provide proof that your child is currently participating in a publicly funded program.

If your child is currently participating in any of the public programs listed, attach written documentation showing participation in **ONE** of the programs. If you do not have written documentation showing participation, please complete the **Verification Form** (Attachment A) included.

Note: If your child/children are *not* currently participating in any of the listed publicly funded programs but they are on a waiting list at Head Start, school-based or CCAP please indicate that in the area on page five of the award form.

**Option 2:** Record your income in the area provided and attach proof of this income.

Note: Only complete the Option 2 section if you have NOT selected Option 1 to verify income eligibility.

Fill in the **INCOME** table. List all sources of income for each member of your household (including yourself, another parent or legal guardian). All sources require proof of income (evidence).

**Source of Income** includes, but is not limited to:

- Gross wages and/or salary from all jobs (gross means *before* any deductions)
- Pension, SSI, retirement, Social Security

- Public assistance, child support, alimony
- Unemployment, worker's comp, strike benefits
- Other income including: tips, tax refund, 1099, Farm/Self Employment (net amount only, this means *after* deductions)

**Amount Received** from all sources of income

**Rate of Occurrence:**

- Weekly
- Every two weeks
- Twice per month
- Once per month

**Proof of Income:**

Attach proof of all income for each member listed in the INCOME table. Proof of income may include:

- a recent tax form;
- W-2 form;
- two (2) most recent pay stubs;
- financial aid statement; or
- a statement from your employer (on company letterhead).

### **SECTION III - CHILD CARE/ EARLY EDUCATION PROGRAM CHOICE** (page six of award form)

Complete the Child Care/Early Education Program Choice Table to indicate where you are, or will be, receiving a Pathway II scholarship.

Complete the information about Early Childhood Screening.

### **SECTION IV - AGREEMENT AND CONSENT** (page six of award form)

As a parent or legal guardian, you must read the agreement and consent form, initial, sign and date as appropriate. This form must be completed and turned in as part of the scholarship award form.

### **SECTION V - TENNESSEN WARNING** (page eight of award form)

#### **Minnesota Department of Education, Early Learning Scholarships Program**

#### **What information are we requesting?**

We are requesting all information on the Pathway II - Early Learning Scholarships Award form. This form requests information that may be considered private data under Minnesota law.

#### **Why do we ask you for this information?**

Information on this form is required in order to receive a Pathway II - Early Learning Scholarship. We will use the information collected via this form or any additional

communications related to this form to determine or confirm eligibility for the Pathway II - Early Learning Scholarship program. This information is also necessary to comply with the state law authorizing the Early Learning Scholarship program.

**Am I required to provide this data?**

There is no legal obligation for you to provide the data requested. However, absent the data requested, the Minnesota Department of Education (MDE) will not be able to evaluate your child's eligibility for the Pathway II - Early Learning Scholarships program.

**Who else may see this information?**

A third-party entity will evaluate the effectiveness of the Early Learning Scholarship program for the Minnesota Department of Education. That entity is bound by Minnesota's data practices and privacy laws and may not share your data with any other private entities but will share its evaluation with MDE. We may also give the data you've provided to the legislative auditor, the Minnesota Department of Human Services and any law enforcement agency or other agency with the legal authority to access the information, and anyone authorized by a court order.

**How else may this information be used?**

We can 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 release it to another individual or entity. The information may also be used for another purpose should the United States Congress or the Minnesota Legislature pass a law allowing or requiring us to release the information or to use it for another purpose.

**How long will my data be kept?**

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

## FRIENDLY REMINDER CHECK LIST

To ensure a smooth process, please be sure to:

- ☐ READ and follow the directions carefully.
- ☐ Complete all areas of the scholarship award form (as applicable).
- ☐ Provide all the required supporting documentation, proof of education activity and income information.
- ☐ Make sure you have the Verification Form (Attachment A) completed by you and the agency worker (if applicable). This form must be included with your scholarship award form if you do not have proof of income (see Section II).
- ☐ Include all supporting documentation with the scholarship award form.
- ☐ Sign and date the scholarship award form in the areas as requested/required.
- ☐ Double check your scholarship award form. If there are missing items this may cause a delay in the final approval process.
- ☐ You may want to keep a copy of the scholarship award form and attachments for your own records (before submitting).
- ☐ Mail or drop off your scholarship award form to your program/provider.



## **VERIFICATION FORM - Attachment A**

This form has two sections and must be completed by the parent and agency worker.

As required in Section II - Income Verification, option #1 of the scholarship award form, this form is to be used for the purpose of verification for families of children who will be receiving a Pathway II - Early Learning Scholarship but do not have proof of participation for one of the public assistance or publicly funded programs listed. Children who are currently participating in a public assistance or publicly funded program may also be eligible for a Pathway II - Early Learning Scholarship.

Use the attached VERIFICATION FORM on the next page and be sure to submit it with your scholarship award form, if applicable.

## PATHWAY II – EARLY LEARNING SCHOLARSHIP VERIFICATION FORM

### Attachment A

**Note:** This verification form has two sections and must be completed by the parent and agency worker before submitting with your Pathway II – Early Learning Scholarship Award form.

As required in Pathway II - Early Learning Scholarship Program award form (Section II – Income Verification, Option #1) states you may use this form for the purpose of verification of families of children that may be awarded a scholarship but do not have proof of participation for one of the public assistance or publicly funded programs listed below. Children who are currently participating in a public program may also be eligible for an Early Learning Scholarship.

**1. This section is to be completed by the PARENT(S)/LEGAL GUARDIAN:**

I, \_\_\_\_\_ am being awarded a Pathway II - Early Learning  
(name of parent/legal guardian)  
Scholarship for \_\_\_\_\_ at the following child care/early education  
(enter name of child or children)  
program \_\_\_\_\_.  
(enter name of program where child is enrolled)

By signing below, I give my consent for the public assistance or publicly funded program at \_\_\_\_\_ to release information to the program listed above about my participation in one of the programs identified in section 2.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Legal Guardian Signature Date

**2. This section is to be completed by the public assistance or publicly funded program / AGENCY WORKER (from the agency identified above).** This form must be RETURNED to the PARENT/LEGAL GUARDIAN for submission with Pathway II - Early Learning Scholarship Program award form.

**Public Assistance or Publicly Funded Programs -**

The child or children listed above are currently participating in at least ONE of the following public programs. Please check the line of the public program or programs for which you are aware that the child is currently participating:

- \_\_\_\_\_ Minnesota Family Investment Program (MFIP)
- \_\_\_\_\_ Child Care Assistance Program (CCAP)
- \_\_\_\_\_ Food Support (SNAP)
- \_\_\_\_\_ Free and Reduced-Price Lunch Program
- \_\_\_\_\_ Child and Adult Care Food Program (CACFP)

- \_\_\_\_\_ Day Care Center Child/ Children Eligible for Free (A) or Reduced (B) meal reimbursement
- \_\_\_\_\_ Family Day Care Home Family Income Eligible Tier I  
(Sponsoring Organization to Verify)
- \_\_\_\_\_ Head Start
- \_\_\_\_\_ Foster Care
- \_\_\_\_\_ Food Distribution Program on Indian reservations  
(Automatically qualifies for FRLP)

Is this family income eligible based on the 2013 federal poverty level equal to or less than 185 percent? Yes \_\_\_\_ No \_\_\_\_\_. Confirm Income Amount: \$\_\_\_\_\_.

**Public Assistance or Publicly Funded Programs Information –**

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

Worker Email: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

Agency Number: \_\_\_\_\_ County: \_\_\_\_\_

As the identified and authorized public assistance or publicly funded program worker, I certify (promise) that the information provided to the Early Learning Scholarship program or provider, and/or on this form, is true.

Signature required: \_\_\_\_\_ / \_\_\_\_\_  
(Agency Worker Name) Date