DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Early Learning Scholarship – Pathway II Renewal Form

Instructions

What is an Early Learning Scholarship?

An Early Learning Scholarship – Pathway II can help your child attend high-quality childcare and early education to ensure your child enters kindergarten ready to succeed. A program is eligible to receive Pathway II funds if they are Parent Aware Four-Star Rated. Parent Aware is a rating tool to help parents select high-quality early childhood programs. For more information, visit the Parent Aware website (ParentAware.org). **Note:** Children may only receive one scholarship between July 1 and June 30 each year and cannot receive a Pathway I and Pathway II scholarship at the same time.

What is a Renewal?

A complete renewal form is required to continue receiving an Early Learning Scholarship. It must be completed and submitted to your Pathway II program prior to your child's scholarship expiration. If you do not complete this form before June 30, it will result in your child's scholarship being cancelled.

How do I Submit the Renewal Form?

1. Complete the renewal form in blue/black ink or electronically. Required information is marked with an asterisk (*).
2. Sign and date the application in blue/black ink or electronically.
3. Submit the Renewal Form to your Pathway II program.
4. If you have questions, contact your Pathway II program.

Submit the Renewal Form to your Pathway II Program: Please do not send this application to Department of Children, Youth, and Families (DCYF).

Pathway II programs must provide their mailing address and contact information below.

Pathway II Program Name: _____

Pathway II contact Name: _____ Pathway II contact email: _____

Address: _____ Telephone: _____

This form was created by the State of Minnesota and must not be altered or adjusted in any way.

Funding is provided by the State of Minnesota to support administration of early learning scholarships, Minnesota Statutes, section 142D.25.

This page is intentionally left blank.

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Box is for Administrator Use Only:
Program Name:_____
Application Fiscal Year:_____

Early Learning Scholarship – Pathway II Renewal Form

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.

Child Information

Provide information for all children you want considered for a scholarship. 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.

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

Location: _____ Date:_____

Additional Children

Are you applying for more than one child? ◯ Yes ◯ No

If you are applying for more than one child, use the extra page at the end of the renewal form.

Parent/Legal Guardian Information

The parent or legal guardian of the children included in this application must complete this section.
Note: If any child is in foster care, please skip this section and complete the "Foster Care Information" 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 are two legal parents/guardians in the household, the second parent must be listed below. By listing this person, you give your consent for the Pathway II program 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, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Pathway II program 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:_____

If you are not applying for a child in protective services and/or foster care, skip this page.

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:_____

Foster Care Information

This section must be completed by the foster care county or tribal social service agency worker.

By completing this section, you are designating yourself as the point of contact for the Pathway II program if there is a need to discuss the information on this form. The county or tribal social service agency worker should notify the Pathway II program of any changes that could impact the child's scholarship.

At the end of the application, the county or tribal social service agency worker should sign as the parent/guardian.

County or Tribal Social Service Agency:_____

County or Tribal Social Service Agency Address:_____

Worker Name:_____

Phone Number: _____ Email Address: _____

Residence of Child

Current Resident Address:_____ Apt/Unit #:_____

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

Resident School District of the child based on the address of the home from which the child was removed:

_____

Foster Care Parent Contact

Foster Parent's Name:_____
First *Middle* *Last*

Phone Number:_____ Email Address:_____

Family Information

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/

What language does your family speak most at home?

◯ 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: _____

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)*

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

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 Pathway II program when my child stops attending the program where we are using a scholarship.
- I will notify the Pathway II program if I move or my contact information changes.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot 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 Scholarship/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 information retained by the program.
- The Scholarship/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 Children, Youth, and Families (DCYF) 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. These agencies can also share information about me and my child'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.
- Scholarship/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 Scholarship/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 II 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 DCYF. 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.

Optional Consent: Release Information and Participate in an Evaluation

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

_____ Scholarship/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.

Parent/Guardian Signature

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 completed Renewal Form to your Pathway II program.

Program Representative Signature

I acknowledge that the required information on this *Early Learning Scholarship – Pathway II Renewal Form* has been reviewed and approved as true for the purpose of awarding a Pathway II scholarship within our program. I also acknowledge that we have discussed the Early Learning Scholarship options and benefits with the family and that they have accepted the Pathway II scholarship from our program.

*Program Representative Name:_____
First *Last*

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

*Pathway II Program Name:_____

*Site Name (if applicable): _____

*Child 1 Award Start Date: _____ *Child 1 Award Amount: _____

Child 2 Award Start Date: _____ Child 2 Award Amount: _____

Child 3 Award Start Date: _____ Child 3 Award Amount: _____

If you are applying for more than one child, list them here and attach this page to your *Early Learning Scholarship – Pathway II Renewal Form*. Do not enter information again for Child One listed on Page 1 of the application. 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: _____

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: _____