

Award Planning Agreement Early Learning Scholarships – Pathway I

This required form is a tool for planning the use of Early Learning Scholarship – Pathway I child awards. **The early childhood program (program) and the family must complete this form together.**

Program Instructions

1. Please complete this *Award Planning Agreement* form with the parent/guardian within 10 business days of the first use of the child’s scholarship at the program.
2. Make copies of this form for your program and the parent/guardian’s records. The Early Learning Scholarship Program and Area Administrator policies in this document should be easily referenced.
3. Return the original *Award Planning Agreement* form to the Area Administrator within three business days of completing with the parent/guardian. Instructions for returning the form are on Page 4.

Please note: A delay in receipt of this form may result in non-payment to the program.

Program Information

Program: _____

Site: _____ **DHS License # or MDE Org #:** _____

Address: _____

Parent Aware Rating (check one): One-Star Two-Star Three-Star Four-Star Cohort

Rating Start Date: _____ **Rating Expiration Date:** _____

Contact Person: _____ **Role/Title:** _____

Phone: _____ **Email:** _____

Partnerships: Does this program have a partnership with Head Start or public school? Yes No

Notice: Does the program require the family to give notice when leaving the program? Yes No

If yes, how much notice is required? _____
(e.g., 2 weeks, 5 business days, etc.)

Family Information

Parent/Guardian Name: _____

Relationship to scholarship child(ren): _____

Phone: _____ **Email:** _____

Address: _____ **Apt/Unit #:** _____

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

Child Information

The purpose of this page is to determine how much of the family's program costs will be covered by the scholarship. Enter information about the family's schedule, rate (tuition amount based on the rate unit type), CCAP payments (payments from CCAP, not the family's co-pay), and fees. Use this information to calculate the charge to scholarship and the remaining family charge. **Use attached Family Payment Worksheet to help you with your calculations**

Charge to Scholarship: The "Charge to Scholarship" is the total amount to be paid out of the child's scholarship for the full period of enrollment within the dates of the child's scholarship award. Contact the Area Administrator if you are unsure how much time is left in a child's award.

Remaining Family Charge: The "Remaining Family Charge" is the amount the family is expected to pay above the charge to the child's scholarship for the same period, which may be \$0. Use the optional *Family Payment Worksheet* to guide calculation of the "Remaining Family Charge" as needed.

Child # 1

Child Legal Name: _____

Birthdate (MM/DD/YYYY): _____ Scholarship Award Date: _____

Start Date of scholarship use: _____ Head Start slot? Yes No

Scheduled Days (check all that apply): Mon Tue Wed Thu Fri Sat Sun

If you select hourly, please make note of how many hours the child attends per day.

Rate Unit Type: Hourly Daily Weekly Monthly Rate Amount: \$ _____

***This is the amount you receive from the county. NOT the family copay.**

Child Care Assistance (CCAP)? Yes No *If CCAP, bi-weekly payment: \$ _____

Registration fee: \$ _____ Other fees total: \$ _____

Please explain all "other fees": _____

Enter amount from Line F on Family Payment Worksheet

Enter amount from Line G on Family Payment Worksheet

Charge to Scholarship \$ _____ Remaining Family Charge \$ _____

Total for the time remaining in the child's award

To be paid by the family during the time remaining in the child's award

Child # 2

Child Legal Name: _____

Birthdate (MM/DD/YYYY): _____ Scholarship Award Date: _____

Start Date of scholarship use: _____ Head Start slot? Yes No

Scheduled Days (check all that apply): Mon Tue Wed Thu Fri Sat Sun

Rate Unit Type: Hourly Daily Weekly Monthly Rate Amount: \$ _____

Child Care Assistance (CCAP)? Yes No If CCAP, bi-weekly payment: \$ _____

Registration fee: \$ _____ Other fees total: \$ _____

Please explain all "other fees": _____

Charge to Scholarship \$ _____ Remaining Family Charge \$ _____

Total for the time remaining in child's award

To be paid by the family in the time remaining in the child's award

Include additional Child Information pages as needed. Number of pages added: _____

Child Information

The purpose of this page is to determine how much of the family's program costs will be covered by the scholarship. Enter information about the family's schedule, rate (tuition amount based on the rate unit type), CCAP payments (payments from CCAP, not the family's co-pay), and fees. Use this information to calculate the charge to scholarship and the remaining family charge. **Use attached Family Payment Worksheet to help you with your calculations**

Charge to Scholarship: The "Charge to Scholarship" is the total amount to be paid out of the child's scholarship for the full period of enrollment within the dates of the child's scholarship award. Contact the Area Administrator if you are unsure how much time is left in a child's award.

Remaining Family Charge: The "Remaining Family Charge" is the amount the family is expected to pay above the charge to the child's scholarship for the same period, which may be \$0. Use the optional *Family Payment Worksheet* to guide calculation of the "Remaining Family Charge" as needed.

Child # 1

Child Legal Name: _____

Birthdate (MM/DD/YYYY): _____ Scholarship Award Date: _____

Start Date of scholarship use: _____ Head Start slot? Yes No

Scheduled Days (check all that apply): Mon Tue Wed Thu Fri Sat Sun

If you select hourly, please make note of how many hours the child attends per day.

Rate Unit Type: Hourly Daily Weekly Monthly Rate Amount: \$ _____

***This is the amount you receive from the county. NOT the family copay.**

Child Care Assistance (CCAP)? Yes No *If CCAP, bi-weekly payment: \$ _____

Registration fee: \$ _____ Other fees total: \$ _____

Please explain all "other fees": _____

Enter amount from Line F on Family Payment Worksheet

Enter amount from Line G on Family Payment Worksheet

Charge to Scholarship \$ _____ Remaining Family Charge \$ _____

Total for the time remaining in the child's award

To be paid by the family during the time remaining in the child's award

Child # 2

Child Legal Name: _____

Birthdate (MM/DD/YYYY): _____ Scholarship Award Date: _____

Start Date of scholarship use: _____ Head Start slot? Yes No

Scheduled Days (check all that apply): Mon Tue Wed Thu Fri Sat Sun

Rate Unit Type: Hourly Daily Weekly Monthly Rate Amount: \$ _____

Child Care Assistance (CCAP)? Yes No If CCAP, bi-weekly payment: \$ _____

Registration fee: \$ _____ Other fees total: \$ _____

Please explain all "other fees": _____

Charge to Scholarship \$ _____ Remaining Family Charge \$ _____

Total for the time remaining in child's award

To be paid by the family in the time remaining in the child's award

Include additional Child Information pages as needed. Number of pages added: _____

Program Agreement:

As the program representative, I confirm that the early childhood program information provided on Page 1 of this *Award Planning Agreement* is correct and accurate to the best of my knowledge. Additionally, I, as a representative of the program:

- Have discussed the program’s planned use of scholarship funds to cover or supplement family payments for services with the parent(s) or legal guardian(s) of the child(ren) included on this *Award Planning Agreement* and provided the parent/guardian with a copy.
- Have included enrollment details that are accurate and current as of the signature date below.
- Will submit this completed form with program and parent signatures (or completed “Alternative to Signature” option entries) to the Area Administrator within 10 business days of the child’s first date of attendance for which the scholarship will be used and within three business days of completing this form. *Follow the directions outlined in the Area Administrator section at the end of this form.*
- Will provide the scholarship payment history when parents/guardians ask.
- Will comply with payment policies for both the Early Learning Scholarships Program and the Area Administrator as outlined in the *Program Participation Agreement* and in the State Early Learning Scholarships Policy Manual.
- Will provide the parent/guardian with a copy of the *Program Participation Agreement* if requested.

Program Representative Name: _____

Program Role or Title of Representative: _____

Signature: Carol Smith

Date Signed (MM/DD/YYYY): 7/15/2021

Parent Agreement:

I, as the parent of the included child(ren) receiving the Early Learning Scholarship–Pathway I, confirm that the information provided in this document is true to my knowledge. Additionally, I acknowledge and agree to the following:

- The scholarship can only pay one eligible program at a time. If my child attends two programs, the scholarship may only be used at one program.
- The scholarship cannot be used to reimburse the program for costs already paid by the parent/guardian.
- I will contact my Area Administrator and the program if I stop services with the program named in this document.
- Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense.
 - For a Medical Exemption, I may contact the Area Administrator for details.
 - If I am a teen parent or my family is experiencing homelessness, I may contact the Area Administrator for an exemption if I anticipate absences of more than 25 days.

- A change in my selected program’s Parent Aware Status could impact the program’s ability to receive Early Learning Scholarships as well as the amount of my scholarship award.
- Starting July 1, 2024, Early Learning Scholarships – Pathway I can only be used at programs with a Three- or Four-Star Parent Aware rating.
- An Early Childhood Screening is required for children ages 3 or older who are receiving a Pathway I scholarship within 90 days of first attending a selected program. For children in foster care, the county/tribal case manager must provide authorization prior to scheduling the screening.
- If I currently receive Child Care Assistance (CCAP), I am advised to keep it because the scholarship does not impact my eligibility to receive CCAP.
- My Early Learning Scholarship – Pathway I will not cover the following:
 - Charges beyond the scholarship award amount
 - Charges after the scholarship award has ended
 - Some fees such as late pay, late pick up, or optional services
- I should contact my Area Administrator if I have questions about what is eligible to be paid for by the Early Learning Scholarship–Pathway I scholarship.

Parent/Guardian Name (Please print): Lisa Test

Please print the Parent/Guardian Name if using Option A or Option B

Option A: Signature

Parent/Guardian Signature: _____

Date Signed (MM/DD/YYYY): _____

Option B: Alternative to Signature

Program Representative Carol Smith reviewed all content of this *Award Planning Agreement* with the parent/guardian using the communication method below. The parent/guardian agreed to the use of their child’s (children’s) scholarship award as outlined in this document.

Communication details:

Method: Phone Email Other: _____

Date: _____ Time: _____

Form Return Instructions

Please note that our offices are closed to the public and our staff are working remotely from home.

Family Payment Worksheet

Early Learning Scholarships – Pathway I

This worksheet is an optional planning tool for calculating family payments. All entries should be a best estimate.

Please note:

- Early Learning Scholarships Program policy does not require families to make payments to the program serving their child prior to fully spending the amount of their child’s Early Learning Scholarship award.
- The early childhood program serving the awarded child may have internal policies that require on-going payments be made alongside scholarship payments if the scholarship award will not cover the estimated total of tuition and fees at the program for the remaining period of the award.
- In the event that there are changes to the family’s payment plan with the program during the scholarship award period, this form should be revisited by the family and program again if it is helpful.

Attends 3 days/week Attends 5 days/week

	<i>Example</i>	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Child Name	Daniel Lee	Hourly Example	Daily Example	Monthly Example	
A. Tuition rate for program’s standard program billing period + any additional fees	\$250 /week	\$3/hour x 9/hours per day=\$27/day \$81/week	\$37.50/day x 5 days = \$187.50/week \$	\$1,100/month \$	\$
B. Number of enrolled program billing periods until scholarship renewal/expiration	52 weeks	52 weeks <small>*if you do not charge for a full 52 weeks, put the # of weeks you normally charge for</small>	48 weeks <small>* program does not charge for 2 weeks vacation for family & 2 weeks for program</small>	12 Months	
C. Program cost for enrollment period = A x B	\$250 x 52 = \$13,000	\$81 x 52 = \$4,212 \$	\$187.50 x 48 = \$9,000 \$	\$1,300 x 12 = \$15,600 \$	\$
D. Child Care Assistance payments for period of time listed in B.	\$77 CCAP per week x 52 weeks = \$4,004	\$25 CCAP per week x 52 = \$ 1,300	\$0 \$	\$125 CCAP bi-weekly X 26 weeks = \$ 3,250	\$
E. Total of all payments from other sources and any discount amounts	\$0	\$ 0	\$0 \$	\$0 \$	\$
F. Scholarship award amount to apply (up to the limit in the Award Letter)	\$7,500 Four Star program, 12-month award	\$8,500 4-Star Program \$	\$8,500 4-Star Program \$	Priority Child attending 4-Star program \$ 12,000	\$
G. Remaining Family Charge for planned program enrollment period = C – D – E – F	\$1,496 <i>If negative, family charge = \$0</i>	\$0.00 \$	\$500 \$	\$350 \$	\$
H. Remaining Family Charge breakdown by program billing period = G ÷ B	\$1,496 ÷ 52 weeks= \$28.77 weekly out-of-pocket family payment	\$0.00 \$	\$500/48 weeks = \$10.42 wkly out-of-pocket family payment	\$350/12 months = \$29.17 monthly out-of-pocket family payment	\$