DEPARTMENT OF EDUCATION

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.

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

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 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

Child # 3

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

Child # 4

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: _____

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

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*)**:** _____

☐ Option A: Signature

Parent/Guardian Signature: _____

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

☐ Option B: Alternative to Signature

Program Representative _____ 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