

2010~2011

# Family, Friend and Neighbor Child Care Services Supports Application Form

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Minnesota Tribal Resources for Early Childhood Care

Region: MnTRECC

Counties Served: State-wide meeting grant eligibility requirements

Working in cooperation with Minnesota Department of Human Services

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## Is this application available in other languages?

If you would like to talk about this program with someone who speaks Spanish, Hmong or Somali, please call the Language Access Line at **651-665-0150** or **1-888-291-9811**.

- Si necesita ayuda en Español por favor llame al siguiente numero de teléfono
  - Yog koj xav paub txiv los yog nrog ib tus neeg Hmong tham hu rau tu xov tooj
  - Hadii aad dooneysid in aad ku hadashid af Soomaali, Fadlan wac
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## Who is this application for?

Non-licensed family, friend and neighbor (FFN) caregivers caring for children who may or may not be related to you. If you are a legal guardian or have custodial rights, you are not eligible.

## What is the purpose of this application?

FFN Child Care Services Supports are available to improve the quality of or assist the child care provided in non-licensed family, friend and neighbor home settings.

## What is the deadline for submitting my application?

Ongoing through April 30.

## Who do I send my application form to?

Leech Lake Early Childhood Development  
Attention: Diane Smith/MnTRECC  
115 Sixth St. N.W. Suite E  
Cass Lake, MN 56633

## Who do I contact if I have questions?

Diane Smith, Professional Development/Grants Coordinator (800)551-0969 ext 8344 or (218) 335-8344

## Do I have to use this application form to apply for this support?

Yes. Applications will not be accepted if altered.

## What is included in this application packet?

This cover page and the application form.

## Are there any requirements that I need to meet?

Yes, if you receive this award, you will need to:

1. Complete CPR, first aid, Shaken Baby Syndrome, SIDS, or other child development training.
2. Use the funds for the intended purpose as stated in your award letter.

## Can I make purchases after I send in my application form?

**No. Do not purchase items before you receive an award letter.** Only purchases made after you receive an award letter will be reimbursed.

## What if I cannot afford to purchase an item?

Call Diane Smith (800) 551-0969 ext. 8344 or (218) 335-8344 for assistance.

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**Please read all materials carefully before filling in the application form.**

**Applicants: Do not fill in or change areas that are shaded in blue. These areas are for office use only.**

# 2010-11 Family, Friend and Neighbor Child Care Services Supports Application

MnTRECC

Please type or print clearly in ink.

Your Name		
First	Middle	Last
Address		
City	Zip Code	County
Phone (include area code)	Email	

1. Are you the legal guardian or do you have custodial rights for **all the children** you care for?

- No Continue with question 2.  
 Yes **Stop.** You are not eligible for these supports.

2. Please describe the children in your care.

	Age of child	Number of hours you care for child		Relation: please check (✓) one for each child					
		Full-time (20 or more hours/week)	Part-time (less than 20 hours/week)	Your own child, or you are the legal guardian	Your niece or nephew	Your grandchild	Your sister or brother	Neighbor's child	Friend's child
Child One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Two		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Three		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Four		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Five		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Six		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Seven		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Eight		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Nine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Ten		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you know, check each box below that applies to **any** of the children in your care.

Does any child in your care:
<input type="checkbox"/> speak English as a second language?
<input type="checkbox"/> have an Individualized Education Program (IEP) through Early Childhood Special Education (ECSE)?
<input type="checkbox"/> have an Individual Family Service Plan (IFSP)?
<input type="checkbox"/> live in an out-of-home placement (e.g., foster care)?

Is any child in your care:
<input type="checkbox"/> enrolled in or on the waiting list for the Child Care Assistance Program (CCAP)?
<input type="checkbox"/> enrolled in, or eligible for, the Free or Reduced Lunch Program?
<input type="checkbox"/> enrolled in or eligible for Head Start or Early Head Start?
<input type="checkbox"/> part of a refugee or immigrant community, or Native American Tribe?
<input type="checkbox"/> enrolled in the Minnesota Family Investment Program (MFIP)?

\_\_\_\_\_ Total number of children who fit into one or more of the above

4. List the items you are requesting in order of need (highest need should be listed first):
- List cost estimates for each item, toy, piece of equipment, materials or contracted work to be paid for with this money. For assistance, you may contact [Diane Smith \(800\) 551-0969 ext. 8344](tel:8005510969) or [\(218\) 335-8344](tel:2183358344)
  - Attach bids for contracted work and materials; itemize any training expenses and list prices for all toys and equipment.
  - Attach an additional sheet if necessary.

**Example:**

Item	Estimated Cost	Age Category • Infants (birth to 12 months) • Toddlers (12 to 24 months) • Preschool (24 months to 5 years) • School-age (5 years to 12 years)	OFFICE USE ONLY		
			Baseline staff: Check (x) which Support type each item fits within.		
			Learning Environment	Health and Safety	Professional Development
<i>Infant CPR Training</i>	\$50.00	<i>Infants</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Books, educational toys</i>	\$50.00	<i>Toddlers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Crib</i>	\$200.00	<i>Infants</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Total request (may not exceed \$300)</b>	\$300.00				

Item	Estimated Cost	Age Category • Infants (birth to 12 months) • Toddlers (12 to 24 months) • Preschool (24 months to 5 years) • School-age (5 years to 12 years)	OFFICE USE ONLY		
			Baseline staff: Check (x) which Support type each item fits within.		
			Learning Environment	Health and Safety	Professional Development
			<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>Total request (may not exceed \$300)</b>					

5. By signing here, I understand that I must comply with all requirements of this award if I receive it. I certify that my answers are, to the best of my knowledge, true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date