

Administration of the Child Care Assistance Program

County Child Care Fund Plan

2008-2009



Minnesota Department of **Human Services**

Transition to Economic Stability Division

PO Box 64951

Saint Paul, Minnesota 55164-0951

Administration of the Child Care Assistance Program

The **Minnesota Department of Human Services (DHS)** is designated under Minnesota Statutes, chapter 119B as the lead state agency for supervision of county administration of the Child Care Assistance Program (CCAP). Minnesota Statutes, section 119B.08, subd.3 requires counties to submit a biennial Child Care Fund Plan to the commissioner. The Department of Human Services will complete the review and approval of County Child Care Fund Plans. Counties will receive approval letters for their Child Care Fund Plans from the commissioner of DHS.

The Child Care Assistance Program rules and laws allow counties limited discretion to establish some local policies and procedures. These local policies and procedures, when included in this plan and approved by the Commissioner, are considered county policy and are used to support county agency decisions during appeals. **The Department of Human Services encourages counties to develop county optional policies for the child care assistance program in coordination with local child care stakeholders.** This may include regional child care resource and referral agencies, parent participants, employers, family and center based child care providers, community Head Start programs, schools, public health, community collaboratives, employment counselors, and county social services, income maintenance, child support, fraud prevention and other interested governmental and private sector parties.

All optional county child care assistance program policies must be identified in this plan. Submit **only** forms that have not been previously submitted and approved.

Changes or additions to any policies or written material submitted and approved with this plan require prior approval of the commissioner of the Department of Human Services through the Child Care Assistance Program administration plan amendment process.

Minnesota Rules 3400.0150, subpart 3.
www.revisor.leg.state.mn.us/arule/3400/0150

A county may amend its Child Care Fund Plan at any time but the amendment must be approved by the commissioner before it becomes effective. If approved by the commissioner, the amendment is effective on the date requested by the county unless a different effective date is set by the commissioner. Plan amendments must be approved or denied by the commissioner within 60 days after receipt of the amendment request.

Amendment include changes in county optional policies, new or revised forms and notices. This can be sent in letter form to the address below in care of your county's CCAP technical assistance liaison.

The effective date of the 2008 - 2009 Child Care Fund Plan is January 1, 2008.

Return completed plans by **September 15, 2007** to:

Minnesota Department of Human Services
TES/CCAP County Plans
PO Box 64951
Saint Paul, Minnesota 55164-0951

I. Child care assistance program administration contacts

These individuals will receive all communications relating to CCAP for the duration of this plan. Identify the name, position/title, department, address, phone number, fax number and Internet e-mail address for the following contacts. *If more than one person is identified for each agency contact, attach additional pages.*

A. Agency contact people

1. County CCAP administrative contact:

NAME		POSTIION/TITLE	
DEPARTMENT		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
FAX		INTERNET E-MAIL	

2. County client access contact: If separate contact people have been designated for CCAP subprograms, complete all identified information for each subprogram and identify the subprogram each person is responsible for.

NAME		POSTIION/TITLE		SUBPROGRAMS	
DEPARTMENT		TELEPHONE NUMBER			
ADDRESS					
CITY				STATE	ZIP CODE
FAX		INTERNET E-MAIL			

3. Management of waiting list contact. Identify the waiting list contact person in your county. The waiting list contact person identified should be responsible for maintaining the county waiting list, including being able to respond to the state's questions about particular families reported on the waiting list. If more than one person is responsible for maintaining the county waiting list, identify one person that can be contacted by state staff for the agency.

NAME		POSTIION/TITLE	
DEPARTMENT		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
FAX		INTERNET E-MAIL	

4. Intake phone number: Identify a public phone number that can be issued for CCAP client intake. This contact number will be posted on the DHS web site.

NAME		PHONE NUMBER
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B. Subcontracted Services

If your county subcontracts any components of the child care assistance program, indicate the program components that are subcontracted to other agencies and **attach a copy** of the current contract or agreement. Minnesota Rules 3400.0140, subp.7.

1. Subcontracted program components

Identify the CCAP components which have been subcontracted.

2. County worker responsible for administration of the subcontract/agreement between the county agency and the subcontracted agency

NAME		POSTIION/TITLE	
DEPARTMENT		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
FAX	INTERNET E-MAIL		

3. Administrative contact in subcontracted agency

NAME		POSTIION/TITLE	
DEPARTMENT		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
FAX	INTERNET E-MAIL		

4. Client access contact in subcontracted agency

NAME		POSTIION/TITLE	
DEPARTMENT		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
FAX	INTERNET E-MAIL		

5. Intake phone number for subcontracted agency

Identify a public phone number that can be issued for CCAP intake at the subcontracted agency. This contact number will be posted on the DHS web site.

NAME	PHONE NUMBER
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II. Eligibility

A. Priorities for Service

Has your county established priorities for Basic Sliding Fee child care assistance beyond those required in Minnesota Statutes, section 119B.03, subdivision 4? Yes No

Minnesota Statutes, section 119B.03, subd. 4
www.revisor.leg.state.mn.us/stats/119B/03

If yes, identify the additional priorities and county rationale for determining those additional priorities. Please attach additional pages if more space is needed.

Minnesota Rules 3400.0140, subp.10.
www.revisor.leg.state.mn.us/arule/3400/0140

B. Education Plans under the Basic Sliding Fee Program (BSF)

1a. Describe your county process for approving an acceptable course of study that will reasonably lead to full-time employment for a student applicant under the Basic Sliding Fee program. Please attach additional pages if more space is needed.

Minnesota Rules 3400.0040, subp. 12.
www.revisor.leg.state.mn.us/arule/3400/0040

1b. Identify the criteria for approval and the county's rationale for the criteria.

2a. Is your county policy for approving and extending child care assistance for participants whose education program change the same as the initial approval process stated in B1a?

Yes No

Minnesota Rules 3400.0040, subp.15.
www.revisor.leg.state.mn.us/arule/3400/0040

If no, describe your county process for approval of a **change** in a course of study for a student in the Basic Sliding Fee child care program. Please attach additional pages if more space is needed.

2b. Identify the criteria for approval of a change in a course of study for a student in the BSF child care program and county rationale for the criteria. Please attach additional pages if more space is needed.

C. Temporarily ineligible families on the basic sliding fee waiting list

MN Rules 3400.0060 subp. 6 requires that when a family advances to the top of the county's waiting list and is temporarily ineligible for child care assistance, the county shall leave the family at the top of the waiting list according to priority group and serve the applicant who is next on the waiting list unless an alternative procedure is provided in the county's plan. Does your county use the alternative provision found in MN Rules 3400.0040 subp. 17 to open the case in reserve status for up to 90 days and encumber future funds for the family? Yes No

Minnesota Rules 3400.0040, subpart 17
www.revisor.leg.state.mn.us/arule/3400/0040

Minnesota Rules 3400.0060, subpart 6.
www.revisor.leg.state.mn.us/arule/3400/0060

If yes, identify the criteria used to make the decision whether to open the case and reserve the position if a family reaches the top of the waiting list but is temporarily ineligible. Please attach additional pages if more space is needed.

D. Child care for job search activities

Has your county established policies for the authorization of child care assistance during job search beyond those required in Minnesota Statutes, section 119B.10, subdivision 1(a) and Minnesota Rules, part 3400.0040, subpart 15a.? Yes No

Minnesota Rules, part 3400.0040, subpart 15a
www.revisor.leg.state.mn.us/arule/3400/0040

If yes, please identify the criteria used for authorizing child care for job search. Please attach additional pages if more space is needed.

E. Expedited application process for adolescent parents

Describe your county process to expedite and streamline the child care assistance application process for minor parents participating in school-based adolescent parenting child care programs that need child care.

F. Expedited application process for DWP parents

Minnesota Statutes 256J.95 states “if child care is needed, the worker must obtain a completed application for child care assistance from the applicant before the interview is terminated. The same day the application for child care assistance is received, the application must be forwarded to the appropriate child care worker.”

Does your county ensure that during the DWP interview process an application for child care assistance is filled out? Yes No

III. Health and safety

A. Unsafe Care Criteria

Minnesota Statutes, section 119B.125, subdivision 2, contains the criteria that prevent a person from being authorized as a legal nonlicensed family child care provider. This criteria includes a list of offenses that automatically bar a person from being authorized as a legal nonlicensed family child care provider. Minnesota Statutes, section 119B.125, subdivision 4, however, also allows counties to deny authorization to a provider, or to rescind an authorization, when the county knows that the provider or the care arrangement is unsafe.

List the additional conditions beyond those contained in Minnesota Statutes, section 119B.125, subdivision 2, under which a legal nonlicensed provider or legal nonlicensed care arrangement will be determined to be unsafe. Your conditions cannot conflict with the criteria in Minnesota Statutes, section 119B.125, subdivision 2, by providing that a conviction for a crime or offense not listed in that subdivision is an automatic bar to authorization as a legal nonlicensed family child care provider. Instead, a conviction for a crime or offense not listed in Minnesota Statutes, section 119B.125, subdivision 2, may constitute unsafe care, and therefore bar authorization, only when the conviction reflects on the provider's ability to provide care. Please attach additional pages if more space is needed.

Minnesota Statutes, section 119B.125, subdivision 2
www.revisor.leg.state.mn.us/stats/119B/125

1. Does your county apply the above unsafe care criteria to licensed providers also? Yes No

If yes, does your county communicate the concerns with your county licensing division (for family licensed providers) or DHS licensing (for centers)? Yes No

2. Has your county also consulted with your county attorney about applying the unsafe care criteria to licensed providers? Yes No

B. Records of substantiated parental complaints

Describe your county's process for maintaining a record of substantiated parental complaints concerning the health and safety of children in the care of legal nonlicensed providers and how this information is made available to the public upon request.

Minnesota Rules 3400.0140, subp.5
45 C.F.R. § 98.32

Minnesota Statutes, chapter 13
www.revisor.leg.state.mn.us/arule/3400/0140

IV. Special needs rates

If charged by the provider, counties shall reimburse all providers for the care of children with disabilities or special needs at a rate that exceeds the county maximum rate subject to the approval of the commissioner

Rates will be determined based on the special needs of children and provider's ability to provide specialized services. When four or more providers offer the same specialized care for the same special need in a like environment, the county will identify and pay the 75th percentile rate, the rate negotiated with the provider by the county, or the provider rate, whichever is less.

Rates paid for the care of children with special needs are allowed to exceed county maximum rates in the following special need circumstances. Please provide information on special needs rates currently paid in the following sections. **Please attach a separate sheet of paper if more space is needed for each special need circumstance.**

Minnesota Statutes 119B.13, subd.3
www.revisor.leg.state.mn.us/stats/119B/13

Minnesota Rules 3400.0130, subp.3.
www.revisor.leg.state.mn.us/arule/3400/0130

A. Special needs rates for a child with a disability

Special needs rates for a child with a disability apply to the care of children who have a special need due to a disability requiring specialized services, provider training or environmental adaptations necessary to meet the needs of the child. **Rates must be established on an individual basis** when requested by the parent or the provider, and are subject to the approval of the commissioner of DHS.

Refer to Minnesota Rules 3400.0020, subpart 17a for the definition of disability.

Minnesota Rules 3400.0020, subpart 17a
www.revisor.leg.state.mn.us/arule/3400/0020

1. Identify the provider type, rate paid and the approved rate begin date for each special need rate currently paid by your county. **Do not attach client-specific information to this plan.**

Provider type Licensed, LNL, Center	Rate \$/hour/day/week	Approved rate begin date

2. Does your county have a process for approving rates paid for the care of children with special needs that has been approved by the commissioner? Yes No

If yes, attach information for each provider type, the number of children in care by age category, the rate paid, and the approved rate begin date.

B. Special needs rates for care of sick children

Special needs rates for care of sick children apply to rates charged above the county maximum by a provider that cares for sick children.

Minnesota Rule 3400.0110, subpart 8
www.revisor.leg.state.mn.us/arule/3400/0110

1. Identify the provider type, rate paid and the approved rate begin date for each special need rate currently paid above the county maximum when care is for a sick child. **Do not attach client-specific information to this plan.**

Provider type Licensed, LNL, Center	Rate \$/hour/day/week	Approved rate begin date

2. Does your county have a process for approving rates paid for the care of sick children that has been approved by the commissioner? Yes No

If yes, attach information for each provider type, the number of children in care by age category, the rate paid, and the approved rate begin date.

C. Special needs rates for children in at-risk programs

Special needs rates for programs that care for children in an at-risk population group apply to the care of children with significant environmental or familial factors that create barriers to a child's optimal achievement. See Minnesota Rules 3400.0020, subp 9a for the definition of at-risk.

Minnesota Rules 3400.0020, subp 9a
www.revisor.leg.state.mn.us/arule/3400/0020

1. Identify the provider type, rate paid and the approved rate begin date for each rate paid above the county maximum rate for children in an at-risk population. **Do not attach client-specific information to this plan.**

Provider type Licensed, LNL, Center	Rate \$/hour/day/week	Approved rate begin date	Description of at-risk population

2. Does your county have a process for approving rates paid for the care of children in an at-risk population that has been approved by the commissioner? Yes No

If yes, attach information for each provider type, the number of children in care by age category, the rate paid, and the approved rate begin date.

Special needs rates may be requested at any time by submitting the required documentation to the commissioner for approval. (See forms DHS-4194, 4195, 4196, 4197, 2243A, 3985 on e-docs. state.mn.us) when submitting requests for special needs rate. Send requests to your county's CCAP technical liaison:

Minnesota Department of Human Services
Transition to Economic Stability Division
Child Care Assistance Program
PO Box 64951
St. Paul, Minnesota 55164-0951
FAX: (651) 431-7526

V. Payment policies

A. Payment to two providers when a child is sick

Does your county make payments for child care services provided for children who, as a result of illness, are unable to attend the family's regular provider and, if so, does your county pay both the regular provider and the second provider who is caring for the sick child? Yes No

Minnesota Rules 3400.0110, subp. 8.
www.revisor.leg.state.mn.us/arule/3400/0110

Note: If rates for care of sick children exceed county maximum rates, the county rates for care of sick children must be included in the special needs rates section of this plan.

B. Background checks for legal nonlicensed providers

1. Does your county charge a fee to unlicensed providers for the costs involved when completing the required criminal background check? Yes No

If yes, how much does your county charge for the required background check?

per family \$_____ or per person \$_____

2. Does your county request background information from other counties when a provider is registered in another county? Yes No

3. How often does your county charge for the required background check for a provider to be reauthorized? Yearly Every Two Years Other _____

C. Provisional payment of legal nonlicensed providers

Does your county issue provisional authorization and payment to legal nonlicensed providers during the time necessary to receive and review the results of the statutorily required criminal investigation and determine whether to give final approval to the provider? Yes No

Minnesota Rules 3400.0120, subpart 2
www.revisor.leg.state.mn.us/arule/3400/0120

Minnesota Rules 3400.0110, subpart 2a
www.revisor.leg.state.mn.us/arule/3400/0110

Minnesota Rules 3400.0140, subpart 5a
www.revisor.leg.state.mn.us/arule/3400/0140

D. Submission of invoices

Minnesota Statutes, section 119B.13, subdivision 6 states that all provider bills must be submitted to the county within 60 days of the last date of service on the bill. A county may pay a bill submitted after this 60-day limit if the provider shows good cause for the delay. Counties must define good cause in their child care fund plans and this definition must include county error. A county cannot pay a bill submitted more than a year after the last date of service.

Minnesota Statutes, section 119B.13, subd. 6
www.revisor.leg.state.mn.us/stats/119B/13

1. What is your county's **definition of good cause** for delay in bill submission? County error must be included in this definition. Attach a separate sheet of paper if more space is needed.

2. Does your county require the parent signature on the voucher? Yes No
3. Does your county require the provider signature on the voucher? Yes No
4. Identify any criteria whereby a signature is not needed by either the parent or the provider.

VI. Program integrity

As more attention is being focused on program integrity and accountability at the federal and state levels, DHS needs to begin gathering information about local processes used to ensure integrity and accountability.

One of the most successful tools in attaining and maintaining high payment accuracy is a good case review system. Case reviews can help to determine root cause(s) of errors and therefore identify specific areas needing corrective action, such as policy clarification, refresher training, changes in office procedures, improved case record documentation, etc.

There are a number of different approaches to case reviews. For example a full case review would encompass all aspects of a family's CCAP case information and/or a child care provider's information. A targeted review is focused on specific elements within a case, a specific policy or error prone areas.

1. Does your county conduct second party reviews/case management reviews of CCAP cases? Yes No
2. Does your county conduct second party reviews/case management reviews of CCAP child care provider files? Yes No
3. Does your agency complete full reviews, targeted reviews, or both?
 full reviews targeted reviews both
4. What percentage of CCAP cases and child care providers are reviewed each month?

5. Describe your county's process for selecting files to be reviewed, conducting the reviews and resolving errors, if any, found during the reviews.

6. Does your county use a form(s) to guide the review process and record results of the review? Yes No

7. Is your county using the DHS recommended recoupment schedule provided in the DHS Memo sent on 3/29/2006? Yes No

If no, indicate how your county determines what percentage or amount of the overpayment to recoup from each payment to the provider?

VII. Other county responsibilities

- A.** Describe your county methods for providing information on the availability of child care assistance to individuals, child care providers, social service agencies, local news, etc. to ensure families are aware of the availability of the assistance.

Minnesota Rules 3400.0140, subp.2
www.revisor.leg.state.mn.us/arule/3400/0140

- B.** Identify the two or more methods of application your county uses for the Child Care Assistance Program. Minnesota Statute § 119B.03, subd.10. To meet the requirement of this subdivision, a county may provide alternative methods of applying for assistance including, but not limited to, a mail-in application or application sites that are located outside of government offices.

Minnesota Statute 119B.03, subd. 10
www.revisor.leg.state.mn.us/stats/119B/03

- C.** Identify any other county policies that apply to the child care assistance program which are not specifically required by state or federal rule or law.

Minnesota Rules 3400.0140, subp.1
www.revisor.leg.state.mn.us/arule/3400/0140

Minnesota Rules 3400.0150, subp.2
www.revisor.leg.state.mn.us/arule/3400/0150

- D.** Describe strategies used to coordinate and maximize public and private community resources, to coordinate child care assistance with existing community-based programs and service providers to foster collaboration that provides family-focused services to families with young children and to facilitate transition into kindergarten.

Minnesota Statutes 119B.08, subd. 3(1)
www.revisor.leg.state.mn.us/stats/119B/08

- E.** Minnesota Statute 119B.08, Subdivision 3(2) states that the county and designated administering agency shall submit a biennial child care fund plan which includes a description of procedures and methods used to make copies of the proposed plan reasonably available to the public and allow sufficient time for public review and comment. Describe procedures and methods used by your county to make copies of this plan reasonably available to the public and the time that was allowed for public review and comment.

Minnesota Statute 119B.08, subd. 3(2)
www.revisor.leg.state.mn.us/stats/119B/08

- F.** Please attach all **new and/or amended** county forms, handbooks, agreements or other written documents and materials that have **not** been previously approved that are used in your county for the administration of child care assistance program. **Submit only documents that have not been previously submitted and approved.**

VIII. County assurances

By checking the designated boxes below in items A and B, the county assures compliance with applicable consumer and provider education requirements. It is not necessary for the county to attach copies of this material to this plan.

A. The county is informing parents about the following as required under Minnesota Rules 3400.0035, subp 1.

- Federal and state child and dependent care tax credits
- Earned income credits
- Other services for families with young children
- Child care resource and referral services
- Child care assistance program eligibility requirements
- The documentation necessary to confirm eligibility
- Waiting list information
- Procedures for making application for CCAP
- Family copayment fees and how computed
- Information about how to choose a provider
- Families rights and responsibilities when choosing a provider
- Availability of special needs rates
- The family's responsibility for paying provider charges that exceed county maximum payments in addition to the family copayment fee; and
- The importance of prompt reporting of a move to another county to avoid overpayments and to increase the likelihood of continuing benefits.

County Assures Compliance

B. The county is distributing the following required information to registered legal nonlicensed providers caring for CCAP children: Distribution requirements may be accomplished by giving the materials directly to the provider, or to the parent and establishing a method to ensure that the provider receives the material. 45 C.F.R. § 98.41, Minnesota Rules 3400.0140, subp. 5 and DHS Bulletin #07-68-04.

- Child immunization requirements
- Child nutrition
- Child protection reporting responsibilities
- Health and safety information
- Child development information
- Referral to child care resource and referral agency

County Assures Compliance

VII A

1. Washington County Economic Support Intake Screening – Information is provided about child care assistance to persons calling requesting financial help.
2. Resources for Child Caring will provide information to parents requesting assistance with locating child care.
3. Washington County Government Center lobby displays.
4. Washington County Work Force Center provides information to person seeking employment.
5. Washington County website contains information on childcare assistance for the public.
6. Washington County has a Social Service Advisory Council that is made up of member of the community. Information is shared regularly with the members regarding the Child Care Assistance Program.
7. Childcare Assistance Program Specialist is a member of the county Child Care Council that has representative form various organizations including providers.



Washington County Education Plan

Name: _____
Address: _____
Phone: _____

Date: _____
Financial Worker: _____
FW extension: _____

- I have completed my occupational research packet. This training and occupation is well-suited to my interests, abilities, financial and personal circumstances, personality and values.
I have provided documentation that placements rates of recent graduates in this field are 80% or higher.
The starting wage after training is at least \$2.00 more than I could currently earn and at least 33% above the poverty limit for my family size.
I am either eligible for financial aid or loans throughout training or I have another source that will pay for my education. I will pay for my education by:
I meet the admissions requirements for my educational program.

Employment goal: _____
To meet my employment goal, I plan to take classes at _____ in the field of _____.
When I have completed training I will have earned a _____.
Estimated date of completion for my program is: _____.

After completion of my program, I will seek and accept full-time employment.

Attached to this education plan, I must include: completed occupational research packet, documentation of how I will fund my education, previous school transcripts, school program graduation requirements, current class registration, and current school year calendar.

Participant Signature Date Employment Counselor Date

- Service Center Cottage Grove 13000 Ravine Parkway Cottage Grove, MN 55016 Phone: 651-430-4159 Fax: 651-430-4157 TTY: 651-430-4119
Service Center Forest Lake 19955 Forest Road North Forest Lake, MN 55025 Phone: 651-275-7260 Fax: 651-275-7263 TTY: 651-275-7264
Stillwater Government Center 14949 62nd Street North P.O. Box 30 Stillwater, MN 55082-0030 Phone: 651-430-6455 Fax: 651-430-6605 TTY: 651-430-6246
Service Center Woodbury 2150 Radio Drive Woodbury, MN 55125 Phone: 651-275-8650 Fax: 651-275-8723 TTY: 651-275-8653



*Statement of Understanding
Basic Sliding Fee Program and Education*

The goal of an approved education is that it will lead you to full-time employment opportunities.

An individual can receive childcare assistance for the length of the proposed education program if the student is making satisfactory progress and remains in good standing with the school.

Maximum time to receive childcare assistance for education is no more than the time necessary to complete the credit requirements for an associate or baccalaureate degree as determined by the educational institution

- This time period does not include education for high school diploma, GED preparation, or English as Second language (ESL) classes.

Before you will be approved for childcare for education you must:

1. Complete all necessary childcare forms and return to your childcare worker
2. Meet with Work Force Center (WFC) employment counselor to develop an education plan. (Example education plan enclosed) This plan will need to be approved by the employment counselor. Call Ometress White at (651) 275-8656.

When attending school as part of my plan you must:

1. Maintain a “C” average (2.0 GPA) as a minimum standard
2. Submit copies of quarterly/semester grades along with next quarter/semester’s class schedule to your childcare worker.
3. At the beginning of each school year, you must give a copy of the school calendar to your childcare worker.

If you want to make a change to your educational plan:

1. Changes to your schedule/program must be reported to your childcare worker within 10 days.
2. If you wish to change your educational goal, you would need to again meet with an employment counselor to receive approval before any more childcare assistance is granted.

My signature below signifies my understanding of and agreement with the policies and expectations for participation in Washington County Basic Sliding Fee education.

Participant Signature

Date

Service Center Cottage Grove
13000 Ravine Parkway
Cottage Grove, MN 55016
Phone: 651-430-4159
Fax: 651-430-4157
TTY: 651-430-4119

Service Center Forest Lake
19955 Forest Road North
Forest Lake, MN 55025
Phone: 651-275-7260
Fax: 651-275-7263
TTY: 651-275-7264

Stillwater Government Center
14949 62nd Street North P.O. Box 30
Stillwater, MN 55082-0030
Phone: 651-430-6455
Fax: 651-430-6605
TTY: 651-430-6246

Service Center Woodbury
2150 Radio Drive
Woodbury, MN 55125
Phone: 651-275-8650
Fax: 651-275-8723
TTY: 651-275-8653

THE PROCESS FOR HAVING YOUR EDUCATION PLAN REVIEWED

1. Attend staff-assisted job search and work with your employment counselor to develop a training plan. Your plan must be completed and reviewed within 30 calendar days!
2. Attend the Career Exploration Workshop if you are uncertain about the occupation you want to pursue.
3. Gather required documentation, which includes:
 - Completed Occupational Research Packet
 - Program description
 - Financial Aid Award Letter or have applied for financial aid
 - Class Schedule
 - Transcripts from all colleges you have attended in the past
4. Meet with your employment counselor and submit required documentation.
5. Your request will be reviewed and a decision will be made by the education committee.

AFTER YOUR MFIP EDUCATION PLAN IS APPROVED YOU MUST:

1. Maintain a “C” average (2.0 GPA) as a minimum standard.
2. Submit copies of Quarterly/Semester grades and schedules.
3. Submit yearly financial aid award letter.
4. Submit monthly time sheets.
5. Any changes in your Plan must be approved in advance.

NOTE: Failure to meet these requirements will result in your Education Plan ending.

Minnesota Family Investment Program

Occupational Research Packet

TRAINING REQUEST

~~The purpose of this packet is to research and gather information on an occupation and training~~ program. It's very important to choose the right occupation since you only have a limited time while on MFIP. You are required to complete this packet in its entirety, whether you're currently in a program or just starting one. **IF THIS OCCUPATIONAL RESEARCH PACKET IS NOT COMPLETED, YOUR PLAN WILL NOT BE APPROVED.**

Name: _____

Name of School: _____

Name of Program: _____ Length of Program: _____

Start Date: _____ Graduation Date: _____

Number of months left on MFIP _____

Signature: _____ Date: _____

Planning for School and Career

1. Have you taken any interest tests?
2. If so, what tests, when and do you still have the results?
3. Have you taken any aptitude tests (Math and Reading, College entrance, etc.)?
4. If yes, what were your reading and math results?
5. Do you have any experiences in this area that leads you to believe that you would enjoy this occupation? Please explain.
6. Do you have friends, relatives, acquaintances, or neighbors who do this type of work?
7. Have you (or could you) talk to them about their job?
8. What other occupations have you researched?
9. Rate your present skills and circumstances (0-10) in the following areas using this scale:
Strong/positive = 10 okay/average = 5 weak/negative = 0
____ Meeting deadlines ____ Memory and organization
____ Managing your emotions ____ Speaking up with questions
____ Your children's behavior and health ____ Your health
____ Relationships with significant others ____ Financial Situation
10. What changes will you be making in your life so that you will succeed in school/work?
11. How will you get to and from school? What is your back-up plan for transportation?

Labor Market Information

(for this occupation)

**This information is found in the Workforce Center Resource Room on the Workforce Center Organizer.
Please ask a staff member if you need assistance in obtaining this information.**

Source	Description of Occupation	Wages	Education	Job Outlook
Minnesota Career Information System (MCIS) Career Assessment software				
ISEEK				

Employment Opportunities

- **Attach current job leads found in the newspaper or off the internet to this sheet**

EMPLOYER INTERVIEWS

GET ANSWERS TO THE QUESTIONS BELOW FROM AT LEAST 3 EMPLOYERS WHO HIRE FOR THE OCCUPATION YOU ARE INTERESTED IN: (record answers in boxes below)

1. How many _____ have you hired in the last year?
(Job Title)
2. What education/experience do you prefer when hiring?
3. What are the wages and benefits you offer to new employees?
4. What changes in hiring _____ do you expect in the next 1-3 years?
(Job Title)

EMPLOYER NAME	# OF HIRES	EDUCATION OR EXPERIENCE	WAGES/BENEFITS	CHANGES	COMMENTS

INFORMATIONAL INTERVIEW

Using the questions below, interview someone working in this occupation and record their answers in the space provided.

Name of the person you interviewed: _____

Name of company he or she works for: _____

1. What are your five main job duties?
2. What is your work schedule (do you work evenings, weekends and or overtime)?
3. Describe your working conditions, including physical demands and general stress level on the job.
4. What do you like about this occupation?
5. What do you dislike about this occupation?
6. What personality traits are most important to succeed in this occupation?
7. What can I expect for starting pay and benefits?
8. How will this job be changing in the next 5 - 10 years?
9. What advice would you give someone considering this occupation?

FINANCIAL PLANNING WORKSHEET

MONTHLY EXPENSES WHILE YOU ARE IN SCHOOL	\$	MONTHLY EXPENSES AFTER YOU COMPLETE SCHOOL	\$
RENT/MORTGAGE		RENT/MORTGAGE (Any rent subsidy will change with income)	
UTILITIES (phone, electric, heat, cable TV, etc.)		UTILITIES (phone, electric, heat, cable TV, etc.)	
FOOD (groceries, restaurants)		FOOD (groceries, restaurants)	
CAR PAYMENT		CAR PAYMENT (If you plan to buy a new car, estimate payments)	
CAR INSURANCE (to school, work and other travel)		CAR INSURANCE (Newer car means higher insurance)	
GAS OR BUS/TRAVELER PASSES		GAS OR BUS/TRAVELER PASSES (to work and other travel)	
CAR REPAIRS/MAINTENANCE		CAR REPAIRS/	
LAUNDRY COST: CLEANING AND BATHROOM SUPPLIES		LAUNDRY COSTS: CLEANING AND BATHROOM SUPPLIES	
CREDIT CARD PAYMENTS		CREDIT CARD PAYMENTS	
CLOTHING/DIAPERS		CLOTHING/DIAPERS	
LOANS (Student loans, personal loans, etc.)		LOANS (student loans, personal loans, etc.)	
MISCELLANEOUS (cigarettes, gifts, entertainment, travel, savings, etc.)		MISCELLANEOUS (cigarettes, gifts, entertainment, travel, savings, etc.)	
CHILD CARE CO-PAYMENT		CHILD CARE CO-PAYMENT	
CHILDREN'S EXPENSES (pictures, activity/sports/music fees, etc.)		CHILDREN'S EXPENSES (pictures, activity/sports/music fees, etc.)	
TOTAL MONTHLY EXPENSES	\$	TOTAL MONTHLY EXPENSES	\$

INCOME WHILE IN SCHOOL	\$	PROJECTED INCOME AFTER TRAINING	\$
MFIP CASH AND FOOD GRANT		MONTHLY INCOME FROM FULL-TIME EMPLOYMENT	
MONTHLY INCOME FROM EMPLOYMENT		CHILD SUPPORT	
CHILD SUPPORT		OTHER INCOME (specify):	
OTHER INCOME (specify):		OTHER INCOME (specify):	
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY INCOME	\$

School Information

To obtain some of this information, you will need to meet with a school advisor.

1. Which schools offer the training that you are pursuing: _____
2. I have checked with 2-3 schools and have compared programs, length, placement and cost.
A. _____ B. _____ C. _____
3. Name of school you would like to attend: _____
4. Name of Program: _____
5. Is the Program accredited? _____
6. Length of training: Number of credits _____ Number of semesters _____
7. Is there a waiting list? _____ Have you been accepted into the program? _____
8. Have you completed your financial aid packet? _____ (attach copy of award letter)
9. What will the total cost of training be? Tuition _____ Books _____
10. How much is covered by Pell grants and State grants? _____
11. How much will you be responsible for? (Student/Stafford loans or Work study) _____
12. What is the placement rate for this program at this school? _____
13. What is the average rate of pay for their graduates? _____
14. What support services do they offer? _____
15. Have you attended college/vocational schools in the past? _____
16. Do you have unpaid student loans from previous education? _____
17. If yes: amount you still owe _____
_____ Current on payments
_____ Loan deferment from lender
_____ Behind on payments, but not in default
_____ Loan is in default

Occupational Research Summary

Based on the research you have completed, answer the following questions:

1. What are the most common qualifications (skills, education, experience) employers are looking for in this occupation?

2. What did you learn about the job opportunities and the labor market in this field?

3. Where are most of the jobs located?

4. What is the average entry-level wage in this occupation? \$_____ per hour.

5. The starting pay for this occupation is:

\$2.00 /hour more than I could make without the training

No Yes

33% above the poverty level for my family size (see chart)

No Yes

50% above the poverty level if student loans are required (see chart)

No Yes

Household size	2	3	4	5	6	7	8
33% Above Poverty	\$7.98	\$10.01	\$12.04	\$14.08	\$16.11	\$ 18.14	\$ 20.18
50% Above Poverty	\$9.00	\$11.29	\$13.59	\$15.88	\$18.18	\$20.46	\$22.75

6. Does this occupation provide medical and dental benefits?

7. What makes this occupation and training program the right choice for you?