

Early Childhood Mini Grants for Young Children with Special Needs

Part C & Family Support Grant Funding

Dakota County Social Services uses two different sources of funding for respite care and non-respite care for children involved in EI/ECSE ages birth to five.

| Early Childhood Mini Grant: Part C Grants (Birth to Three) | Early Childhood Mini Grant: Family Support Grant Funds (Birth to Five) |
|---|--|
| <ul style="list-style-type: none"> ✓ Children ages birth to three ✓ Must attend one of 10 school districts in Dakota County ✓ Must be receiving EI Services and have IFSP ✓ For children who are not eligible for other funding sources ✓ Eligibility based on child and family need ✓ No family income limits ✓ Up to \$500 per school year (July 1-June 30) ✓ Grants used for respite care/child care, adaptive equipment and assistive technology. ✓ Checks written directly to parents. ✓ Attach W9 (initial application) | <ul style="list-style-type: none"> ✓ Child has to live in Dakota County and live with custodial parent. ✓ Eligible for up to \$1000 once or twice per calendar year. Funds need to be spent by 12/31/2021 ✓ Grant requests larger than \$1000 must be staffed prior to submission ✓ Applications accepted until 11/30/2021 ✓ A child cannot receive CSG, FSG through Community Living Services, Waiver or PCA services including an assessment and receive an Early Childhood FSG grant. ✓ Children ages birth to age five eligible to apply. ✓ Family gross adjusted income less than \$107,800 ✓ Child needs have a certified disability. ✓ Requests must be related to a child’s disability above and beyond a typical parent responsibility. ✓ Need very specific detail when describing disability. ✓ IFSP/IEP evaluation may be requested ✓ Attach W9 (Initial application) |

To submit a grant:

- Scan email in PDF and encrypt or Fax to 952-891-7473 attention: Cynthia Fashaw
- Mail option: Dakota County Social Services, 14955 Galaxie Avenue Apple Valley MN 55124
- Attached W9 listing parent’s legal name
- Attach release of information for “Dakota County Social Services”
- Email to SS EC Coordinator SSECCoordinator@CO.DAKOTA.MN.US
- If you want to staff a case prior to submitting you can email Cynthia.Fashaw@CO.DAKOTA.MN.US
- If this is a grant renewal expenditure forms for previous grants must be returned.

Dakota County Social Services
Early Childhood Mini Grants for Young Children with
Special Needs

Internal Use Only

Date of review
Part C
FSG
Total Rating
Amount:
Approved Use:
W9 on file
Signature

Date of Request:

Previous Requests Dates

Child's Name

Date of Birth

Parent/Legal Representative

Phone Number

Address

Email

***all communication with the parent will be done via secure email unless you indicate an alternate need (mail, phone etc.)**

Resident School District

Service Coordinator Name

Phone

Email

Check payable to (Legal name required)

Grant Amount Requested

Agreement for Use of Grant Funding

I understand that I am responsible for planning for the services requested. It is my job to hire, monitor, and pay for the services requested. I am responsible for completing an expenditure report once I have spent the grant and keep receipts for five years. I understand that I may be contacted by Dakota County Social Services for audit purposes and to insure that government funds were used appropriately. I understand that I will be unable to apply for future grants unless an expenditure form for this grant is returned.

Parent Signature (required)

Date

Include the W9 form if this is the first grant request, this allows Dakota County set up the parent as a vendor. A social security number or a tax I.D number of the parent is required.

Adjusted Gross income from most recent 1040 or 1040 A

Children who currently received a Consumer Support Grant (CSG), PCA Services, or Wavier Services are not eligible for a Part C or Family Support Grant. Adjusted Gross income must be less than \$10,800 to receive a Family Support Grant, except there hardship is determined in accordance with county policy.

Check off If the Child Has any of the following:

Private Insurance

Medical assistance/TEFRA/MN Care

Private Duty Nursing

| PCA Services: Number of Hours per week. | Approved | Utilized |
|---|----------|----------|
|---|----------|----------|

Consumer Support Grant (CSG)

Family Support Grant through CLS

Rule 185 D Developmental Disability Case Management

Waiver Services

Children's Mental Health Case Management Services

Certified Disabled by the State Medical Review Team (SMRT)

Certified Disabled by Social Security Administration?

Other (adoption assistance, relative caretaker grant) etc.

Other community resources explored:

Family Size

Is there another person in the home with a disability?

Other factors (marital situation, sibling issues, lack of formal supports, housing issues, financial hardship, access barriers)

Child's diagnosis, disability or medical needs

Please be very specific, if a child has a diagnosis please list how this impacts their activities of daily living and what specific supports or needs they may have. Please list any testing and scores below. Complete each category that is relevant to the needs of the child.

| Child Information | Diagnosis, Recent Testing & Scores & Current Therapies the Child is Receiving |
|--|---|
| Diagnosis | |
| Medical Needs | |
| Hearing Impaired | |
| Feeding and Eating Issues | |
| Seizures | |
| Gross Motor Skills/Needs | |
| Communication Needs | |
| Cognitive Delay (List recent scores) | |
| Sensory Needs | |
| Adaptive Functioning | |
| Social Emotional Development (list any behaviors disrupting family life) Intensity Scale 1-None 2-Mild 3-Moderate 4-Severe 5-Very Severe | |

Other Factors that Increase Family Stress or Needs: (Single parent, pregnancy, recent death or divorce, lack of formal and or family supports, financial hardship, access barriers, medical or mental health issues the limit care taking ability, other children in the home with disabilities,

Grant Requested Items or Services

| Item or Service | Purpose (as it relates to the child's special needs) | Estimated Cost |
|-----------------|--|----------------|
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Approved use for Medical/Medication, Special Needs Clothing, Home Modifications, Day Care/Respite/CAMP, Special Diet, Equipment, Transportation other:

| If applying for respite care or caregiver relief, please list the name and phone number of the person you plan to hire | |
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