Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-4795-ENG 5-20

MINNESOTA CHILD CARE ASSISTANCE PROGRAMS

Quality Differential Rate Request Form

Purpose

This form is used to request payment of up to 15 percent above the maximum rate, not to exceed your provider charge, if you have certain credentials or your program is accredited by certain organizations. You must attach verification (award letter, diploma, transcript, etc.). The verification must show expiration dates when applicable. Submit this form and verification to each county making child care assistance payments.

FULL PROVIDER NAME OR PROGRAM NAME		PROVIDER PHONE NUMBER	PROVIDER ID (if known)
SERVICE LOCATION ADDRESS	CITY	PROVIDER STATE MN	ZIP CODE

Family child care providers

Each adult on your license must have one of the credentials listed to receive 15 percent above the maximum rate. If you have one of the credentials listed, check the box and **attach verification**.

- ☐ Child Development Associate (CDA) credential (must be issued by the Council for Professional Recognition
- ☐ Diploma in child development from a Minnesota state technical college
- ☐ Associate's degree in child development
- ☐ Bachelor's degree or post-baccalaureate degree in early childhood education from an accredited college or university
- ☐ Accreditation by the National Association for Family Child Care
- ☐ Competency Based Training and Assessment Program certificate

Child care centers

If you are accredited by one of the organizations below, check the box and attach verification.

- ☐ Accredited Professional Preschool Learning Environment (APPLE) for Early Childhood Education or School Age Programs
- ☐ American Montessori Society (AMS) School Accreditation
- ☐ Association of Christian Schools International (ACSI) Accreditation
- ☐ Association of Montessori International – USA (AMI) Montessori School Recognition
- ☐ Cognia (formerly called AdvancED) – Early Learning Accreditation
- ☐ Council on Accreditation (COA) - Child and Youth Development – Early Childhood Education (CYD-ECE) Accreditation
- ☐ Council on Accreditation (COA) - Child and Youth Development - Out-of-School Time (CYD-OST) Accreditation
- ☐ Council on Accreditation (COA) - Private Early Childhood or Youth Development
- ☐ Green Apple Accreditation of Children's Services (GAACS) - Early Education Center (EEC) Accreditation
- ☐ Head Start Performance Excellence and Quality Recognition Program
- ☐ Minnesota Afterschool Accreditation Program (MAAP)
- ☐ Minnesota Nonpublic School Accrediting Association (MNSAA)
- ☐ National Accreditation Commission for Early Care and Education Programs (NAC) Accreditation
- ☐ National Association for the Education of Young Children (NAEYC) Accreditation
- ☐ National Early Childhood Program Accreditation Commission Inc. (NECPA) Accreditation
- ☐ National Lutheran School Accreditation (NLSA)

Send this form and verifications to the county agency or agencies that processes your child care assistance payment:

AGENCY NAME	CONTACT PERSON		
STREET ADDRESS	CITY	AGENCY STATE MN	ZIP CODE

I declare that I have examined this form and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

SIGNATURE	DATE

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ၊်မၤစၢၤကလီလၢတ၊်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,သံကွၢ်ဘဉ်ပှၤဂ့ၢ်ဝီအပှၤမၤစၢၤတ၊်လၢနဂီၢ်မ့တမ့်ကိးဘဉ် 1-844-217-3549 တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하ᄉᆡᆸ시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)

ADA Advisory

For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)