INCLUSIVE CARE SUPPORT GRANT CONSENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
EARLY CHILDHOOD
SFN 1934 (9-2026)

Click Here to Clear Field Data

I acknowledge that the childcare provider of a child for whom I am the parent, guardian, or custodian is applying for the Inclusive Care Support Grant to help meet the needs of the child. More information about this grant can be found at: www.hhs.nd.gov/cfs/early-childhood-services/early-childhood-program-grants

Complete the Following

Child's First Initial and Last Name		Date of Birth	
Street Address	City	State	ZIP Code
Does the child have a current Individualized Education Plan (IEP)?		◯ No	◯ Yes
Does the child have a current Individualized Family Service Plan (IFSP)?		◯ No	◯ Yes
Child Care Provider Business Name			

I, the undersigned, authorize staff from the childcare provider, the North Dakota Department of Health and Human Services, and the North Dakota Department of Public Instruction to exchange personally identifiable information from the Education Records of the child listed above. Specific information that may be exchanged includes:

- Whether the child has an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)
- A summary of the child's needs and areas in which support is required
- How the childcare provider has collaborated to help support the child's needs, and
- How the childcare provider plans to use funding to support the child's needs.

This information will be used to determine whether the child's childcare provider is eligible for the Inclusive Care Support Grant.

This authorization is voluntary and will remain in effect for three months from the date I signed, unless specifically revoked by written notice. Information disclosed prior to written revocation is not a breach. Unless otherwise agreed to in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

I understand that I may request a copy of the records disclosed.

Parent, Guardian, or Custodian Printed Name	Relationship

Digital signatures will not be accepted.

Handwritten Signature of Parent, Guardian, or Custodian	Date Signed