



Beltrami County Health and Human Services
Income Maintenance Department
616 America Ave N.W. Suite 270 Bemidji, MN 56601-3802
Phone: 218-333-8300 Fax: 218-333-4150

Case Number

INITIAL EDUCATION PLAN

_____ (date)

Your Name: _____

Address: _____

Telephone Number: _____

Where are you attending school? _____

Year in School: Freshman Sophomore Junior Senior

What is your course of study (program)? _____

Is it graduate or post-graduate? _____

Credits Earned: _____ Credits Remaining: _____ TOTAL Credits: _____

What are your plans to complete this course of study? Will you be attending full-time, part-time, or summer school?

Anticipated Graduation Date: _____

It is a requirement of the Child Care Assistance Program:

- a) that you be enrolled in an education or training plan that will reasonably lead to full-time employment and that you notify the County immediately if you change your course of study;
- b) that you remain in good standing and make satisfactory progress towards completion of the education/training program;
- c) that you provide credits, grades and class schedules at the end of each quarter/semester from the education institution;
- d) that you maintain good attendance.

If Beltrami County determines that you are not making satisfactory progress towards completion of an education/training plan, the County will notify you and discontinue child care.

Please submit this form to our office by _____ or your application will be voided.

Any questions, please call (218) 333-8300.

Signature



An Affirmative Action Employer