



DPHHS-HCS/CC-151  
 (Revised 12/11)

Best Beginnings  
 Child Care Scholarship Program

**ADULT HOUSEHOLD MEMBER  
 INFORMATION FORM**

- ONE PER ADULT -

<b>CCR&amp;R ELIGIBILITY SPECIALIST STAFF ONLY</b>	
<b>CASE / CASE EVENT NUMBER</b>	
<b>HEAD OF HOUSEHOLD NAME</b>	
<b>ELIGIBILITY BEGIN DATE</b>	<b>ELIGIBILITY END DATE</b>
<b>ELIGIBILITY DETERMINATION DATE</b>	<b>R&amp;R DATE STAMP</b>
<b>CASE EVENT WORKER NAME</b>	

**GENERAL PERSON INFORMATION**

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	MIDDLE NAME
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	Montana State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RACE:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native			Tribal Affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe _____
Applicant Name		Relationship to Applicant	
<b>MARITAL STATUS:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (Not Married)			

**CURRENT EMPLOYERS**

- PLEASE list all current employers for this person
- Attach two months of consecutive wage stubs for all current employers, for the previous 60 days.
- An employer Verification Form needs to be completed for each current employer listed below.
- If you are self employed you must complete the Self Employment Verification form.

<b>EMPLOYER #1</b>			
EMPLOYER NAME			EMPLOYER PHONE #
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH
<b>EMPLOYER #2</b>			
EMPLOYER NAME			EMPLOYER PHONE #
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH

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**SCHOOL**

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?
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Adult Household Member Name	Applicant Name
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If Yes, - Please complete the below information.  
 - Attach your school schedule  
 - Additionally a School / Training Verification form will need to be completed from your school.

School Name	Current Grade	First day of School?	Last Day of School?
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**MONTHLY SCHEDULE (When you need child care for!)**

List the times that you are unable to care for your children due to work and/or school activities.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
m/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day

If schedule varies, please explain