

DPHHS-HCS/CC-0158
(Revised 12/11)

Best Beginnings Child Care Scholarship Program Application Packet

This application packet includes the following items:

Application Forms

The following application forms are needed in order to apply for a Best Beginnings Child Care Scholarship. The checklist that is on the Application will go into further detail regarding each form.

- Best Beginnings Child Care Scholarship Application (*includes the application checklist*)
- Adult Household Member Information (2 copies)
- Child Household Member Information (3 copies)
- Child Care Service Plan
- Work Verification
 - o Sign the Release portion of the form, the rest is to be completed by your employer
- School / Training Verification (if student)
 - o Sign the Release portion of the form, the rest is to be completed by a school official
- Self Employment Income Verification (if self employed)
- Child Support Compliance Verification or Good Cause for Refusal to Cooperate with Child Support Compliance
- Scholarship Reporting Requirements

Additional Information and Forms

- Best Beginnings Child Care Scholarship Program Reminders (keep for your records)
- Change Report Form
 - o To be used for changes that occur during eligibility, **Do Not** include when the application is initially submitted.

**PLEASE SUBMIT ALL
SCHOLARSHIP APPLICATION
MATERIALS TO:**

Refer to page 2 for address of your local R&R office

THIS SHEET DOES NOT NEED TO BE INCLUDED WHEN YOU TURN IN YOUR APPLICATION

Family's seeking child care assistance must complete the Best Beginnings Child Care Scholarship application. These applications must be obtained from and submitted to their local Child Care Resource and Referral Agency. Please see agency listing below.

HRDC District 7	Phone Numbers	Counties
7 North 31st Street Billings, MT 59103	406-247-4732 800-433-1411	Big Horn, Carbon, Stillwater Sweet Grass, Treasure, Yellowstone
Child Care Connections	Phone Numbers	Counties
1600 Ellis St, Unit 1 A Bozeman, MT 59715	406-587-7786 800-962-0418	Gallatin, Meagher, Park
Butte 4 C's	Phone Numbers	Counties
101 East Broadway Butte, MT 59701	406-723-4019 800-794-4061	Beaverhead, Deer Lodge, Granite Madison, Powell, Silver Bow
Hi-Line Home Programs, INC	Phone Numbers	Counties
605 3rd Ave So Glasgow, MT 59230	406-228-9431 800-659-3673	Daniels, Roosevelt, Phillips, Sheridan, Valley
Family Connections - MT	Phone Numbers	Counties
202 2nd Ave So Suite 201 Great Falls, MT 59405	406-761-6010 800-696-4503	Cascade, Chouteau, Glacier, Pondera, Teton, Toole
Dist IV HRDC Child Care Link	Phone Numbers	Counties
2229 5th Ave Havre, MT 59501	406-265-6743 800-640-6743	Blaine, Hill, Liberty
Child Care Partnerships	Phone Numbers	Counties
901 N. Benton Ave Helena, MT 59601	406-443-4608 800-244-5368	Broadwater, Jefferson, Lewis & Clark
The Nurturing Center	Phone Numbers	Counties
146 3rd Ave W Kalispell, MT 59901	406-756-1414 800-204-0644	Flathead, Lake, Lincoln, Sanders
HRDC Dist VI Child Care Link	Phone Numbers	Counties
300 1st Ave N, Suite 203 Lewistown, MT 59457	406-535-7488 800-766-3018	Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland
Child Care Education & Support	Phone Numbers	Counties
2200 Box Elder, Suite 151 Miles City, MT 59301	406-234-6034 800-224-6034	Carter, Custer, Dawson, Fallon, Garfield, McCone, Powder River, Prairie, Richland, Rosebud, Wibaux
Child Care Resources	Phone Numbers	Counties
105 E. Pine, Lower Level Missoula, MT 59802	406-728-6446 800-728-6446	Mineral, Missoula, Ravalli

BEST BEGINNINGS CHILD CARE SCHOLARSHIP PROGRAM APPLICATION FAQ's

If you need help filling out this application or have questions, please call your local Child Care Resource and Referral Office. (Refer to 2nd page of packet for address and number)

*Best Beginnings Child Care Scholarship:
Montana's Child Care Assistance Program to help
Montana families pay for their child care costs.*

How do I apply?

Fill out the application packet, sign it and turn it in with all required documentation to your local Child Care Resource and Referral Agency

- Application checklist is available on page 2 of this application.

To qualify, what must my family and I do?

The Best Beginnings Child Care Scholarship Program is available to families who meet the following eligibility requirements

Be Income Eligible

- Your family's income must be below 150% of the federal poverty guidelines.
- SNAP PARTICIPANTS! Ask about express eligibility!

Meet employment and training requirements

- A two parent household needs to work 120 hours each month (For example: the work hours may be divided between the two parents. One parent may meet the work requirement while the other parent attends school full time.)
- A single parent household needs to work 60 hours each month
- A single parent, who is attending school full time, needs to work 40 hours each month.

Cooperate with Child Support Enforcement

- Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

How long will it take?

It may take up to 30 days to process your application. If household is eligible, benefits may begin the date you submitted your signed application as long as required documentation is received within 30 days. Benefits cannot be backdated. Avoid possible delays or lapses in service by submitting all the required documentation with your application.

Is an interview required?

Yes. An interview is required before it can be determined if you are eligible for assistance. Your interview may be in person or by telephone.

Will I have to pay anything?

Yes, you will pay a part of the day care costs. That amount depends on your income and family size. This is called a co-pay. Your provider may also charge rates that are more than the scholarship program pays. Each month you will have to pay your provider the co-pay amount and the difference, if any, between what the provider charges and what the state pays.

Application and Supporting Documentation Checklist and Instructions

✓ Check to be sure you have submitted the following documents.

APPLICATION FORMS (included in the packet)	SUPPORTING DOCUMENTATION
<ul style="list-style-type: none"> <input type="checkbox"/> APPLICATION <ul style="list-style-type: none"> - Completed and signed - If there are 2 adults in your family you must both sign the application. - Includes a Release of information that must be completed <input type="checkbox"/> ADULT HOUSEHOLD MEMBER INFORMATION <ul style="list-style-type: none"> - Be sure to detail your work and/or school schedule <input type="checkbox"/> CHILD HOUSEHOLD MEMBER INFORMATION <ul style="list-style-type: none"> - Be sure to detail your children's school schedule <input type="checkbox"/> WORK VERIFICATION RELEASE <ul style="list-style-type: none"> - To be completed by your employer - Complete the Applicant Release portion and send to your employer for completion <input type="checkbox"/> SCHOOL / TRAINING VERIFICATION RELEASE <ul style="list-style-type: none"> - To be completed by a school official - Complete the Applicant Release portion and send to your school for completion <input type="checkbox"/> CHILD CARE SERVICE PLAN <ul style="list-style-type: none"> - To be completed with your child care provider. - A separate form is required for each child care provider - Only hours that child care is needed for each child are to be documented, including the start and end time of care. <input type="checkbox"/> CHILD SUPPORT COMPLIANCE VERIFICATION or GOOD CAUSE FOR REFUSAL TO COOPERATE <input type="checkbox"/> FAMILY'S RIGHTS AND RESPONSIBILITIES <input type="checkbox"/> REPORTING REQUIREMENTS <input type="checkbox"/> SELF EMPLOYMENT VERIFICATION <input type="checkbox"/> RIGHTS TO APPEAL PROCEDURES 	<ul style="list-style-type: none"> <input type="checkbox"/> PHOTO IDENTIFICATION (for all adults) <ul style="list-style-type: none"> - Government Issued Identification - Passport - MT Drivers License - School identification card <input type="checkbox"/> RESIDENCY VERIFICATION <ul style="list-style-type: none"> - Utility Bill - Rental / Lease Agreement - Mortgage Agreement - MT Drivers License <input type="checkbox"/> BIRTH CERTIFICATES <ul style="list-style-type: none"> - Copies of proof of age for each child who will be receiving child care assistance <input type="checkbox"/> US CITIZENSHIP <ul style="list-style-type: none"> - Social Security Card <input type="checkbox"/> WORK SCHEDULE <ul style="list-style-type: none"> - <u>2 consecutive</u> months of paystubs, within the prior 60 days. <input type="checkbox"/> SCHOOL SCHEDULE <ul style="list-style-type: none"> - For all individuals enrolled in and attending school <input type="checkbox"/> INCOME <ul style="list-style-type: none"> - Proof of all earned income received by you and any other adult in your family - Proof of unearned income received by you and any other adult in your family. Unearned income includes but is not limited to: dividends and interest, Social Security, Supplemental Security Income (SSI) and Child Support <input type="checkbox"/> SELF-EMPLOYED INDIVIDUALS <ul style="list-style-type: none"> - A copy of your business license - Your most recently completed and filed Federal tax return - Income and expenses records or other documentation of adjusted gross income and allowable costs of doing business

Please ask your local Child Care Resource and Referral about acceptable forms of proof, if you are unsure!

DPHHS-HCS/CC-010
 (Rev. 01/11)

Best Beginnings Child Care Scholarship Program

SCHOLARSHIP APPLICATION

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

1. Primary Reason that you are applying for Child Care Assistance?

What is your household makeup? <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two Parent Household		Are you a TEEN Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the primary reason that you need child care assistance? <input type="checkbox"/> Work Hours <input type="checkbox"/> School Hours <input type="checkbox"/> Other:		
Have you ever requested or received Child Care Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? (city/county/state) _____		
Have you ever been disqualified from receiving Child Care Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? (city/county/state) _____		
SNAP Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are participating in SNAP, ask about express eligibility.

2. Who is the Responsible Party?

<p>This is the applicant who is requesting child care assistance and assumes responsibility for following the program rules and requirements, including penalties and repayment of any overpaid benefits.</p> <ul style="list-style-type: none"> • Include proof of identity, such as a copy of your driver's license, state identification card, passport, school identification card, or birth certificate • Include proof of your residence, such as one of the items listed above or a copy of a recent utility bill, rental lease, or mortgage agreement. 					
LAST NAME		FIRST NAME		MIDDLE NAME	
OTHER NAMES YOU MIGHT BE KNOWN AS OR HAVE USED IN THE PAST				E-MAIL ADDRESS	
ADDRESS (physical)					
CITY		STATE	ZIP	COUNTY	TRIBAL RESERVATION
MAILING ADDRESS (if different)					
CITY		STATE	ZIP	COUNTY	TRIBAL RESERVATION
HOME PHONE		WORK PHONE		OTHER PHONE	
What is your preferred spoken language?		What is your preferred written language?		Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3a. FAMILY MEMBERS - Adult Household Members

List all **required** Adult Household Members (Age 18 and up) as related to the child(ren) for whom a scholarship is requested:

- Biological, adoptive parent or stepparent of an intact family, regardless of living arrangements. This would include incarcerated parents or parents working and living out of town.
- Parent by common law marriage;
- Parent joined by a common child;
- Adult acting in loco parentis;

List **optional** Adult Household Members (Age 18 and up), only if you want them included in eligibility determination

- Adult Sibling, age 18 and over [no Child Support Enforcement Division [CSED] requirement];
- Aunt or Uncle;
- Grandparent or Great Grandparent;
- Parent's Significant Other

An "Adult Household Member Information Form" must be completed for all adults listed below.

Relationship to you	Name (First, Middle, Last)	Working	Hours per Month	Attending School	Hours per Month
SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3b. FAMILY MEMBERS - Child Household Members, Living in the Home

Minor Household Members (Age 17 and under)

- Minor sibling(s), age 17 and under, including stepbrother, stepsister, half brother and half sister; List all children living in the home, in the order from oldest to youngest
- Child receiving Temporary Assistance for Needy Families [TANF] Cash benefits, or other subsidy, as a member of the household.

A "Child Household Member Information Form" must be completed for all Children listed below.

- Include proof of each child's relationship to you, such as birth certificate, adoption record, legal guardianship statement
- Include proof of each child's age, such as their birth certificate.
- Include proof of citizenship or immigration status for each child in need of child care assistance, such as birth certificate, an adoption record, or an INS Card.

Relationship to you	Name (First, Middle, Last)	Attending School	Receiving Child Support	Requesting Child Care
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. INCOME

List all earned and unearned income received by you and all members of your family.

- Include income received by family members temporarily absent from your home.
- Include proof of all income, such as a check stub, signed letter from Employer or income tax records.

If you or someone in your family is self-employed

- Complete the "Self Employment Income Verification Form" and include all required documentation

EARNED INCOME

Name - of individual earning income	Source of Income - including employer name	Gross Monthly Amount before deductions

UNEARNED INCOME

Source of Income	YES	NO	Name of Individual Receiving Income	Gross Monthly Amount before deductions
Child Support for _____				
Child Support for _____				
Child Support for _____				
Public Assistance				
Unemployment Insurance				
Insurance Benefits				
Veterans Benefits				
Social Security				
SSI				
Student Loans				
Interest / Dividends				
Tribal Payments				
Other: Please specify _____				

5. DEDUCTIONS

Type of Expense (deduction)	Name of Individual Being Paid	Gross Monthly Amount
Child Support - Paid out, for children not living in the home		

6. HERE ARE YOUR RESPONSIBILITIES CONCERNING YOUR CHILD CARE PROVIDER

INITIALS	<i>(Please INITIAL each item as you read)</i>	
1.		I will select a licensed center, a registered group or family home, or a legally certified provider (friend or relative) before receiving a State Child Care Scholarship. A State Child Care Scholarship is not paid if the provider does not have a current State payment number. This may occur if the child care facility license, registration, or legally certified provider payment number is not approved, is terminated or expires.
2.		I understand that I am solely responsible for any agreement I have with my child care provider(s).
3.		I will pay a monthly co-payment to the child care provider. If I fail to pay the co-payment, or fail to make satisfactory arrangements, I will lose eligibility for child care assistance.
4.		I understand that the child care provider may set their own rates. Providers may charge rates and/or fees in addition to the child care program co-payment obligation. I am responsible for any amount over and above the State rates.
5.		I understand that if the child care is provided in my home the child care provider is either my employee or an independent contractor. As an employer, I may be responsible for all employment obligations, such as Worker's Compensation Insurance and employment taxes. Additional information is available at my Child Care Resource and Referral agency.
6.		If I change to a new child care provider, I am responsible for notifying my current provider.

7. HERE ARE YOUR RIGHTS

INITIALS	<i>(Please INITIAL each item as you read)</i>	
1.		I have the right to choose my child care provider.
2.		I have the right to have access to my child at any time he/she is in child care
3.		Within 10 calendar days of losing employment or falling below the minimum work requirement, I may request a grace period. However, if I don't report within 10 calendar days, no grace period will be allowed, and I will not be eligible for child care. I understand that I may contact my local CCR&R for more information.
4.		I will be notified of any reduction in my child care scholarship before the certification end-date if change occurs prior to the expiration date of the certification plan. A letter will be mailed 15 calendar days before any loss of benefits. No letter will be mailed if the certification plan simply expires.
5.		I have the right to appeal any loss of scholarship. I will submit a request for a fair hearing within 90 days of receiving the notice regarding the loss of scholarship.
6.		I understand that my child care provider may not discriminate.
7.		I have a right to be notified by my provider if a negative licensing action affects my eligibility.
8.		I have a right to receive a monthly EOB (Explanation of Benefits), which shows the care that has been paid for by the state.

8. PARENT RESPONSIBILITIES

INITIALS		(Please <u>INITIAL</u> each item as you read)
1.		I understand this child care scholarship is available only during approved activities, which may be less than the maximum limits indicated on the child care certification plan.
2.		I will report any change of child care provider before or within one business day of the change, as failure to report will result in a loss of benefits.
3.		I will report the following changes within 10 calendar days to my local Child Care Resource and Referral agency: <ul style="list-style-type: none"> a. Change of employment for any household member. b. Loss of employment to less than 120 hours per month for a two-parent family or 60 hours per month for a single parent family (40 while attending school full-time) c. Changes in residence or mailing address d. The loss or addition of a household member e. Changes in school attendance f. Opening or closing of any child support case through Montana Child Support Enforcement Division or other state, any change in the amount of child support received through an approved court order, or any change to my good cause for not applying for child support.
4.		Failure to report changes within 10 calendar days may result in one or more of the following: <ul style="list-style-type: none"> a. Loss of child care scholarship b. Repayment of child care scholarship during period of ineligibility
5.		I am responsible for paying my own child care until my family is determined to be eligible for assistance. Best Beginnings Scholarship assistance cannot be paid before the date this application is submitted.
6.		If a waiting list is not in effect, presumptive eligibility may be approved based on the information supplied in the application packet. I understand that child care assistance will not continue beyond the 30-day period unless all documentation is submitted and eligibility is verified.
7.		I understand that my Best Beginnings Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.
8.		I understand that I am responsible for making and keeping copies of all documents that I submit to the Child Care Resource and Referral Agency.
9.		I understand that should an error occur regarding my case, I may be fully responsible for any overpayment, regardless of who made the error, and that I may have to complete an agreement and pay back all or part of any monies I received as part of the Best Beginnings Child Care Scholarship program. (CC6-8; page 1 of 4)

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any accompanying documents) will be cause for denial or termination of Best Beginnings Child Care Scholarship Benefits, regardless of when or how falsifications were discovered. I understand that I must periodically re-apply for assistance and that my eligibility will be re-determined at that time.

 Applicant (or Authorized Representative) Signature

 Date

 Spouse/Other Adult Signature

 Date

Authorization to Release Information / Request for Verification

Certain information is needed to determine eligibility. This includes residency, relationship, school attendance, household composition, income, and other circumstances relevant to the need for child care. The Department or this Child Care Resource & Referral agency may request information about any of the issues involved in the Best Beginnings Eligibility Application Packet. You have the right to provide any additional information necessary to determine eligibility. If you are not able to gather the requested information by yourself, your Department representative may be able to help you. Because this is your confidential information, you must give permission for your CCR&R representative to help you.

Applicant— Please initial one and sign below

<input type="checkbox"/> I give the Department and the Child Care Resource and Referral agency permission to gather information that is necessary to determine eligibility for my family and me. This authorization expires one year from the date this application is signed. I understand that I can revoke this consent in writing at any time.	<input type="checkbox"/> I DO NOT wish to sign an authorization to release information. I understand that because of confidentiality issues, the Department and the Child Care Resource and Referral agency will not be able to help in gathering information necessary to determine eligibility. I choose to provide the necessary documentation myself.
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I hereby affirm that the statements included in this application are accurate, complete, and true to the best of my knowledge. I understand that I must periodically re-apply for assistance and that my eligibility will be re-determined at that time.

_____ Date
 Applicant (or Authorized Representative) Signature

Spouse/Other Adult— Please initial one and sign below

<input type="checkbox"/> I give the Department and the Child Care Resource and Referral agency permission to gather information that is necessary to determine eligibility for my family and me. This authorization expires one year from the date this application is signed. I understand that I can revoke this consent in writing at any time.	<input type="checkbox"/> I DO NOT wish to sign an authorization to release information. I understand that because of confidentiality issues, the Department and the Child Care Resource and Referral agency will not be able to help in gathering information necessary to determine eligibility. I choose to provide the necessary documentation myself.
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I hereby affirm that the statements included in this application are accurate, complete, and true to the best of my knowledge. I understand that I must periodically re-apply for assistance and that my eligibility will be re-determined at that time.

_____ Date
 Spouse/Other Adult Signature



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

Best Beginnings
 Child Care Scholarship Program

**ADULT HOUSEHOLD MEMBER
 INFORMATION FORM**

- ONE PER ADULT -

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

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
RACE: <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	
MARITAL STATUS: <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.

EMPLOYER #1			
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
EMPLOYER #2			
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

Adult Household Member Name	Applicant Name
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ADULT HOUSEHOLD MEMBER INFORMATION FORM - PAGE 2

SCHOOL

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?	
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?

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

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Best Beginnings
 Child Care Scholarship Program

**ADULT HOUSEHOLD MEMBER
 INFORMATION FORM**

- ONE PER ADULT -

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

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
RACE: <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	
MARITAL STATUS: <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.

EMPLOYER #1			
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
EMPLOYER #2			
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

Adult Household Member Name	Applicant Name
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ADULT HOUSEHOLD MEMBER INFORMATION FORM - PAGE 2

SCHOOL

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?	
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?

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

DPHHS-HCS/CC-152
 (Revised 12/11)

Best Beginnings
 Child Care Scholarship Program

**CHILD HOUSEHOLD MEMBER
 INFORMATION FORM**

- ONE PER CHILD -

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

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
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RACE: <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 (Head of Household) Name		Relationship to Applicant	

SPECIAL NEEDS

Does this child have special needs or are you concerned about special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your Eligibility Specialist regarding additional services for children with special needs.

SCHOOL

Does this child attend school (including preschool or kindergarten)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please complete the below information						
This child: Is currently in the _____ Grade or will be in the _____ Grade (in the Fall).						
School Name	First day of school?	Last day of school?				
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
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

CHILD HOUSEHOLD MEMBER INFORMATION FORM - PAGE 2

Child Household Member Name	Applicant Name
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CHILD SUPPORT

Does this child have a parent who does not live in the home? Yes No

Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

Please mark below how you meet the requirements for Child Support Compliance!

<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
--	-------------	-------------------------------------	-------------------

<input type="checkbox"/> Court Approved Parenting Plan	Who is child support received from?	Amount per month?
--	-------------------------------------	-------------------

Claim Good Cause (*please see good cause form*)

Please indicate what state or tribe do you co-operate with?

SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	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

CHILD CARE PROVIDERS

- PLEASE list all providers that you have for this child
- A Child Care Service Plan needs to be completed for each provider that your family has and must include each child's schedule, for when they are in care.

PROVIDER #1

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
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PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
--------------------	---

PROVIDER #2

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
-----------------	-----------------------------

PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
--------------------	---

PROVIDER #3

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
-----------------	-----------------------------

PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#
--------------------	---

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 (Revised 12/11)

Best Beginnings
 Child Care Scholarship Program

**CHILD HOUSEHOLD MEMBER
 INFORMATION FORM**

- ONE PER CHILD -

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

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
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RACE: <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 (Head of Household) Name		Relationship to Applicant	

SPECIAL NEEDS

Does this child have special needs or are you concerned about special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your Eligibility Specialist regarding additional services for children with special needs.

SCHOOL

Does this child attend school (including preschool or kindergarten)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please complete the below information						
This child: Is currently in the _____ Grade or will be in the _____ Grade (in the Fall).						
School Name	First day of school?	Last day of school?				
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
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

CHILD HOUSEHOLD MEMBER INFORMATION FORM - PAGE 2

Child Household Member Name	Applicant Name
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CHILD SUPPORT

Does this child have a parent who does not live in the home? Yes No

Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

Please mark below how you meet the requirements for Child Support Compliance!

<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
--	-------------	-------------------------------------	-------------------

<input type="checkbox"/> Court Approved Parenting Plan	Who is child support received from?	Amount per month?
--	-------------------------------------	-------------------

Claim Good Cause (*please see good cause form*)

Please indicate what state or tribe do you co-operate with?

SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	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

CHILD CARE PROVIDERS

- PLEASE list all providers that you have for this child
- A Child Care Service Plan needs to be completed for each provider that your family has and must include each child's schedule, for when they are in care.

PROVIDER #1

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#

PROVIDER #2

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#

PROVIDER #3

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#

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Best Beginnings
 Child Care Scholarship Program

**CHILD HOUSEHOLD MEMBER
 INFORMATION FORM**

- ONE PER CHILD -

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

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
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RACE: <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 (Head of Household) Name		Relationship to Applicant	

SPECIAL NEEDS

Does this child have special needs or are you concerned about special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your Eligibility Specialist regarding additional services for children with special needs.

SCHOOL

Does this child attend school (including preschool or kindergarten)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please complete the below information						
This child: Is currently in the _____ Grade or will be in the _____ Grade (in the Fall).						
School Name		First day of school?		Last day of school?		
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
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

CHILD HOUSEHOLD MEMBER INFORMATION FORM - PAGE 2

Child Household Member Name	Applicant Name
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CHILD SUPPORT

Does this child have a parent who does not live in the home? Yes No

Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

Please mark below how you meet the requirements for Child Support Compliance!

<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
<input type="checkbox"/> Court Approved Parenting Plan		Who is child support received from?	Amount per month?
<input type="checkbox"/> Claim Good Cause (<i>please see good cause form</i>)			

Please indicate what state or tribe do you co-operate with?

SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
to	to	to	to	to	to	to
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	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

CHILD CARE PROVIDERS

- PLEASE list all providers that you have for this child
- A Child Care Service Plan needs to be completed for each provider that your family has and must include each child's schedule, for when they are in care.

PROVIDER #1

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#

PROVIDER #2

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#

PROVIDER #3

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBER
PROVIDER'S ADDRESS	PROVIDER'S LICENSE NUMBER PV#

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Best Beginnings
 Child Care Scholarship Program

**CHILD CARE
 SERVICE PLAN**

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

INSTRUCTIONS

When you select a child care provider, the Child Care Resource and Referral (CCR&R) agency needs the information below to complete the child care certification plan.

- Use a separate form for each child care provider.
- If you change providers, submit a new form before, or within one (1) business day to maintain a child care scholarship.

Payment is not issued until your child care certification plan is complete. You and your provider will receive a copy of the certification plan in the mail. The certification shows the period of eligibility.

This is not an application for a child care scholarship. This is not a contract. This information is used only to arrange for a child care scholarship. The parent and provider may contract for services in a separate agreement.

APPLICANT INFORMATION

APPLICANT NAME	PHONE #
ADDRESS	

PROVIDER INFORMATION (Ask your provider to help you in completing this form)

A provider must have a current payment (PV) number. A scholarship payment will not be made if the provider number expires. All rate changes need to be reported in writing to your local Resource & Referral before the change, and will not take effect until the 1st of the month following the change.

PROVIDER'S NAME	PROVIDER'S LICENSE # PV#
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE #
RATES FOR 0-24 MONTH-OLDS (INFANT)	RATES FOR AGE 2+ (CHILD)
\$ /day \$ /hr	\$ /day \$ /hr
PROVIDER'S TAX ID #	

Type of Child Care Setting:

Certified Facility

LCP - Legally Certified Provider

Parent Home

Provider Home

Licensed or Registered Facility

Family Child Care Home (LRFH)

Group Child Care Home (LRGH)

OFFICIAL USE ONLY

Family meets requirements for LCI Care

Yes No

Eligibility Specialist Initials _____

Faxed to CCS: _____

Date and Initials _____

CHILD #1	Child's Name:			Provider's Name:			Start Date
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship						
	Is this the Child's Primary Provider <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.						
	HOURS AND DAYS CHILD CARE IS PROVIDED						
	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
<input type="checkbox"/> The above schedule remains the same for the entire month							
<input type="checkbox"/> The above schedule varies throughout the month.							
If schedule varies, please explain:							

CHILD #2	Child's Name:			Provider's Name:			Start Date
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship						
	Is this the Child's Primary Provider <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.						
	HOURS AND DAYS CHILD CARE IS PROVIDED						
	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
<input type="checkbox"/> The above schedule remains the same for the entire month							
<input type="checkbox"/> The above schedule varies throughout the month.							
If schedule varies, please explain:							

DPHHS-HCS/CC-159
 (Rev 12/11)

**Best Beginnings
 Child Care Scholarship Program**

**RELEASE OF INFORMATION
 REQUEST FOR
WORK VERIFICATION**

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

DIRECTIONS for Applicant

- 1. Complete Section 1**
(Employee – Permission to Release Information)
- 2. Have your current employer complete sections 2 and 3**
(Employment and Wage Information and Employer Certification)
- 3. Return completed form to your Resources and Referral Agency**
(See 2nd page of application to get local Resource and Referral Agency address)

1. EMPLOYEE - PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to _____
 for the release the information requested on this form to the Child Care Resource and Referral (CCR&R)
 Agency, listed above, in order to determine my family's eligibility for the Best Beginnings Child Care
 Scholarship.
 Applicant's Signature: _____ Date: _____

DIRECTIONS for Employer

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities, such as work and school. The applicants' signature above authorizes the release of the information requested on the back of this form. By completing this form you are providing information, about the identified individual, that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.



2. EMPLOYMENT AND WAGE INFORMATION

Employee Name:			
Employer Name:		Work Address:	
Work Start Date	Work End Date	Date of First Pay Check	Date of Last Pay Check
Is this a Salaried or Hourly Employee? <input type="checkbox"/> Salaried (\$ _____ per _____) <input type="checkbox"/> Hourly (\$ _____ per hour)		How often is this employee paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Average number of work hours per week.			_____ hrs per week
What is this employee's gross salary, wages, and commissions?			\$ _____ per month
Does this employee receive tips or bonuses? - If yes, please approximate dollar amount per month		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month
Does this employee ever work overtime? - If yes, please approximate dollar amount per month		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month
Does this employee receive "in-kind" (non-cash) or cash benefits as part of their pay? For example, housing allowance, apartment or food? - If yes, please approximate dollar amount per month Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month.
Does this employee have any company-paid flexible child care benefits that could be taken in cash? If yes, please approximate dollar amount per month Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month.

MONTHLY WORK SCHEDULE	The following work schedule is effective from: _____ to: _____						
	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
	<input type="checkbox"/> This schedule remains the same for the entire month				<input type="checkbox"/> This schedule varies from week to week		
	If work schedule varies, please explain:						

3. EMPLOYER CERTIFICATION

PLEASE READ AND SIGN:	BUSINESS/COMPANY NAME	BUSINESS PHONE #
	BUSINESS/COMPANY ADDRESS	
	I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this company.	
	Print Name: _____	Title: _____
Signature: _____	Date: _____	

DPHHS-HCS/CC-161
(Rev 12/11)

**Best Beginnings
Child Care Scholarship Program**

**RELEASE OF INFORMATION
REQUEST FOR
SCHOOL/TRAINING VERIFICATION**

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

DIRECTIONS for Applicant

- 1. Complete Section 1**
(Student/Applicants – Permission to Release Information)
- 2. Have your current employer complete sections 2 and 3**
(Employment and Wage Information and Employer Certification)
- 3. Return completed form to your Resources and Referral Agency**
(See 2nd page of application to get local Resource and Referral Agency address)

1. STUDENT / APPLICANTS - PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to _____
for the release the information requested on this form to the Child Care Resource and Referral (CCR&R)
Agency, listed above, in order to determine my family's eligibility for the Best Beginnings Child Care
Scholarship.

Applicant's Signature: _____ Date: _____

DIRECTIONS for School Official

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities, such as work and school. The student applicant's signature above authorizes the release of the information requested on this form. By completing this form you are providing information about the identified individual that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.

2. STUDENT / APPLICANTS' - SCHOOL INFORMATION

Student Name:		
School Name:	School Address:	Enrollment Date:
Course of Study / Training Program	Anticipated graduation / completion date	Expected Degree / Certificate
Is this a Part Time or Full Time Student? <input type="checkbox"/> Part Time (_____ hrs per week) <input type="checkbox"/> Full Time (_____ hrs per week)		How many credits is this student taking per semester? _____ credits per semester
Is this student in good academic standing? If No, please explain: <i>(Is this individual on probation?)</i>		<input type="checkbox"/> Yes, good <input type="checkbox"/> No
Does this individual currently hold a bachelor's degree? If Yes, what is the degree in? _____ When was it earned? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY SCHOOL SCHEDULE	- Please indicate the time the student's first class starts and the time the student's last class ends on any given day. - Please provide an official copy of the students class schedule						
	This schedule is good for the following semester: <i>(indicate year)</i> <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____						
	The semester that this schedule covers runs from: _____ to: _____						
	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
	<input type="checkbox"/> This schedule remains the same for the entire month				<input type="checkbox"/> This schedule varies from week to week		
If work schedule varies, please explain:							

3. SCHOOL OFFICIAL CERTIFICATION

SCHOOL NAME	SCHOOL PHONE #
SCHOOL ADDRESS	
PLEASE READ AND SIGN:	
I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this school	
Print Name: _____	Title: _____
Signature: _____	Date: _____

Best Beginnings Child Care Scholarship Program Self-Employment Income Verification Form

What is Self-Employment?

Self-Employment is the act of engaging in a trade or business except as an employee. An individual is NOT self-employed if performing services that can be controlled by an employer. Source of income and individual activity from which income is generated determines if it is self-employment income.

How is self-employment income used to determine eligibility?

During the process of determining household eligibility, all gross income is evaluated to determine eligibility. In addition, self-employment status for applicants and participants is also verified. Income from self-employment divided by the number of child care hours requested must equal the current Federal/State Minimum Wage.

What documents will I need?

The following list of documents, are used to verify earned income. It is the responsibility of the applicant/participant to provide verification of all income used to determine eligibility.

- Bookkeeping records
- Tax Returns –must show proof of filing
- Receipts for ALL allowable expenses
- Pertinent lease agreements [building, vehicle, chair (cosmetology), etc.]
- Self-employment Income Verification form
- Contracts [construction, etc.]
- Bank Statements [personal & business] and cancelled checks
- Signed time sheets and receipt of payroll, if you have employees

The following list of documents, are used to verify unearned income. It is the responsibility of the applicant/participant to provide verification of all income used to determine eligibility.

- Attorney statements
- Cash income records
- Child Support receipts
- Parenting Plan – court filed
- Retirement Award letter
- Education/Training Award records

Should an error occur during the income eligibility process, regardless of who made the error, the applicant/participant may be fully responsible for any overpayment and may have to complete an agreement to pay all or part of any monies they receive as part of the Best Beginnings Child Care Scholarship program. [Child Care Policy 6-8; page 1 of 4]

What expenses are allowed or not allowed?

Allowed business expenses are subtracted from the gross receipts to determine taxable gross income. Allowable expenses must directly relate to the production of income. Receipts must be attached to be counted.

Not Allowed business expenses include those derived from capital investments:

- Depreciation
- Amortization
- Non-sufficient Fund charges
- Credit Card late fees
- Business start up costs
- Personal & entertainment expenses
- Payments on principal portion of loan payments
- Personal transportation
- All expenses for which receipts are not provided

Instructions

1. You may use the worksheet on the back of this form to verify your self-employment income if:
 - You did not file a business income tax return last year; or
 - You filed a business tax return last year AND expect a significant change in your business earnings this year.
2. You must have business records to verify the information given on this form. Business records include items such as invoices, cancelled checks, receipts for materials purchased, business and personal bank account information and your business calendar for us to determine your work schedule. Copies must accompany this form. We cannot guarantee that original forms will be returned to you.
NOTE: While the IRS may allow more business deductions, this form lists only the business deductions allowable under the scholarship program.
3. If you filed a business tax return last year, please include copies of **IRS forms 1040 and Schedule C**. Include form **8829** if you claim expenses for the business use of your home. These forms must show that they were filed with your tax return. (**Schedule F**, if applicable)
4. If you own a corporation or partnership, include copies of **IRS forms 1065 or 1120**. Your share of profits not distributed to the principal owners will be counted as income.
5. You must include copies of any estimated taxes you paid to the IRS this year. Generally, the IRS requires you to make estimated tax payments if you expect to owe at least \$1,000.00 in taxes.
6. We must be able to verify how many hours you work and the work schedule you listed on your application form. Please attach to this form any information you have that verifies your work schedule.
7. The Self Employment Verification form must be signed and dated on page 2.

If you have any questions or need help completing this form, please call your CCR&R eligibility worker.

DPHHS-HCS/CC-153
 (New 01/11)

Best Beginnings Child Care Scholarship Program

Self-Employment Income Verification Form

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

1. APPLICANT / PARTICIPANT

This is the person who is Self Employed and reporting their self employment income.

LAST NAME	FIRST NAME	MIDDLE NAME		
ADDRESS (physical)				
CITY	STATE	ZIP	COUNTY	PHONE NUMBER

2. BUSINESS INFORMATION

BUSINESS NAME	Federal Tax ID (EIN)	When was this business started?		
BUSINESS ADDRESS (if different)		Did you file a tax return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CITY	STATE	ZIP	COUNTY	PHONE #
TYPE OF BUSINESS (explain)				
BUSINESS OWNER NAME(S) (if not owned solely by yourself)				
1.		2.		
How many hours do you work a week? A month? Please attach a weekly / monthly work schedule		What is your income/draw? \$ _____ Per month		
Does the business have employees? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how often are they paid?				
Does the business have any company-paid flexible child care benefits that could be taken in cash? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes, please list amount per month: \$ _____ Who received these benefits?				
Does the business have any contracts from which income is derived? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes list and give amounts.				
Does the business have lease agreements from which expenses are paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes list number and type of leases.				
A copy of my business license is attached? <input type="checkbox"/> YES <input type="checkbox"/> NO				

BUSINESS INCOME CALCULATION WORKSHEET

PLEASE ROUND ALL AMOUNTS TO THE NEAREST DOLLAR

1. Income	What is this? Documentation Required	Amount
a. Gross Income earned	Enter your gross business income before deductions	1a.
b. Period covered	Tell us how long it took you to earn this money	1b. From: _____ To: _____
c. Unearned Income	List the amount you have received from sources other than employment such as interest, dividends from investments, or rental property [including boarders]	1c.
2. Business Expense	What is this? Documentation Required	Amount
<p>You have three expense options: Actual Expenses, 35% of your gross income for expenses, or no expenses. Please indicate your choice below. If you choose 35%, you do not need to complete the expenses section of this form. If you have no expenses, please indicate below.</p> <p style="text-align: center;"> <input type="checkbox"/> Actual Expenses <input type="checkbox"/> 35% of gross income for expenses <input type="checkbox"/> I have no expenses </p>		
a. Car & Truck Expense	You can claim the standard mileage deduction if you use your car or truck for business purposes. Multiply the miles you traveled for work times \$.55 per mile.	2a. Miles _____ X \$0.55 = \$ _____
b. Insurance	List the amount you pay for business insurance on your business.	2b.
c. Equipment Rental	Enter the cost of renting vehicles, machinery or equipment for your business.	2c.
d. Supplies	Enter the cost of supplies and materials used to operate your business.	2d.
e. Licenses	Enter the cost of any licenses you purchased for your trade or business.	2e.
f. Telephone	Enter your business telephone expense. If you use your home telephone for business, DO NOT deduct the regular monthly rate charged by your telephone company, use what is allowed by IRS rules.	2f.
g. Employee Salaries	Enter the amount you paid to individuals that worked for you. Do not include payments to yourself or any other business owners.	2g.
3. Total Business Expense	Add the total expenses listed in lines 2a through 2g or 35% of line 1a+line 1c. $[(1a+1c) \times .35]$	3.
4. Net Business Income	Subtract the total expenses in line 3 from your gross earnings in line 1a + Line 1c. $[(1a+1c) - 3 = 4]$	4.

Please Sign and Date

- With my signature, I certify that I have listed all income and expenses above. I also certify that I have receipts or some type of verification on file for all listed income and expenses reported on this form, and I will keep them on file for at least one year from the date reported.
- I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief is true and correct.

Business Owner Signature _____

Date _____

DPHHS-HCS/CC-154
 (Rev. 12/11)

**Best Beginnings
 Child Care Scholarship Program**

**CHILD SUPPORT
 VERIFICATION**

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

Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division.

For each child in your household which has an absent parent you must be receiving court-ordered child support from the child's absent parent or you must comply with Child Support Enforcement Division (CSED), or you must show good cause for not receiving child support.

Please initial all of the following child support criteria that apply:

- 1. There are no children with absent parents in the household.
- 2. I receive child support through a court order recognized by a Montana district court or Tribal court, or the Child Support Enforcement Division (CSED) of the Montana Department of Public Health & Human Services and will continue to keep this case open while receiving child care assistance.
- 3. I receive child support through a child support enforcement division or court of another state. The state is: _____.
- 4. I do not receive child support, but I am in compliance with CSED by providing all information requested by CSED to open a child support case.
- 5. I would like to apply for good cause for not seeking child support.
 I have received the Good Cause information and understand the circumstances under which Good Cause may be granted.

Documentation:

You must submit verification of all child support received or paid out. Verification can include:

- 1. A compliance confirmation from CSED which states the dollar amount of child support granted.
PLEASE – complete the release on the reverse side of this form
- 2. A copy of your court-ordered parenting plan or child support order that lists the dollar amount of child support granted and child support checks/money orders for the past three months.

MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK CHILD SUPPORT COMPLIANCE CHECKLIST

To Be Completed By Applicant

Custodial Parent <i>(please print)</i>	SSN (last 4 digits): ###-##-
I authorize the Child Support Enforcement Division of the Department of Public Health and Human Services (CSED), its employees or agents, to share information about my child support case(s) to the Best Beginning Child Care Subsidy Program.	
Signature _____	Date _____

To Be Completed By Child Care Resource & Referral Network Representative

This inquiry to the CSED involves the listed child(ren):
Please respond to the following request for CSED case information. In the event there are multiple CSED cases involving this Custodial Parent, this document can be copied in order to respond to each case separately.
Please reply to the following program representative:
Name: _____ Office Location: _____
Phone: _____ Fax: _____ Email: _____

To Be Completed By Child Support Enforcement Division (CSED) Representative

Absent Parent's Name	CSED case #
Child(ren)	
Case is OPEN for:	
<input type="checkbox"/> enforcement <input type="checkbox"/> establishment <input type="checkbox"/> paternity <input type="checkbox"/> IN compliance <input type="checkbox"/> NOT in compliance <input type="checkbox"/> open, but the custodial parent portion of the case is closed (ie, collecting state assigned arrears only)	
<input type="checkbox"/> Case has been CLOSED since:	
Amount of Support Paid to the Custodial Parent in the Past 6 Months: _____	
Note: Additional information regarding the last 5 payments credited to this case is available on-line at https://app.mt.gov/csed	
Additional Information	
CSED Authorized Signature: _____	Date: _____
Phone: _____	Fax: _____
Email: _____	

BEST BEGINNINGS CHILD CARE SCHOLARSHIP PROGRAM

NOTICE OF REQUIREMENT TO COOPERATE & RIGHT TO CLAIM GOOD CAUSE FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT

BENEFITS OF CHILD SUPPORT ENFORCEMENT

Your cooperation in the child support enforcement process may be of value to you and your child because it might result in the following results:

- Finding the absent parent;
- Legally establishing your child's paternity;
- The possibility that support payments will reduce your need for child care assistance; and
- The possibility that you and your children may obtain rights to future social security, veterans or other government benefits.

WHAT IS MEANT BY COOPERATION?

The rule requires you to cooperate with the Child Care Resource and Referral and child support agencies to get any support owed to you unless you have good cause for not cooperating.

In cooperating with the Child Care Resource and Referral or child support agency, you may be asked to do one or more of the following things:

- Name the parent of any child applying for or receiving child care assistance, and give information you have to help find the parent;
- Help determine legally who the father is if your child was born out of wedlock;
- Give help to obtain money or medical coverage owed to you or the children.

You may be required to come to the Child Care Resource and Referral office, child support office, or court to sign papers or give necessary information.

WHAT IS MEANT BY GOOD CAUSE?

You may have good cause not to cooperate in the State's efforts to collect child support. You may be excused from cooperating if you believe that cooperation would not be in the best interest of your child, and if you can provide evidence to support this claim.

If you do not cooperate and do not have good cause, you will be ineligible for child care assistance.

HOW AND WHEN YOU MAY CLAIM GOOD CAUSE

If you want to claim good cause, you must tell your Child Care Resource and Referral Eligibility Specialist that you think you have good cause. You can do this at any time you believe you have good cause not to cooperate.

GOOD CAUSE CIRCUMSTANCES

You may claim to have good cause for refusing to cooperate if you believe that such cooperation would not be in the best interest of your child. The following are circumstances under which the Child Care Resource and Referral Agency may determine that you have good cause for refusing to cooperate:

- Cooperation is anticipated to result in serious physical or emotional harm to the child;
- Cooperation is anticipated to result in physical or emotional harm to you which is so serious it reduces your ability to care for the child adequately;
- The child was born after forcible rape or incest;
- Court proceedings are going on for adoption of the child; or
- You are working with an agency helping you to decide whether to place the child for adoption.

PROVING GOOD CAUSE

It is your responsibility to:

- Provide the Child Care Resource and Referral Agency with the evidence needed to determine whether you have good cause for refusing to cooperate. (If the reason for claiming good cause is your fear of physical harm and it is impossible to obtain evidence, the Child Care Resource and Referral Agency may still be able to make a good cause determination after an investigation of your claim.)
- Give the necessary evidence to the agency within 30 days after claiming good cause. The Child Care Resource and Referral Agency will give you more time only if it determines that more than 30 days are required because of the difficulty in obtaining the evidence.

The Child Care Resource and Referral Agency may:

- Decide your claim based on the evidence which you give to the agency, or
- Decide to conduct an investigation to further verify your claim. If the Child Care Resource and Referral Agency decides an investigation is needed, you may be required to give information such as the absent parent's name and address to help the investigation. The agency will not contact the absent parent without first telling you.

NOTE: If you are an applicant for child care assistance, you will not be certified for child care benefits until you have given the agency the evidence needed to support your claim and, if requested, the information needed to permit an investigation of your claim.

EXAMPLES OF ACCEPTABLE EVIDENCE

The following are examples of acceptable kinds of evidence the Child Care Resource and Referral Agency can use in determining if good cause exists.

If you need help in getting a copy of any of the documents, ask the Child Care Resource and Referral Agency. The Child Care Resource and Referral Agency will give you reasonable assistance which is needed to help you obtain the necessary documents to support your claim.

- Birth certificates, or medical or law enforcement records, which indicate that the child was conceived as the result of incest or forcible rape;
- Court documents or other records which indicate that legal proceedings for adoption are pending in court;
- Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the alleged or absent father might inflict physical or emotional harm on you or the child;
- Medical records which indicate emotional health history and present health status of you or the child for whom support would be sought; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child;
- A written statement from a public or private agency confirming that you are being assisted in resolving the issue of whether to keep or give up the child for adoption; and
- Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim.

WHAT IF AN ABSENT PARENT IS LOCATED AND REFUSES TO PAY CHILD SUPPORT?

Your child care assistance will continue. Child Support Enforcement will seek court or other legal remedies that could result in withholding of the absent parent's property or wages to pay for child support.

I have read this notice concerning my right to claim good cause for refusing to cooperate.

Signature of applicant/participant

Date

I have provided the applicant/participant with a copy of this notice.

Signature of Child Care Resource and Referral Eligibility Specialist

Date

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 (New 01/11)

BEST BEGINNINGS CHILD CARE SCHOLARSHIP PROGRAM

REPORTING REQUIREMENTS

Dear Applicant,

Please read this letter carefully. It has information about your responsibilities as an applicant in the Best Beginning Child Care Scholarship program, child care fraud, and the consequences of providing false information. If you have questions, please call your local Child Care Resource and Referral [CCR&R] Agency Eligibility Specialist.

Reporting Changes

You must report all required changes to your local CCR&R within 10 calendar days of when they occur. Talk to your Eligibility Specialist if you are not sure whether to report a particular change. **You are required to report the following changes within 10 calendar days:**

- Change of employment for any household member
 - Loss of employment to less than 120 hours per month for a two-parent family or 60 hours per month for a single parent family (40 while attending school full-time; 60 hours while attending school part time)
- Changes in residence or mailing address, or phone number
- The loss or addition of a household member
- Changes in school attendance
- Opening or closing of any child support case through Montana Child Support Enforcement Division or other state, any change in the amount of child support received through an approved court order, or any change to good cause for not applying for child support

Fraud

Child care fraud is larceny. Fraud involving more than \$500 is a felony. In Montana, a person who purposely makes a false statement to get assistance or who knowingly fails to notify of a change in circumstances that could affect eligibility for assistance may be guilty of larceny. If you are convicted of child care fraud, you can be punished according to Montana law.

Payment Policies

Parents are responsible for paying their Scholarship co-payment, charges above the maximum reimbursable rate the Scholarship may pay to providers, and those registration and activity fees not paid by the Best Beginnings Scholarship. LCP/LCI providers must pay all fees associated with background checks.

Repayment

Anyone who causes an improper payment to a provider by withholding information about any of the above changes will be required to repay the amount of the improper payment. Repayment will be in either a lump sum or according to a written repayment plan.

By my signature below, I declare that I fully understand and agree to the above reporting requirements. If I give false, incorrect, or incomplete information or do not report changes on time, I may be breaking the law and could be prosecuted for perjury, larceny, or fraud.

 Applicant

 Date

BEST BEGINNINGS CHILD CARE SCHOLARSHIP PROGRAM PROGRAM REMINDERS

- KEEP FOR YOUR RECORDS -

You will need to turn in these documents within 30 days to complete the application.

- Copies of birth certificates and social security cards for all household members new to the scholarship program.
- Verification of Montana residency for all household members new to the scholarship program.
- Work verifications completed and signed by the employers of every employed household member.
- Two months of consecutive wage stubs for all employed household members, must be within the past 60 days.
- Child Support verification for every child with an absent parent. Acceptable documentation must be a compliance statement from the Child Support Enforcement Division or a copy of a current court-ordered parenting plan and copies of the last three month's payments made by check or money order.
- A current Child Care Service Plan with a certified, licensed or registered provider.

Things to Remember

Eligibility for child care assistance begins only when all of the following criteria are met:

1. Your Child Care Resource and Referral Agency (CCR&R) has received a complete and signed application;
2. Proof of income eligibility has been received by the CCR&R;
3. Proof of parent work and/or school schedules verifying the need for child care has been received by the CCR&R;
4. The family has identified an approved child care provider; and
5. If your family has an absent parent then the family must either receive child support through a court-order, be in-compliance with the Montana Child Support Enforcement Division, or have reason to pursue good cause for not receiving child support

Families may qualify for 30 days of presumptive eligibility – ask your eligibility specialist.

Your child care scholarship is certified for a set period of time.

It is important that you:

- Read all notices you receive carefully.
- Mark the date that your child care scholarship expires on your calendar;
- Mark another date to submit updated information 3-6 weeks before the expiration date.
- Re-certifying requires updating and verifying the information listed above.

Scholarship participants are required to complete a new application annually.

It is your responsibility to get your Best Beginnings scholarship re-certified. If you haven't done so by the 10th of the month in which your scholarship expires, you may experience a gap in child care coverage.

You have agreed to notify the Child Care Resource & Referral agency **before or within one business day** of changing child care providers.

You have agreed to report changes in employment, school, and address to your Child Care Resource and Referral Agency (CCR&R) **within 10 calendar days**. If you **do not** report changes, you will lose your child care scholarship and will have to repay all child care scholarship assistance paid during the period you were ineligible.

You have agreed to pay a monthly co-payment to your child care provider before the end of the month in which the care is provided or on the provider's due date as determined by their contract.

The Family's Rights

1. I may choose my child care provider. My provider must be a current Certified, Licensed or Registered Provider. I must select a provider before receiving child care assistance. I understand that State child care scholarship assistance will not be paid if the provider does not have a current state payment number. This may happen if the certification, license or registration payment number expires or is terminated.
2. I have the right to have access to my child at any time while he or she is at child care.
3. Within 10 days of losing employment or falling below the minimum work requirement, I may request a grace period for child care assistance for the purpose of looking for work; limitations may apply. I can contact my Child Care Resource and Referral agency for details and an application.
4. If my Best Beginnings Scholarship benefits are reduced, I will be notified. A letter is mailed by the State 15 calendar days before any loss of benefits.
5. I have the right to appeal any loss of scholarship assistance. If I choose to do so, I will submit the request for a Fair Hearing in writing within 90 days of the date the notice was mailed.
6. I understand the child care provider shall NOT discriminate against any child based on his or her sex, race, national origin, ethnic background, religious affiliation, or disability.
7. I understand the child care provider shall keep all information regarding my family confidential.
8. I understand my child care provider shall notify me if a negative licensing action affects my eligibility for a child care scholarship.
9. I understand that neither the State of Montana nor the Child Care Resource and Referral agency have a role in the parent/provider relationship. Parent/provider payment issues and termination notice issues are solely the responsibility of the parent and the provider.
10. I will receive a monthly "Explanation of Benefits" (EOB) informing me of child care scholarship benefits paid on my behalf.

The Family's Responsibilities

1. I must submit a completed scholarship application before eligibility can be determined. The date the CCR&R receives my completed application and I am eligible is my application date. **Child care services delivered before that date will not be covered by my Best Beginnings Child Care Scholarship. My child care provider may contact the CCR&R to confirm the application date.**
2. I am responsible for paying my own child care if my family is determined to be or becomes ineligible for benefits, or if program funds become unavailable. I am responsible for paying my own child care until my family is determined eligible for benefits and selected from the waiting list.
3. If I do not currently receive child support under child support order recognized by a Montana district court, I must apply for child support services and comply with the Montana Child Support Enforcement Division.
4. I will pay a monthly co-payment to the child care provider. If I fail to pay the co-payment, or fail to make satisfactory arrangements, I will lose eligibility for child care assistance.
5. I understand the child care provider may set rates independent of the state district child care provider rates. Providers may charge rates and/or fees in addition to the child care program co-payment obligation. I am responsible for any amount over and above the State's district child care rate.
6. If child care is provided in my home, the child care provider is either my employee or an independent contractor. As an employer, I am responsible for all employment obligations, such as payment, Worker's Compensation Insurance and employment taxes. I may obtain additional information from my Child Care Resource & Referral agency.
7. If I change to a new child care provider, I must notify my current provider.
8. If I change to a new child care provider, I must notify the CCR&R prior to or within one business day of the change. Assistance will not be paid to the new provider until a new certification plan is created.
9. I will report changes in the following items within ten 10 days of the change:
 - Changes in employment of any member of my household;
 - Loss of employment to less than 60 hours per month for a single parent family or 120 hours per month for a two parent family;
 - Changes in residence or mailing address;
 - Changes in school attendance; and
 - Entering or leaving the TANF program.
 - **The opening or closing of my child support case, changes in child support received, or changes to my good cause**
10. Failure to report changes within 10 calendar days will result in one or more of the following:
 - Loss of State Child Care Scholarship;
 - Obligation to repay any child care scholarship assistance paid during my period of ineligibility; and/or
 - Loss of opportunity to use the child care grace period to look for work if I drop below the minimum work requirement or lose my employment.
11. I will report any discrepancies I discover with regard to child care scholarship assistance received and reported on the EOB to my CCR&R.

The Child Care Provider's Rights and Responsibilities

1. The provider has the right to receive a copy of the Child Care Certification Plan. This identifies the start date, the ending date, the hours of child care authorized for this family and the co-payment amount due.
2. If the family's circumstances change and they lose eligibility for scholarship assistance before the "end date" shown on the Child Care Certification Plan, notice will be mailed to the provider 10 days before the end of scholarship assistance.
3. The provider sets their own rates for child care services, which may be more or less than the State district rates.
4. The provider has the right to timely payment for State-assisted child care services.
5. If the following dates fall on weekdays, the provider can anticipate the following payment schedule (weekends and holidays may delay this schedule):
 - a. Invoices are mailed to the provider during the month in which care is received.
 - b. Invoices must be submitted to the Child Care Resource and Referral (CCR&R) agency immediately following the month in which care is provided.
 - c. Invoices are processed on the fifth business day of the month and on subsequent Tuesdays. Payments generally arrive in 2 to 3 business days after processing.
 - d. A Direct Deposit option is available to electronically transfer payments to a payee's bank account.
 - e. If an invoice or payment is late, please contact the local CCR&R agency.
 - f. If the payment address is incorrect, the payment will be sent by return mail back to the State. Allow a minimum of one week's delay for the payment to be returned to the State, the correct address located, and the payment to be re-mailed. (This delay can be avoided by notifying the local child care licensor and submitting a new IRS W-9 form before any address change.)
 - g. If an error in payment occurs, the State/CCR&R will make adjustments in future payments. Outstanding accounts are referred to DPHHS Accounts Receivable and DOR Tax Offset for collection.
 - h. If a payment is delayed, the Early Childhood Services Bureau will work with the local Child Care Resource and Referral agency, computer system personnel, and the fiscal office to solve the problem and issue the payment.
6. The provider has the right to request payment for holding a child care slot if the slot will be lost during a scheduled absence. The absence may not last longer than 30 days and the provider must provide a list of waiting children to verify that another child would otherwise fill the slot. This same policy must apply to all families.
7. The provider must understand that the child care scholarship is available only during the parent's approved activities, which may be less than maximum limits indicated on the child care certification plan.
8. The provider will not discriminate against any child based on his or her sex, race, national origin, ethnic background, religious affiliation, or disability.
9. The provider must keep all information regarding this family confidential, except for the following circumstances:
 - Attendance information must be shared with the CCR&R, with regard to eligibility for the Child Care Scholarship program;
 - As a registered or licensed provider, they are a mandatory reporter of suspected child abuse or neglect and will report the concerns directly to Child and Family Services at 1-866-820-KIDS (5437); and
 - The provider will cooperate with Montana Department of Public Health and Human Services and local law enforcement investigating child care licensing issues.
10. The provider will abide by and maintain applicable center licensing, family or group home registration, or legally certified provider requirements (ARM 37.95.101-1021). The provider status must be current in order to serve families and receive payment for families receiving Child Care Scholarship assistance.
11. Families eligible for a Best Beginnings Scholarship must choose a provider who holds a current certification, license or registration payment number. The provider must immediately notify parents if a negative licensing action affects their eligibility to serve Best Beginnings Scholarship families.
12. The provider will notify the Child Care Licensor and submit a new IRS W-9 form when my address changes: physical address, mailing address, or payment (warrant) address. A payment delay may occur if this does not occur timely.
13. The provider will report the current rates charged to non-scholarship families to the Child Care Resource & Referral agency. These rates are used to facilitate the payment process and they are included in a biennial market rate survey. New rates may be reported on the invoice.
14. The provider understands that their rates for private-pay families may not be lower than those for scholarship-assisted families.
15. The provider understands that when they report rate changes to the CCR&R, the new rate will not take effect until the 1st of the month following the month in which the change was reported.
16. The provider understands that they are solely responsible for any terms of agreements they have with the parent(s).
17. The provider will notify the CCR&R if a child is absent for 5 days without notice.

The Child Care Provider's Rights and Responsibilities (continued...)

18. The provider will maintain current sign-in/sign-out records for each child receiving child care assistance and utilize them as follows:
- Each time the child enters or leaves the provider's care, the parent or other individual authorized to deliver or pick up the child shall initial or sign the sign-in/sign-out sheet. An electronic signature system may be used if it employs a unique and confidential identification process for individuals.
 - Sign-in/sign-out records must indicate the child's name, the date, the hour, and the minute when the child enters and leaves the provider's care.
 - The provider will make sign-in/sign-out records available to child care resource and referral agency staff and state and local government health, safety, or law enforcement representatives upon request. The provider shall keep sign-in/sign-out records for five years beyond the date of attendance.
19. The provider will claim actual care provided, when the parent is participating in approved activities, as designated on the child care certification plan, and subject to the limitation of continuity-of-care policies. The provider may not bill for care subcontracted to another individual or facility.
20. As a provider, eligibility to receive state payment under a state assisted child care program may be terminated if:
- The provider willfully misrepresent services provided, with respect to sign-in/sign-out records, attendance billed on invoices; or
 - The provider refuse access to the child care setting and child care records during business hours to the following personnel:
 - employees or other agents of state or local government, investigating child care services, or child abuse or neglect;
 - child care resource and referral agency personnel investigating child care services; or
 - health, building, or fire officials investigating child care facility health and safety issues.
21. Child care providers have 60 days to submit claims for services:
- Providers must submit invoices to the CCR&R within 60 days of the service month to be eligible for payment.
 - If the child care certification plan is not available during the service month, the invoice is due at the district CCR&R with 60 days following the provider's receipt of the invoice.
 - If corrections or adjustments to an invoice are necessary, they must be received by the CCR&R within the 60-day period prescribed.
22. When a provider or a parent receives child care assistance in excess of the amount to which the provider or parent is entitled, which is due to a willful action of the provider or parent, the department may pursue criminal charges against the provider or parent. Criminal prosecution may be pursued in addition to recovery of the overpayment.

Willful Action

A **willful action** includes but is not limited to the making of a false or misleading statement. A misrepresentation or the concealment or withholding of facts or information. If a willful action results in an overpayment, the following will occur:

1. The first willful action will result in a 10% assessment being added to the amount of repayment due. If the provider is found responsible copies of sign-in/sign-out sheets must be submitted with invoices for the following three months.
2. The second willful action will result in a 25% assessment being added to the amount of repayment due. If the provider is found responsible, copies of sign-in/sign-out sheets must be submitted with invoices for the following six months.
3. The third willful action will result in the household or provider being ineligible to participate in the Best Beginnings Child Care Scholarship assistance program, Best Beginnings grants, and other Best Beginnings Quality Child Care Programs.

Best Beginnings Child Care Scholarship Reimbursement Rates

The scholarship will reimburse at the lower of the rates that apply to non-Best Beginnings Scholarship families or the CCR&R district rates.

Certified Enrollment Hours

Certified enrollment allows a registered/licensed provider to bill for some absences. A registered/licensed provider may claim certified enrollment hours only if the provider charges non-scholarship families for absence days and the child is attending the facility full time (30+ hours per week). A child is limited to 70 CE hours during a State fiscal year (July 1—June 30).



DPHHS-HSC/CC-016
 (Rev 01/11)

Best Beginnings
 Child Care Scholarship Program

CHANGE REPORT FORM

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

A Best Beginnings Child Care Scholarship family is required to report, in writing, any change that may affect eligibility to the Child Care Resource and Referral Agency (CCR&R) either before the change or within ten (10) calendar days of the change. Reporting changes to any other office or agency does not satisfy this reporting requirement.

You are required to report changes in any of the following:

- Change of Child Care Provider [*this must be reported within 1 day of the change*]
- Physical Address, Mailing Address, and Phone Number
- Employment, of any household member - including loss of employment, change in jobs, or reduction in hours below 120 or 60 hour per month
- School Attendance, of any household member
- Child Support – including the opening or closing of a case, change in amount of support received, or change to a good cause claim

Failure to report changes, in writing, within 10 days to the CCR&R may result in the following

- Loss of the child care scholarship
- Repayment of child care scholarship funds received during the period of ineligibility

TANF participants may provide the CCR&R with a copy of an equivalent change report form, only if it contains all the information required for the child care scholarship program.

CERTIFICATION AND SIGNATURE

This information is correct and complete to the best of my knowledge. I understand that the information provided may result in a change, or the end, of my child care scholarship. If the scholarship is reduced before the current child care certification plan ends, notice will be mailed 15 days before my scholarship is reduced.

Please Sign & Date	Name:	Date
	Signature:	

PLEASE MARK ALL CHANGES THAT APPLY and complete the required information

CHANGE IN CHILD CARE PROVIDER

- A change in provider must be reported prior to or within one (1) day of the change
- Attach the Child Care Service Plan Information from DPHHS (DPHHS-HCS/CC-015), completed by both the parent and the provider

OLD Provider Name	Provider ID: PV	Date Care Ended
NEW Provider Name	Provider ID: PV	Date Care Began



CHANGE OF ADDRESS or PHONE NUMBER

NEW Physical Address (include city, state and zip)	Effective Date
NEW Mailing Address, if different from physical address (include city, state and zip)	Effective Date
NEW Phone Number	Effective Date

CHANGE IN EMPLOYMENT OF ANY MEMBER OF THE HOUSEHOLD

A Release of Information/Request for Work Verification must be completed and signed by the employer and returned to the CCR&R.

Name of Household Member Affected	<u>Start Date</u> at New Job	
New Employer (name, address and telephone number)	Hourly Wage	Hours per week

LOSS OF EMPLOYMENT OR REDUCTION IN WORK HOURS

- To less than 60 hours per month for a single parent family or
 - To less than 120 hours per month for a two parent family

Name of Household Member Affected	Name of Employer
<input type="checkbox"/> Hours Reduced <input type="checkbox"/> Lost Job	Last day of work or date of schedule change
Date Final Check Received	
Reason job ended (quit, fired, laid off, other) or decrease. If you quit, please explain why.	
Are you requesting a 30-Day Grace Period to find new employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHANGE IN SCHOOL ATTENDANCE

- If starting school *A Release of Information/Request for School/Training Verification* form needs to be completed

Name of Student	Date Started School
Name of School	Date Stopped School

ADDITION OR LOSS OF A HOUSEHOLD MEMBER

- Attach any proof of income (if applicable) and if over 18 years of age, work and/or school schedules.
 - If member entered household, include date of birth and social security number
 - *An Adult or Child Household Member Information Form* must be completed

Name of Person	Relationship to Applicant
Date of Birth	SS#
Date Moved In	Date Moved Out

CHANGE IN CHILD SUPPORT

Child support case number	What has changed?
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OTHER CHANGES?

Describe