



Best BEGINNINGS CHILD CARE SCHOLARSHIP SCHOLARSHIP APPLICATION

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
Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with relatives <input type="checkbox"/> Live with someone else <input type="checkbox"/> Other _____	
Do you live in an... <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____ If other please specify, for example, hotel, motel, camp ground, shelter	
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) _____	
Are you a SNAP participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Who is the Responsible Party?

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. <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 certificateInclude 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
PRIMARY PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____			SECONDARY PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____	
What is your primary spoken language?			Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MILITARY STATUS <input type="checkbox"/> Not in the Military <input type="checkbox"/> Active Duty US Military <input type="checkbox"/> National Guard / Military Reserve				

CCR&R OFFICE USE ONLY	CS _____ CE _____		HoH Name		Date Received	
	Begin Date	End Date	Reason	Determination Date	Determined By	

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

ATTACHMENT A: Adult Household Member Information must be completed for all adults listed below

Relationship to you, the applicant	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;

- Child receiving Temporary Assistance for Needy Families [TANF] Cash benefits, or other subsidy, as a member of the household

ATTACHMENT B: Child Household Member Information 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

Please check "Child has Disability" below

- If you have a child with an IEP or 504 in school, enrolled or referred to Part C (Montana Milestones) or Part B (IDEA)?

Relationship to you, the applicant	Name (First, Middle, Last)	Attending School	Receiving Child Support	Need Child Care	Child has Disability?
		<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	<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. PROVIDER INFORMATION

List the provider where your children attend child care.

If the provider is a relative: Please indicate and describe the relationship.

Days / Times of child care: Please indicate the days and times that care is needed.

Child Name: If you have multiple providers and more than one child, please indicate which child attends which provider.

Provider Name	Provider Address	Phone Number	Relative	Relationship	Days / Times of Child Care	Child Name
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

5. ASSETS

Does your household have family assets over one million (\$1,000,000)? ☐ Yes ☐ No

6. EARNED INCOME

List all **EARNED** income received by you, the applicant and all members of your family.

- Include income received by family members temporarily absent from your home
- Include proof of earned income:
 - **ATTACHMENT D: Work Verification**

If you or someone in your family is self-employed:

- Complete **ATTACHMENT F: Self-Employment Income Verification**.

Name ○ of individual earning income	Source of Income ○ Including employer name	Gross Monthly Amount (before deductions)

7. UNEARNED INCOME

List all **UNEARNED** income received by you, the applicant and all members of your family.

- Include income received by family members temporarily absent from your home
- Include proof of unearned income, such as a check stub, signed letter from Employer, or income tax records
- Examples of unearned income to include:
 - Child Support
 - Veteran's Benefits
 - Student Loans
 - Unemployment Insurance
 - Social Security
 - Interest / Dividends
 - Insurance Benefits
 - SSI
 - Tribal Payments

Name ○ of individual earning income	Source of Income	Gross Monthly Amount (before deductions)

8. DEDUCTIONS

- **Child Support** - Paid out, for children not living in the home
- Include proof of child support payments.

Type of Expense (deduction)	Name of Individual Being Paid	Gross Monthly Amount

9. HERE ARE YOUR RIGHTS AND RESPONSIBILITIES

	a. I have the right to choose my child care provider. The scholarship will only pay a child care provider that is licensed, registered, or certified.
	b. I will pay a monthly co-payment to the child care provider. If I have an unpaid co-payment, I will be ineligible when I re-apply for the scholarship until receipts of unpaid copayments are received.
	c. I understand that child care providers may set their own rates. Providers may charge in addition to the child care program co-payment obligation. I am responsible for any amount over and above the state reimbursement rates and any registration and activity fees not paid by the Best Beginnings Child Care Scholarship.
	d. 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.
	e. I have a right to receive a monthly EOB (Explanation of Benefits), which shows the care that has been paid for by the state.
	f. I understand that my Best Beginnings Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.
	g. I understand my child must be living with me for child care to be paid for under the Best Beginnings Child Care Scholarship.
	h. I will be notified of changes that reduce my child care scholarship. A letter will be mailed 15 days before any loss of benefits.
	i. Reporting Change in Provider: I will report a change in child care provider to my regional Child Care Resource and Referral agency within one business day. <i>Failure to report may mean that the provider will not receive a payment under the scholarship.</i> The payment start date for the new provider will be the date the change is reported.
	j. Reporting a Change in Activity Requirements: I must report a job loss to my regional Child Care Resource and Referral agency within 10 calendar days. <i>Failure to report within the required 10 calendar may mean that you don't receive a full grace period.</i>
	k. Reporting a Change in Address: I will report a change in address to my regional Child Care Resource and Referral agency within 10 calendar days. <i>Failure to report may mean that you don't receive timely notice on changes to eligibility.</i>
	l. 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 must be current with the Business and Fiscal Services Division.
Instructions: Please initial all above requirements.	

10. Authorization to Release Information / Request for Verification

Certain information is needed to determine eligibility. This includes residency, relationship of applicant to children, 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 responsibility 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.

***Please Note:** This release does not authorize CCR&R staff to obtain any HIPAA-protected information on the behalf of the child(ren), parent(s), or provider(s).

11. Applicant & Spouse/Other Adult – Please initial option 1 or 2 and sign below

<p align="center">OPTION 1: Applicant</p> <p>___ 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.</p>	<p align="center">OPTION 2: Applicant</p> <p>___ 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.</p>
<p align="center">OPTION 1: Spouse/Other Adult</p> <p>___ 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.</p>	<p align="center">OPTION 2: Spouse/Other Adult</p> <p>___ 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.</p>
<p>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.</p>	
<p>_____ Applicant (or Authorized Representative) Signature Date</p>	<p>_____ Spouse/Other Adult (or Authorized Representative) Signature Date</p>