



For CCR&R Use  
Received:

**Best Beginnings Child Care Scholarship  
Application for TANF Participants**

**To receive a child care scholarship:**

- ★ Complete this application. The application must be received in the local CCR&R office within 30 days of the WoRC Case Manager's referral for child care assistance.
- ★ Contact the local CCR&R if you need help in finding a local child care provider.

**Tell us about yourself:**

NAME		PHONE NUMBER		WORK NUMBER	
STREET ADDRESS		CITY	ZIP CODE	COUNTY	
MAILING ADDRESS		CITY	ZIP CODE		
DO YOU RECEIVE A HOUSING BENEFIT?    YES          NO          IF YES, HOW MUCH:					

**Tell us about your child care provider:**

NAME OF CHILD CARE PROVIDER:		PROVIDER'S PHONE NUMBER:	
WHERE IS THE CHILD CARE PROVIDER? <input type="checkbox"/> OUTSIDE THE CHILD'S HOME <input type="checkbox"/> IN THE CHILD'S HOME		WHAT IS THE PROVIDER'S RELATIONSHIP TO THE CHILD? <input type="checkbox"/> NOT A RELATIVE TO THE CHILD <input type="checkbox"/> RELATIVE OF THE CHILD. IF RELATED, WHAT IS THE RELATIONSHIP? _____	

**Rights & Responsibilities regarding my child care scholarship eligibility:** (Initial each line)

1. \_\_\_\_\_ I understand this child care scholarship is available only during approved FIA/EP activities, which may be less than the maximum limits indicated on the child care certification plan. If child care is used for non-TANF approved activities, I could be responsible for an overpayment.
2. \_\_\_\_\_ I will report any change of child care provider before or within one business day of the change to the local CCR&R, Scholarship assistance will not be paid to the new provider until a new certification plan is created.
3. \_\_\_\_\_ I will report the following changes within 10 calendar days to my local WoRC Case Manager:
  - \_\_\_ Change in residence or mailing address.
  - \_\_\_ The loss or addition of a household member.
  - \_\_\_ Change or loss of employment
4. \_\_\_\_\_ Failure to report changes within 10 days may result in one or more of the following:
  - \_\_\_ Loss of my child care scholarship.
  - \_\_\_ Repayment of my child care scholarship during period of ineligibility.
5. \_\_\_\_\_ I understand that my Best Beginnings Child Care Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.
6. \_\_\_\_\_ I will be notified of changes that reduce my child care scholarship. A letter will be mailed 10 days before any loss of benefits. No letter will be mailed if the certification plan simply expires.
7. \_\_\_\_\_ I have the right to appeal any loss of scholarship. I will submit a request for a fair hearing within 30 days of receiving the notice regarding the loss of the scholarship.
8. \_\_\_\_\_ I have a right to receive a monthly "Explanation of Benefits".
9. \_\_\_\_\_ If my TANF case closes, I will complete a new application for child care assistance through the CCR&R agency if I still have a need for child care assistance.

**Rights & Responsibilities regarding my child care provider:** (Initial each line)

1. \_\_\_\_\_ I have the right to choose my child care provider.
2. \_\_\_\_\_ I will select a licensed center, a registered group or family home, or a legally unregistered provider (friend or relative) before receiving a State Child Care Scholarship. The 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 unregistered provider payment number expires or is terminated.
3. \_\_\_\_\_ I understand that my child care provider may not discriminate.
4. \_\_\_\_\_ I have the right to have access to my child at any time he/she is in child care.
5. \_\_\_\_\_ I will notify the CCR&R before, or within one business day, of any change of child care providers. I understand that I am solely responsible for any agreement I have with my child care provider.
6. \_\_\_\_\_ 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.
7. \_\_\_\_\_ I understand that the child care provider may set rates independently of the state district child care scholarship 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 scholarship rate.
8. \_\_\_\_\_ I have a right to be notified by my provider if a negative licensing action affects my eligibility.
9. \_\_\_\_\_ 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 CCR&R agency.
10. \_\_\_\_\_ If I change to a new child care provider, I am responsible for notifying my current provider.

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**Authorization to Release Information**

Certain information is needed to determine child care eligibility. This includes incapacity, residency, relationship, school attendance, household composition, income, and resources. The Department or this Child Care Resource & Referral agency may request information about any of the above issues. 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 line**

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

**Spouse/Other Adult— Please initial one line**

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

**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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Adult Signature

\_\_\_\_\_  
Date