

DPHHS-HCS/CC-152
 (New 01/11)

Best Beginnings
 Child Care Scholarship Program

**CHILD HOUSEHOLD MEMBER
 INFORMATION FORM**

ELIGIBILITY ASSISTANCE 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 for CCDF)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation:		Documentation:	Documentation:
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documentation:			
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"/> No <input type="checkbox"/> Yes 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 caseworker regarding additional services for children with special needs.

SCHOOL

Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Grade Completed?				
If Yes, Please complete the below information						
School Name	Current Grade	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

Last Name	First Name	Middle Name	Applicant (Head of Household) Name
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CHILD SUPPORT

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

Do you receive child support for this child? Yes No What state do you co-operate with?

<input type="checkbox"/> Yes	<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"/> No	<input type="checkbox"/> Claim Good Cause (<i>please see good cause form</i>) <input type="checkbox"/> Other (explain):			

SHARED CUSTODY / VISITATION SCHEDULE

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 CARE PROVIDERS

A provider must have a current payment (PV) number before care can be authorized. Additionally, a scholarship payment will not be made if the provider number expires.

- 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.

PRIMARY PROVIDER	
PROVIDER'S NAME	PROVIDERS NUMBER PV
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE NUMBER
SECONDARY PROVIDER	
PROVIDER'S NAME	PROVIDERS NUMBER PV
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE NUMBER
BACKUP PROVIDER	
PROVIDER'S NAME	PROVIDERS NUMBER PV
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE NUMBER