

DPHHS-HCS/CC-154
 (Rev. 01/11)

Best Beginnings Child Care Scholarship Program

CHILD SUPPORT VERIFICATION

Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division. Compliance with the Montana Child Support Enforcement Division is basic to eligibility for the Best Beginnings Child Care Scholarship Program.

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	

If any child in your household has an absent parent, for each child, you must be receiving court-ordered child support from each 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.

If you do not have full custody of your children, please submit a schedule indicating when your children are in your care.

Please Initial one of the following child support criteria.

_____ 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 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 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. Do you pay out child support?
 If yes, amount \$ _____ per pay period beginning _____ (date).

_____ 6. 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 withheld. 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 Subsidized 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: _____	