

# BEST BEGINNINGS CHILD CARE SCHOLARSHIP APPLICATION

**If you need help filling out this application or have questions, please call your local Child Care Resource and Referral Office.**

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

## **How do I apply?**

Fill out the whole application form. 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 (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 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. Your application will be denied if you do not complete an interview.

## **Will I have to pay anything?**

Yes. You will have a monthly family contribution amount depending 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	SUPPORTING DOCUMENTATION
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>APPLICATION</b> <ul style="list-style-type: none"> <li>- Completed and signed</li> <li>- If there are 2 adults in your family you must both sign the application.</li> <li>- Includes a Release of information that must be completed</li> </ul> </li> <li><input type="checkbox"/> <b>ADULT HOUSEHOLD MEMBER INFORMATION</b> <ul style="list-style-type: none"> <li>- Be sure to detail your work and/or school schedule</li> </ul> </li> <li><input type="checkbox"/> <b>CHILD HOUSEHOLD MEMBER INFORMATION</b> <ul style="list-style-type: none"> <li>- Be sure to detail your children’s school schedule</li> </ul> </li> <li><input type="checkbox"/> <b>WORK VERIFICATION RELEASE</b> <ul style="list-style-type: none"> <li>- To be completed by your employer</li> <li>- Complete the Applicant Release portion and send to your employer for completion</li> </ul> </li> <li><input type="checkbox"/> <b>SCHOOL / TRAINING VERIFICATION RELEASE</b> <ul style="list-style-type: none"> <li>- To be completed by a school official</li> <li>- Complete the Applicant Release portion and send to your school for completion</li> </ul> </li> <li><input type="checkbox"/> <b>CHILD CARE SERVICE PLAN</b> <ul style="list-style-type: none"> <li>- To be completed with your child care provider.</li> <li>- A separate form is required for each child care provider</li> <li>- Only hours that child care is needed for each child are to be documented, including the start and end time of care.</li> </ul> </li> <li><input type="checkbox"/> <b>CHILD SUPPORT COMPLIANCE VERIFICATION or GOOD CAUSE FOR REFUSAL TO COOPERATE</b></li> <li><input type="checkbox"/> <b>FAMILY’S RIGHTS AND RESPONSIBILITIES</b></li> <li><input type="checkbox"/> <b>REPORTING REQUIREMENTS</b></li> <li><input type="checkbox"/> <b>SELF EMPLOYMENT VERIFICATION</b></li> <li><input type="checkbox"/> <b>RIGHTS TO APPEAL PROCEDURES</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PHOTO IDENTIFICATION</b> <ul style="list-style-type: none"> <li>- Government issued Identification</li> <li>- Copy of MT Drivers License or ID Card</li> </ul> </li> <li><input type="checkbox"/> <b>RESIDENCY VERIFICATION</b> <ul style="list-style-type: none"> <li>- Copy of utility bill</li> </ul> </li> <li><input type="checkbox"/> <b>BIRTH CERTIFICATES</b> <ul style="list-style-type: none"> <li>- Copies of proof of age for each child who will be receiving child care assistance</li> </ul> </li> <li><input type="checkbox"/> <b>CITIZENSHIP</b> <ul style="list-style-type: none"> <li>- Social Security Card</li> </ul> </li> <li><input type="checkbox"/> <b>WORK SCHEDULE</b> <ul style="list-style-type: none"> <li>- 2 <b>consecutive</b> months of paystubs</li> </ul> </li> <li><input type="checkbox"/> <b>SCHOOL SCHEDULE</b> <ul style="list-style-type: none"> <li>- For all individuals enrolled in and attending school</li> </ul> </li> <li><input type="checkbox"/> <b>INCOME</b> <ul style="list-style-type: none"> <li>- Proof of all earned income received by you and any other adult in your family</li> <li>- 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</li> </ul> </li> <li><input type="checkbox"/> <b>SELF-EMPLOYED INDIVIDUALS</b> <ul style="list-style-type: none"> <li>- A copy of your business license</li> <li>- Your most recently completed and filed Federal tax return</li> <li>- Income and expenses records or other documentation of adjusted gross income and allowable costs of doing business</li> </ul> </li> </ul>

**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)

## MONTANA BEST BEGINNINGS CHILD CARE SCHOLARSHIP APPLICATION

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 <b>TEEN</b> 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) _____	
Are you on any of the following assistance programs? <input type="checkbox"/> LIEAP <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Other: If you are participating in SNAP, Ask about express eligibility!	

### 2. Who is the Responsible Party?

<p><b>This is the person who is requesting Child Care Assistance and assumes responsibility for following the program rules and requirements, including penalties and repayment of any overpaid benefits.</b></p> <ul style="list-style-type: none"> <li>Include <b>proof of identity</b>, such as a copy of your driver's license, state identification card, passport, school identification card, or birth certificate</li> <li>Include <b>proof of your residence</b>, such as one of the items listed above or a copy of a recent utility bill, rental lease, or mortgage agreement.</li> </ul>				
LAST NAME	FIRST NAME	MIDDLE NAME		
OTHER NAMES YOU MIGHT BE KNOWN AS				
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 <b>spoken</b> language?	What is your preferred <b>written</b> 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
<b>SELF</b>		<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

**Minor Household Members (Age 17 and under)**

- Minor sibling(s), age 17 and under, including stepbrother, stepsister, half brother and half sister; **List children 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 or baptismal record.
- Include proof of each child's age, such as one birth certificates
- 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 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.

Complete the “Self Employment Income Verification Form” if you or someone in your family is self-employed.

Complete this section for each type of earned or unearned income you or someone in your family receives.

- Include proof of all income, such as a check stub, an award letter, a financial aid form, or a written statement from the source of the income.

**SNAP participants do not need to complete the section #4 or #5.**

### EARNED INCOME

Monthly Gross Amount before deductions	Monthly Gross Amount before deductions	Monthly Gross Amount before deductions

### UNEARNED INCOME

TYPE	YES	NO	NAME OF PERSON RECEIVING INCOME	Monthly Gross Amount before deductions
Child Support Payments				
Public Assistance				
Unemployment Insurance				
Insurance Benefits				
Veterans Benefits				
Social Security				
SSI				
Student Loans				
Interest / Dividends				
Tribal Payments				
Other: Please specify				

## 5. DEDUCTIONS

TYPE	NAME OF PERSON RECEIVING INCOME	HOW OFTEN PAID	AMOUNT
Child Support for children not living in the home			
Other: Please specify			

**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 unregistered provider payment number is not approved, is terminated or expires.
2.		I will notify the CCR&R before or within one business day of any change of child care providers. Scholarship assistance will not be paid to the new provider until a new certification plan is created.
3.		I understand that I am solely responsible for any agreement I have with my child care provider(s).
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 that the child care provider may set rates independently 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.		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.
7.		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 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 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 10 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 "Explanation of Benefits".

## 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"> <li>a. Change of employment for any household member.</li> <li>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)</li> <li>c. Changes in residence or mailing address</li> <li>d. The loss or addition of a household member</li> <li>e. Changes in school attendance</li> <li>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.</li> </ul>
4.		Failure to report changes within 10 days may result in one or more of the following: <ul style="list-style-type: none"> <li>a. Loss of child care scholarship</li> <li>b. Repayment of child care scholarship during period of ineligibility</li> </ul>
5.		I am responsible for paying my own child care until my family is determined to be eligible for assistance and selected from the waiting list. Best Beginnings Scholarship assistance cannot be paid before the date this application is submitted.
6.		If a waiting list is not in effect, a temporary 30-day certificate 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 will receive copies of the following submitted documents: this application, the work and/or training verification form(s), the child care service plan, the release of information, child support form, and the friendly reminder pamphlet.
9.		I understand that should an error occur during the income eligibility determination process that 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

\_\_\_\_\_ 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 (or Authorized Representative) Signature

\_\_\_\_\_  
 Date

### Spouse/Other Adult— Please initial one and sign below

\_\_\_\_\_ 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.**

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

\_\_\_\_\_  
 Date