

# ONLINE

DPHHS-HCS/CC-015  
(Rev. 8-07)

STATE OF MONTANA  
Department of Public Health and Human Services  
Human and Community Services Division

## CHILD CARE SERVICE PLAN INFORMATION

Best Beginnings Child Care Scholarship Program

<input type="checkbox"/>	New or renewal of scholarship application information
<input type="checkbox"/>	Change of child care provider

When you select a child care provider, the Child Care Resource and Referral (CCR&R) agency needs the information below to complete the child care certification plan.

- ✓ Use a separate form for each child care provider.
- ✓ If you change providers, submit a new form before, or within one (1) business day to maintain a child care scholarship.

Payment is not issued until your child care certification plan is complete. You, and your provider, will receive a copy of the certification plan in the mail. The certification shows the period of eligibility. If your family's circumstances change, notify the CCR&R within 10 days. A new certification plan may be issued.

Return this to CCR&R by \_\_\_\_\_

**THE NURTURING CENTER**  
146 THIRD AVE. WEST  
KALISPELL, MT 59901

*This is not an application for a child care scholarship. This is not a contract. This information is used only to arrange for a child care scholarship. The parent and provider may contract for services in a separate agreement.*

PARENT'S NAME:		TELEPHONE:	
ADDRESS:		DATE CARE BEGINS:	
NAME OF CHILD IN CARE:	DAYS OF THE WEEK FOR APPROVED SCHOLARSHIP ACTIVITIES	HOURS OF CARE	

Is this the only child care provider for your family?  Yes  No If no, this is my  Primary  Backup provider.

*A provider must have a current payment (PV) number. A scholarship payment will not be made if the provider number expires. All rate changes need to be reported in writing to your local Resource & Referral before the change.*

PROVIDER'S NAME:		PROVIDER'S NUMBER: <b>PV</b>	
PROVIDER'S TELEPHONE:		EXPIRATION DATE:	
RATES FOR AGE 2+ (CHILD)		RATES FOR 0-24 MONTH-OLDS (INFANT)	
\$	/day	\$	/hr
\$	/day	\$	/hr
PROVIDER'S TAX ID NUMBER:			
Type of Child Care Setting:		Where is care provided?	
<input type="checkbox"/> Family Home <input type="checkbox"/> Group Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> Legally Unregistered Provider		<input type="checkbox"/> Outside the child's home  <input type="checkbox"/> In the child's home	
Provider's Relationship?			
<input type="checkbox"/> Not a relative of the child  <input type="checkbox"/> Relative of the child. If related, what is the relationship?			

White - CCR&R Agency

Yellow - Parent

Pink - Child Care Provider