

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

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.*

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

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.*

<b>PROVIDER'S NAME:</b>		PROVIDER'S NUMBER: <b>PV</b>	
PROVIDER'S TELEPHONE:		EXPIRATION DATE:	
<b>RATES FOR AGE 2+ (CHILD)</b>		<b>RATES FOR 0-24 MONTH-OLDS (INFANT)</b>	
\$	/day	\$	/hr
\$	/day	\$	/hr
<b>PROVIDER'S TAX ID NUMBER:</b>			
<b>Type of Child Care Setting:</b>		<b>Where is care provided?</b>	
<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	
<b>Provider's Relationship?</b>			
<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