

# ONLINE

DPHHS-HSC/CC-016  
(Rev 08/07)

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



## CHANGE REPORT FORM BEST BEGINNINGS CHILD CARE SCHOLARSHIP

**Notify the CCR&R before, or within one (1) business day of, using a new child care provider.  
A new scholarship cannot begin before a new certification plan is created with the new provider.**

A Best Beginnings Child Care Scholarship family is required to report any change that may affect eligibility to the Child Care Resource and Referral Agency (CCR&R); a report to any other office or agency does not satisfy this reporting requirement. A change that affects eligibility should be reported to the CCR&R as soon as possible; however, the change must be reported within ten (10) days. Please refer to the list of common changes found on the back of this form.

Reporting all changes will help ensure receipt of the child care scholarship. Failure to report this information to the CCR&R will result in loss of the child care scholarship or, result in the parent's obligation to repay the child care scholarship. A change may be reported by mail, by fax or by delivering this form to the local Child Care Resource & Referral (CCR&R) agency. A parent may call the child care eligibility specialist to report a change; however, the change must be confirmed in writing and signed by the parent. A TANF participant may provide the CCR&R with a copy of an equivalent change report form, only if it contains all the information required for the child care scholarship program.

### IMPORTANT

This information is correct and complete to the best of my knowledge. I understand that the information provided may result in a change, or the end, of my child care scholarship. If the scholarship is reduced before the current child care certification plan ends, notice will be mailed 10 days before my scholarship is reduced.

Please Sign & Date	SSN:	Print Name:
	Date:	Signature:

### PLEASE CHECK & DESCRIBE THE FOLLOWING CHANGE (PLEASE PRINT)

- CHANGE IN CHILD CARE PROVIDER - Report before using a new provider, or within one (1) day, and please include the following:**
  - Name of provider who will not be providing child care to your family: \_\_\_\_\_
  - Date that child care will end for old provider: \_\_\_\_\_
  - Name of new child care provider and business name: \_\_\_\_\_
  - Date that child care will begin for new provider: \_\_\_\_\_
  - ***Attach the Child Care Service Plan Information from DPHHS (DPHHS-HCS/CC-015), completed by both the parent and the provider***
  
- CHANGE OF ADDRESS - Please include the following:**
  - New address \_\_\_\_\_
  - City, State, Zip \_\_\_\_\_
  - Phone \_\_\_\_\_
  - New mailing address if different from physical address: \_\_\_\_\_

**Continued on the back**

**CHANGE IN EMPLOYMENT OF ANY MEMBER OF THE HOUSEHOLD** - Please include the following:

- Which member of the household is changing employment: \_\_\_\_\_
  - Name, address and telephone number of new employer: \_\_\_\_\_
  - Start date of employment: \_\_\_\_\_
  - Hourly wage: \_\_\_\_\_
  - How many hours per week you will be working: \_\_\_\_\_
  - ***A Release of Information/Request for verification work verification must be completed and signed by the employer and returned to the CCR&R.***
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**A LOSS OF EMPLOYMENT TO LESS THAN 60 HOURS PER MONTH FOR A SINGLE PARENT FAMILY – OR- LESS THAN 120 HOURS PER MONTH FOR A TWO PARENT FAMILY** - Please include the following:

- Which member of the household lost their job or hours decreased \_\_\_\_\_
  - Name of employer with change \_\_\_\_\_
  - Reason job ended (quit, fired, laid off, other) or decrease. If you quit, please explain why.  
RE: \_\_\_\_\_
  - Last day of work or date of change in work schedule \_\_\_\_\_
  - Date final check received \_\_\_\_\_
  - Requesting 30-Day Grace Period to Find New Employment:      **Yes**                      **No**
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**AN ADDITION OR LOSS OF A HOUSEHOLD MEMBER** - Please include the following:

- Name of person: \_\_\_\_\_
  - Relationship to you: \_\_\_\_\_
  - Date moved in and/or out: \_\_\_\_\_
  - If member entered household, include date of birth and social security number  
DOB: \_\_\_\_\_                      SS#: \_\_\_\_\_
  - Attach any proof of income (if applicable) and if over 18 years old, work and/or school schedules.
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**CHANGE IN SCHOOL ATTENDANCE** - Please include the following:

- Name of student: \_\_\_\_\_
  - Date started school: \_\_\_\_\_
  - Date stopped school: \_\_\_\_\_
  - Name of school: \_\_\_\_\_
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**CHANGE IN CHILD SUPPORT** - Please include the following:

- Child support case number being affected: \_\_\_\_\_
  - Describe change: \_\_\_\_\_
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**OTHER CHANGES?**