

DPHHS-HCS/CC-015
 (Rev. 01/11)

Best Beginnings
 Child Care Scholarship Program

**CHILD CARE
 SERVICE PLAN**

CCR&R 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	

INSTRUCTIONS

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.

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.

APPLICANT INFORMATION

APPLICANT NAME	PHONE #
ADDRESS	

PROVIDER INFORMATION (Ask your provider to help you in completing this form)

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, and will not take effect until the 1st of the month following the change.

PROVIDER'S NAME	PROVIDER'S LICENSE # PV#
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE #
RATES FOR 0-24 MONTH-OLDS (INFANT)	RATES FOR AGE 2+ (CHILD)
\$ /day \$ /hr	\$ /day \$ /hr
PROVIDER'S TAX ID #	

Type of Child Care Setting:

Certified Facility

- LCP** - Legally Certified Provider **LCI** - Legally Certified In-home Provider

Licensed or Registered Facility

- Family** Child Care Home (LRFH) **Group** Child Care Home (LRGH) Child Care **Center** (LRC)

OFFICIAL USE ONLY

Family meets requirements for LCI Care
 Yes No _____
 Eligibility Specialist Initials

Faxed to CCS: _____
 Date and Initials

CHILD #1	Child's Name:			Provider's Name:			Start Date
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship						
	HOURS AND DAYS CHILD CARE IS PROVIDED						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
	<input type="checkbox"/> The above schedule remains the same for the entire month <input type="checkbox"/> The above schedule varies throughout the month. If schedule varies, please explain:						

CHILD #2	Child's Name:			Provider's Name:			Start Date
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship						
	HOURS AND DAYS CHILD CARE IS PROVIDED						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
	<input type="checkbox"/> The above schedule remains the same for the entire month <input type="checkbox"/> The above schedule varies throughout the month. If schedule varies, please explain:						