DPHHS-HCS/CC-010
(Rev. 11/08)

ONLINE

Montana DPHHS/
Child Care & Development Fund

Best Beginnings Child Care Scholarship Application

For Child Care Resource & Referral Use Only

CS # *CE#*

Return to: The Nurturing Center
146 Third Avenue West
Kalispell, MT 59901

Received on:

How to receive a Child Care Scholarship

* Complete this Scholarship Application. All required information must be submitted in the office of the Child Care Resource & Referral agency **within 30 days** of submitting an application or you will be required to complete a new application and child care assistance will be delayed. If there is no waiting list, the date the completed application is received at the Child Care Resource & Referral Agency will be the date your coverage can start, if you are eligible, your provider is eligible and if funding is available.
* Submit supporting documentation listed on page 1 of the removable "Reminders" insert.
* Contact your Child Care Resource and Referral agency if you have any questions, need more forms, or need help completing the application.

Eligibility Requirements for Non-TANF families:
The Best Beginnings Child Care Scholarship Program is available to families who meet the following eligibility requirements:

* Low-income- 50% at or below the federal poverty guidelines, and in need of child care.
* Parent(s) must work to be eligible. (Teen parents attending high school, GED, or equivalency program are not required to work.)
* Two parent families must be working at least **120** hours per month between the two parents.
* A single parent must be working **60** hours per month or **40** hours per month if attending school full time.
* Families with a parent absent from the household must receive child support under a court order or comply with the Child Support Enforcement Division (CSED).

Why do you need Child Care:

☐ Work hours.

☐ School hours: When a parent is attending classes out of the home, as long as the work requirements are being met (and the parent has not received a degree or certification within the past 5 years. School beyond a Bachelor's Degree is not covered).

☐ School hours for teenage parents attending high school, a GED, or equivalency program.

☐ Family Investment Employability Plan Activities (TANF) or Tribal TANF Activity Plan that requires child care. Please note that if you leave the TANF program, you must reapply for childcare.

Tell us about yourself

Name		Social Security Number	
Marital Status	Phone No.		Work No.
Street Address	City	Zip Code	County
Mailing Address (if different)	City	Zip Code	
E-mail Address			

Tell us about your household members	Applicant	Name	Name	Name	Name	Name
Name (First, Middle, Last)						
Social Security Number						
US Citizen or National/ Qualified Alien						
Date of Birth MM/DD/YYYY						
Does this child have special needs?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Sex: M or F	M or F	M or F	M or F	M of F	M or F	M or F
Does this person go to school?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Highest grade completed						
Degree of Certificate Earned						
Receiving TANF Cash Grant?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Relationship to Applicant						
Member of a Federally Recognized Tribe?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Hispanic	Y/N	Y/N	Y/N	Y/N	Y/N	Y/Y
Race Asian, Caucasian, African American, American Indian, Native Hawaiian, Hispanic Black, Hispanic White						
Name of Absent Parent						
CSED Case # or Support Order						
Monthly $ Child Support						

Tell us about your child support situation

If any child under the age of 18 in has an absent parent, you must be receiving court-ordered child support from each child's absent parent or you must comply with Child Support Enforcement Division (CSED), or you must show good cause for not receiving child support.

If you do not have full custody of your children, please submit a parenting plan indicating when your children are in your care.

Please check one of the following child support criteria

- ☐ There are no children with absent parents in the household
- ☐ I receive child support through a court order recognized by a State district court or the Child Support Enforcement Division (CSED) of the Department of Public Health & Human Services and will continue to keep this case open while receiving child care assistance.
- ☐ I receive child support through a child support enforcement division of another state. The state is:_____.
- ☐ I do not receive child support, but I am in compliance with CSED by providing all information requested by CSED to open a child support case. (Verification of the information submitted may be required.)
- ☐ Do you pay out child support? If yes, amount $_____ per pay period beginning _____ (date).
- ☐ I would like to apply for good cause for not seeking child support. (Ask for form and guidelines.)

Documentation: You must submit verification of all child support received or withheld. Verification can include:

* A compliance confirmation from CSED which states the dollar amount of child support granted.
* A copy of your court-ordered parenting plan or child support order that lists the dollar amount of child support granted and child support checks/money orders for the past three months.

Parent responsibilities **Please INITIAL each line 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.

3. _____ I will report the following changes **within 10 calendar days** to my local Child Care Resource and Referral agency.

A. _____ Change of employment for any household member.

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)

C. _____ Changes in residence or mailing address

D. _____ The loss or addition of a household member

E. _____ Changes in school attendance

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.

4. _____ Failure to report changes within 10 days may result in one or more of the following:

A. _____ Loss of child care scholarship

B. _____ Repayment of child care scholarship during period of ineligibility

5. _____ I am responsible for paying my own child care until my family is determined to be eligible for assistance or 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.

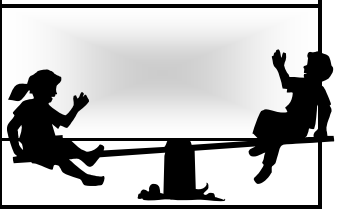
7. _____ I understand that my Best Beginnings Scholarship will be terminated if my family becomes ineligible or if program funds become unavailable.

To determine your child care scholarship, we need to have information about the monthly income of all members listed in your household and a work verification signed by employers from every place of employment listed below.

1. Verification of income received/earned is required. Please include copies of checks or money orders, letters of benefit awards, tax forms, or financial statements.

2. Verification of your school enrollment is required. Please include a course description, a copy of your official schedule bill, a signed training verification (on front side of the work verification), and grades from the previous semester. Program information may also be required.

Tell us about your household's employment and income

	Applicant	Other Parent/Partner	Child(ren)
Place of employment			
Additional employment			
Average number of hours per week worked (for each job)			
Hourly wage, salary, or commissions (total)	$	$	$
Average monthly bonuses or tips earned	$	$	$
Average dollar amount of overtime earned	$	$	$
Self-employment income (Please provide: last years MT & Federal tax forms; business records; statement of estimated earnings; receipts for business expenses; receipts for goods & services provided; business account bank statements	$	$	$
Child Support	$	$	$
Social Security Income or Survivor's Benefits	$	$	$
Supplemental Security income	$	$	$
Interest, dividends, And royalties	$	$	$
Unemployment Insurance	$	$	
Worker's Compensation	$	$	
Receiving TANF Cash Assistance?	$	$	
Receiving Food Stamps (TAFS) **Circle One**	$ Y / N	$ Y / N	
Receiving Housing or Rent Benefits?			
Income from any other source (ex: Tribal Income)	$	$	
If yes, please name Other income source:			
Totals:	$	$	$

Here are your responsibilities concerning your Child Care Provider

Please initial each line as you read.

1. _____ I will select a licensed center, a registered group or family home, or a legally unregistered 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 am responsible for any amount over and above the State's district child care rate. 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.
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.

Here are your rights

Please initial each line as you read.

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 Child Care Resource & Referral Agency 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 Benefits".

Tell us about your Child Care Provider

To participate in the Best Beginnings scholarship program, you will need to either use a registered or licensed child care facility. You may also choose to use a friend or family member; however, that person will need to apply to become a Legally Unregistered Provider (LUP)*. If you need help finding a registered/licensed child care facility, your local Child Care Resource & Referral agency will be happy to generate a list of providers with vacancies that meet your needs.

1. Are your children attending a child care facility? ☐Yes ☐No

2. If yes, who is their child care provider? _____
   What is the address and phone number? _____
   _____

   What type of facility is it? ☐Licensed/Registered ☐Friend or family care

3. If you are using a friend or family member, has that person applied to be a Legally Unregistered Provider? ☐Yes, the LUP applicant's name is _____
   ☐No, please mail a LUP application to: _____
   _____
   _____

* Payment for Legally Unregistered Providers cannot begin until the LUP's application is received and approved. Applications take **4-6 weeks** to be processed. If the application is approved, payment will begin on the LATTER of the two dates— either the LUP application date or the Scholarship application date. If either application is not approved, no payment can be made to the provider, and the parent will be responsible for any child care costs incurred.

Tell us about your schedule

TIMES:	SUN	MON	TUES	WED	THURS	FRI	SAT
Your Schedule Work/Class							
Spouse/Partner Work/Class							
Child Care for							
Child Care for							
Child Care for							
Child Care for							

Authorization to Release Information/Signature Page

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 above issues. 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** line.

_____ 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.

OR

_____ 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.

Spouse/Other Adult— Please **initial one** line.

_____ 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.

OR

_____ 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 Signature Date

REMINDER

You are required to report a 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.

You are required to report the following changes **within 10 calendar days** to the local Child Care Resource and Referral agency:

- ⇒ Change of employment for any household member
- ⇒ 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)
- ⇒ Changes in residence or mailing address
- ⇒ The loss or addition of a household member
- ⇒ Changes in school attendance
- ⇒ 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 good cause for not applying for child support

Failure to report changes within 10 days may result in one or more of the following:

- ⇒ **Loss of child care scholarship**
- ⇒ **Repayment of child care scholarship during period of ineligibility**

REMINDERS
Keep this sheet handy!

Your Child Care Resource & Referral Agency

You will need to turn in these documents within 30 days to complete the application.

- Copies of birth certificates and social security cards for all household members new to the scholarship program.
- Work verifications completed and signed by the employers of every employed household member.
- Two months of current wage stubs for all employed household members.
- Child Support verification for every child with an absent parent. Acceptable documentation must be a compliance statement from the Child Support Enforcement Division or a copy of a current court-ordered parenting plan and copies of the last three month's payments made by check or money order.
- A current Child Care Service Plan with a registered/licensed provider or a legally unregistered provider.

Things to Remember...

◊ **PLEASE NOTE** that eligibility for child care assistance begins only when all of the following criteria are met:

1. your Child Care Resource and Referral Agency (CCR&R) has received a complete and signed application;
2. proof of income eligibility has been received by the CCR&R;
3. proof of parent work and/or school schedules verifying the need for child care has been received by the CCR&R;
4. the family has identified an approved child care provider; and
5. if your family has an absent parent then the family must either receive child support through a court-order, be in-compliance with the Montana Child Support Enforcement Division, or have reason to pursue good cause for not receiving child support.

◊ Your child care scholarship is certified for a set period of time. Read all notices you receive carefully. Mark the date that your child care scholarship expires on your calendar; then mark another date to submit updated information 3-6 weeks before the expiration date. Re-certifying requires updating and verifying the information listed above. Parents are required to complete a new application annually.

It is your responsibility to get your Best Beginnings scholarship re-certified. If you haven't done so by the 10th of the month in which your scholarship expires, you may experience a gap in child care coverage.

◊ You have agreed to notify the Child Care Resource & Referral agency **before or within one business day** of changing child care providers

◊ You have agreed to report changes in employment, school, and address to your Child Care Resource and Referral Agency (CCR&R) **within 10 calendar days.** If you **do not** report changes, you will lose your child care scholarship and will have to repay all child care scholarship assistance paid during the period you were ineligible.

◊ You understand that neither the State of Montana nor the Child Care Resource and Referral Agency has a role in the parent/provider relationship. Parent/provider payment and termination notice issues are solely the responsibility of the parent and the provider.

◊ You have agreed to pay a monthly co-payment to your child care provider before the end of the month in which the care is provided or on the provider's due date as determined by their contract.

The Family's Rights

1. I may choose my child care provider. My provider must be a current Licensed, Registered, or a Legally Unregistered Provider (LUP) for state payment purposes. I must select a provider before receiving child care assistance. I understand that the State child care scholarship assistance will not be paid if the provider does not have a current state payment number. This may happen if the license, registration, or Legally Unregistered Provider payment number expires or is terminated.
2. I have the right to have access to my child at any time while he or she is at child care.
3. Within 10 days of losing employment or falling below the minimum work requirement, I may request a grace period for child care assistance for the purpose of looking for work; limitations may apply. I can contact my Child Care Resource and Referral agency for details and an application.
4. If my Best Beginnings Scholarship benefits are reduced, I will be notified. A letter is mailed by the State 10 days before any loss of benefits.
5. I have the right to appeal any loss of scholarship assistance. If I choose to do so, I will submit the request for a Fair Hearing in writing within 90 days of the date the notice was mailed.
6. I understand the child care provider shall NOT discriminate against any child based on his or her sex, race, national origin, ethnic background, religious affiliation, or disability.
7. I understand the child care provider shall keep all information regarding my family confidential.
8. I understand my child care provider shall notify me if a negative licensing action affects my eligibility for a child care scholarship.
9. I understand that neither the State of Montana nor the Child Care Resource and Referral agency have a role in the parent/provider relationship. Parent/provider payment issues and termination notice issues are solely the responsibility of the parent and the provider.
10. I will receive a monthly "Explanation of Benefits" (EOB) informing me of child care scholarship benefits paid on my behalf.

The Family's Responsibilities

1. I must submit a completed scholarship application before eligibility can be determined. The date the CCR&R receives my completed application and I am eligible is my application date. **Child care services delivered before that date will not be covered by my Best Beginnings Child Care Scholarship. My child care provider may contact the CCR&R to confirm the application date**.
2. I am responsible for paying my own child care if my family is determined to be or becomes ineligible for benefits, or if program funds become unavailable. I am responsible for paying my own child care until my family is determined eligible for benefits and selected from the waiting list.
3. If I do not currently receive child support under child support order recognized by a Montana district court, I must apply for child support services and comply with the Montana Child Support Enforcement Division.
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 the child care provider may set rates independent 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. If child care is provided in my home, the child care provider is either my employee or an independent contractor. As an employer, I am responsible for all employment obligations, such as payment, Worker's Compensation Insurance and employment taxes. I may obtain additional information from my Child Care Resource & Referral agency.
7. If I change to a new child care provider, I must notify my current provider.
8. If I change to a new child care provider, I must notify the CCR&R prior to or within one business day of the change. Assistance will not be paid to the new provider until a new certification plan is created.
9. I will report changes in the following items within ten 10 days of the change:
   * Changes in employment of any member of my household;
   * Loss of employment to less than 60 hours per month for a single parent family or 120 hours per month for a two parent family;
   * Changes in residence or mailing address;
   * Changes in school attendance; and
   * Entering or leaving the TANF program.
   * **The opening or closing of my child support case, changes in child support received, or changes to my good cause**
10. Failure to report changes within 10 calendar days will result in one or more of the following:
    * Loss of State Child Care Scholarship;
    * Obligation to repay any child care scholarship assistance paid during my period of ineligibility; and/or
    * Loss of opportunity to use the child care grace period to look for work if I drop below the minimum work requirement or lose my employment.
11. I will report any discrepancies I discover with regard to child care scholarship assistance received and reported on the EOB to my CCR&R.

The Child Care Provider's Rights & Responsibilities

1. The provider has the right to receive a copy of the Child Care Certification Plan. This identifies the start date, the ending date, the hours of child care authorized for this family and the co-payment amount due me.
2. If the family's circumstances change, and they lose eligibility for scholarship assistance before the "end date" shown on the Child Care Certification Plan, notice will be mailed to the provider 10 days before the end of scholarship assistance.
3. The provider sets their own rates for child care services, which may be more or less than the State district rates.
4. The provider has the right to timely payment for State-assisted child care services.
5. If the following dates fall on weekdays, the provider can anticipate the following payment schedule (weekends and holidays may delay this schedule):
   A. Invoices are mailed to the provider during the month in which care is received.
   B. Invoices must be submitted to the Child Care Resource and Referral (CCR&R) agency immediately following the month in which care is provided.
   C. Invoices are processed on the fifth business day of the month and on subsequent Tuesdays. Payments generally arrive in 2 to 3 business days after processing.
   D. A Direct Deposit option is available to electronically transfer payments to a payee's bank account.
   E. If an invoice or payment is late, please contact the local CCR&R agency.
   F. If the payment address is incorrect, the payment will be sent by return mail back to the State. Allow a minimum of one week's delay for the payment to be returned to the State, the correct address located, and the payment to be re-mailed. (This delay can be avoided by notifying the local child care licensor and submitting a new IRS W-9 form before any address change.)
   G. If an error in payment occurs, the State/CCR&R will make adjustments in future payments. Outstanding accounts are referred to DPHHS Accounts Receivable and DOR Tax Offset for collection.
   H. If a payment is delayed, the Early Childhood Services Bureau will work with the local Child Care Resource and Referral agency, computer system personnel, and the fiscal office to solve the problem and issue the payment.
6. The provider has the right to request payment for holding a child care slot if the slot will be lost during a scheduled absence. The absence may not last longer than 30 days and the provider must provide a list of waiting children to verify that another child would otherwise fill the slot. This same policy must apply to all families.

7. The provider must understand that the child care scholarship is available only during the parent's approved activities, which may be less than maximum limits indicated on the child care certification plan.
8. The provider will not discriminate against any child based on his or her sex, race, national origin, ethnic background, religious affiliation, or disability.
9. The provider must keep all information regarding this family confidential, except for the following circumstances:
   * Attendance information must be shared with the CCR&R, with regard to eligibility for the Child Care Scholarship program;
   * As a registered or licensed provider, they are a mandatory reporter of suspected child abuse or neglect and will report the concerns directly to Child and Family Services at 1-866-820-KIDS (5437); and
   * The provider will cooperate with Montana Department of Public Health and Human Services and local law enforcement investigating child care licensing issues.
10. The provider will abide by and maintain applicable center licensing, family or group home registration, or legally unregistered requirements (ARM 37.95.101-1021). The provider status must be current in order to serve families and receive payment for families receiving Child Care Scholarship assistance.
11. Families eligible for a Best Beginnings Scholarship must choose a provider who holds a current registration, license or legally unregistered payment number. The provider must immediately notify parents if a negative licensing action affects their eligibility to serve Best Beginnings Scholarship families.
12. The provider will notify the Child Care Licensor and submit a new IRS W-9 form when my address changes: physical address, mailing address, or payment (warrant) address. A payment delay may occur if this does not occur timely.
13. The provider will report the current rates charged to non-scholarship families to the Child Care Resource & Referral agency. These rates are used to facilitate the payment process and they are included in a biennial market rate survey. New rates may be reported on the invoice.
14. The provider understands that their rates for private-pay families may not be lower than those for scholarship-assisted families.

Best Beginnings Child Care Scholarship Reimbursement Rates

The scholarship will reimburse at the lower of the rates that apply to non-Best Beginnings Scholarship families or the CCR&R district rates.

Holidays: A registered/licensed provider may charge for certain holidays when closed if the provider charges non-scholarship families for the same holiday observance. Billable holidays are New year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Certified Enrollment allows a registered/licensed provider to bill for some absences. A registered/licensed provider may claim certified enrollment hours only if the provider charges non-scholarship families for absence days and the child is attending the facility full time (30+ hours per week). A child is limited to 150 CE hours during a State fiscal year (July 1—June 30).

15. The provider understands that when they report rate changes to the CCR&R, the new rates may not take effect for 10 days.
16. The provider understands that they are solely responsible for any terms of agreements they have with the parent(s).
17. The provider will notify the CCR&R if a child is absent for 5 days without notice.
18. The provider will maintain current sign-in/sign-our records for each child receiving child care assistance and utilize them as follows:
    - Each time the child enters or leaves the provider's care, the parent or other individual authorized to deliver or pick or pick up the child shall initial or sign the sign-in/sign-out sheet. An electronic signature system may be used if it employs a unique and confidential identification process for individuals.
    - Sign-in/sign-out records must indicate the child's name, the date, the hour, and the minute when the child enters and leaves the provider's care.
    - The provider will make sign-in/sign-out records available to child care resource and referral agency staff and state and local government health, safety, or law enforcement representatives upon request. The provider shall keep sign-in/sign-out records for five years beyond the date of attendance.
19. The provider will claim actual care provided, when the parent is participating in approved activities, as designated on the child care certification plan, and subject to the limitation of continuity-of-care policies. The provider may not bill for care subcontracted to another individual or facility.
20. As a provider, eligibility to receive state payment under a state assisted child care program may be terminated if:
    - The provider willfully misrepresent services provided, with respect to sign-in/sign-out records, attendance billed on invoices; or
    - The provider refuse access to the child care setting and child care records during business hours to the following personnel:
        - employees or other agents of state or local government, investigating child care services, or child abuse or neglect;
        - child care resource and referral agency personnel investigating child care services; or
        - health, building, or fire officials investigating child care facility health and safety issues.
21. Child care providers have 60 days to submit claims for services:
    - Providers must submit invoices to the CCR&R within 60 days of the service month to be eligible for payment.
    - If the child care certification plan is not available during the service month, the invoice is due at the district CCR&R with 60 days following the provider's receipt of the invoice.
    - If corrections or adjustments to an invoice are necessary, they must be received by the CCR&R within the 60-day period prescribed.
22. When a provider or a parent receives child care assistance in excess of the amount to which the provider or parent is entitled, which is due to a willful action of the provider or parent, the department may pursue criminal charges against the provider or parent. Criminal prosecution may be pursued in addition to recovery of the overpayment.

    A **willful action** includes but is not limited to the making of a false or misleading statement. A misrepresentation, or the concealment or withholding of facts or information. If a willful action results in an overpayment, the following will occur:
    1. The first willful action will result in a 10% assessment being added to the amount of repayment due. If the provider is found responsible, web invoicing privileges will be lost and copies of sign-in/sign-out sheets must be submitted with invoices for the following three months.
    2. The second willful action will result in a 25% assessment being added to the amount of repayment due. If the provider is found responsible, copies of sign-in/sign-out sheets must be submitted with invoices for the following six months.
    3. The third willful action will result in the household or provider being ineligible to participate in the Best Beginnings Child Care Scholarship assistance program, Best Beginnings grants, and other Best Beginnings Quality Child Care Programs.

ONLINE

DPHHS-HCS/CC-011
(Rev. 4/04)

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

RELEASE OF INFORMATION/REQUEST FOR VERIFICATION

Directions: **Applicant completes Release of Information portion, then delivers the form to employer and school for completion. The applicant, employer, or school may return the completed form to the CCR&R agency.**

PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to
(Applicant)

_____ to release
(Place of Employment, School or Training Institution)
the information requested on this form to the Child Care Resource and Referral (CCR&R) Agency, listed to the right.

Applicant's Signature: _____

SSN: _____ Date: _____

Return to CCR&R by _____

The Nurturing Center
146 Third Avenue West
Kalispell, MT 59901

406-756-1414
800-204-0644

REQUEST FOR TRAINING VERIFICATION

School Official: **The information requested is needed to determine eligibility for a child care scholarship. Thank you for your cooperation.**

This individual is enrolled: ☐ Part-time at: _____,
☐ Full-time *(Name of School)*

and is training for _____.
(Occupation)

This verifies that _____, is making: ☐ satisfactory progress in
(Name of Student) ☐ unsatisfactory

their training program and is in: ☐ good school standing. Anticipated graduation date? _____
☐ poor

Current Semester Dates: Begin: _____ to End: _____

Does this individual currently hold a bachelor's degree? ☐ Yes ☐ No If yes, graduation date? _____

Current Bachelor's Degree: _____

Please list class and lab time and effective dates, or attach an official copy of the student's class schedule:

	MON	TUE	WED	THU	FRI	SAT	SUN
Start Time	_____	_____	_____	_____	_____	_____	_____
End Time	_____	_____	_____	_____	_____	_____	_____

Effective from _____ to _____.

_____ _____ _____ _____
(School Official Signature) *(Print Name)* *(Telephone)* *(Date)*

- over -

WORK VERIFICATION for _____

(Applicant)

Employer: **The information requested is needed to determine eligibility for a child care scholarship. Thank you for your cooperation**.

1. What date did / does employment start? _____
   (Month) *(Day)* *(Year)*

2. What is this employee's GROSS salary, wages and commissions? $_____/month & $_____/hr.

3. Does this employee have any company-paid flexible child care benefits that could be taken in cash?

   ☐ Yes ☐ No If yes, please list amount $_____ per month. Explain:

   _____

4. Does this employee receive tips or bonuses? ☐ Yes ☐ No If yes, please approximate $_____ per month.

5. Does this employee ever work overtime? ☐ Yes ☐ No If yes, what is the monthly rate? $_____.

6. Does this employee receive "in-kind" (non-cash) or cash benefits as part of their pay? For example, a housing allowance, apartment or food? ☐ Yes ☐ No If yes, please list amount $_____ per month.

   Explain: _____

7. Please complete the following work schedule and indicate effective dates:

	MON	TUE	WED	THU	FRI	SAT	SUN
Start Time	_____	_____	_____	_____	_____	_____	_____
End Time	_____	_____	_____	_____	_____	_____	_____

Work schedule effective from _____ to _____.

1st payday is: ____/_____/_____, then ☐ weekly, ☐ every two weeks, ☐ monthly, or ☐ twice-a-month

Average number of work hours per week: _____ If work schedule varies, please explain:

_____

_____

Applicant: Please attach wage stubs to this form. Self-employed individuals must attach documentation of their income (e.g., taxes, income statements).

PLEASE READ AND SIGN: I certify that this information is true and correct to the best of my knowledge. I have the authority to make such verification on behalf of this company.

Employer's Signature: _____Print Name: _____

Title: _____ Telephone: _____

Place of Employment: _____ Date: _____

MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK
CHILD SUPPORT COMPLIANCE CHECKLIST

To Be Completed By Applicant

Custodial Parent (please print) _____ **SSN (last 4 digits)**_###-##-_____

I, authorize the Child Support Enforcement Division of the Department of Public Health and Human Services (CSED), its employees or agents, to share information about my child support case(s) to the Best Beginning Child Care Subsidized Program.

Signature _____ **Date** _____

To Be Completed By Child Care Resource & Referral Network Representative

Please respond to the following request for CSED case information. In the event there are multiple CSED cases involving this Custodial Parent, this document can be copied in order to respond to each case separately. This inquiry to the CSED involves the following child(ren):

_____

Please reply to the following program representative:

Name: _____ Office Location: The Nurturing center 146 Third Ave. West Kalispell, MT 59901

Phone: _____ Fax: _____ Email: _____

To Be Completed By Child Support Enforcement Division (CSED) Representative

Absent Parent's Name _____

Child(ren)_____

CSED case #_____ is

open for ( ) enforcement ( ) establishment ( ) paternity

( ) in compliance ( ) not in compliance

( ) open, but the custodial parent portion of the case is closed (ie, collecting state assigned arrears only)

( ) case has been closed since _____

Amount of Support Paid to the Custodial Parent in the Past 6 Months: _____

Note: Additional information regarding the last 5 payments credited to this case is available on-line at https://app.mt.gov/csed

Additional Information:_____

_____

CSED Authorized Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

ONLINE

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

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

☐ **New or renewal of scholarship application information**

☐ **Change of child care provider**

CHILD CARE SERVICE PLAN INFORMATION

Best Beginnings Child Care Scholarship Program

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: PV
PROVIDER'S TELEPHONE:	EXPIRATION DATE:

RATES FOR AGE 2+ (CHILD)		RATES FOR 0-24 MONTH-OLDS (INFANT)		PROVIDER'S TAX ID NUMBER:
$ /day	$ /hr	$ /day	$ /hr	

Type of Child Care Setting:	Where is care provided?	Provider's Relationship?
☐ Family Home ☐ Group Home ☐ Child Care Center ☐ Legally Unregistered Provider	☐ Outside the child's home ☐ In the child's home	☐ Not a relative of the child ☐ Relative of the child. If related, what is the relationship?

White - CCR&R Agency Yellow - Parent Pink - Child Care Provider