

DPHHS-HCS/CC-161  
 (New 1/11)

**Best Beginnings  
 Child Care Scholarship Program**

**RELEASE OF INFORMATION  
 REQUEST FOR  
SCHOOL/TRAINING VERIFICATION**

<b>CCR&amp;R ELIGIBILITY SPECIALIST STAFF ONLY</b>	
<b>CASE / CASE EVENT NUMBER</b>	
<b>HEAD OF HOUSEHOLD NAME</b>	
<b>ELIGIBILITY BEGIN DATE</b>	<b>ELIGIBILITY END DATE</b>
<b>ELIGIBILITY DETERMINATION DATE</b>	<b>R&amp;R DATE STAMP</b>
<b>CASE EVENT WORKER NAME</b>	

**DIRECTIONS for Applicant**

1. Complete Section 1	2. Employer is to complete Section 2 and Section 3	3. RETURN TO: The Nurturing Center 146 Third Avenue West Kalispell, MT 59901 406-756-1414, Toll Free 800-204-0644
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**1. STUDENT / APPLICANTS - PERMISSION TO RELEASE INFORMATION**

I, \_\_\_\_\_, grant permission to \_\_\_\_\_ for the release the information requested on this form to the Child Care Resource and Referral (CCR&R) Agency, listed above, in order to determine my family's eligibility for the Best Beginnings Child Care Scholarship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS for School Official**

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities, such as work and school. The student applicant's signature above authorizes the release of the information requested on this form. By completing this form you are providing information about the identified individual that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.

**2. SCHOOL OFFICIAL CERTIFICATION**

SCHOOL NAME	SCHOOL PHONE #
SCHOOL ADDRESS	
<b>PLEASE READ AND SIGN:</b> 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.	
Print Name: _____	Title: _____
Signature: _____	Date: _____
Phone #: _____	

### 3. STUDENT / APPLICANTS' - SCHOOL INFORMATION

Student Name:						
School Name:		School Address:			Enrollment Date	
Course of Study / Training Program		Anticipated graduation / completion date		Expected Degree / Certificate		
Is this a Part Time or Full Time Student? <input type="checkbox"/> Part Time ( _____ hrs per week) <input type="checkbox"/> Full Time ( _____ hrs per week)				How many credits is this student taking per semester? _____ credits per semester		
Is this student in good academic standing? If No, please explain: <i>(Is this individual on probation?)</i>					<input type="checkbox"/> Yes, good <input type="checkbox"/> No	
Does this individual currently hold a bachelor's degree? If Yes, what is the degree in? _____ When was it earned? _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MONTHLY SCHOOL SCHEDULE</b>						
- Please indicate the time the student's first class starts and the time the student's last class ends on any given day. - Please provide an official copy of the students class schedule						
This schedule is good for the following semester: <i>(indicate year)</i> <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____						
The semester that this schedule covers runs from: _____ to: _____						
<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
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
<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
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"/> This schedule remains the same for the entire month						
<input type="checkbox"/> This schedule varies from week to week						
If work schedule varies, please explain:						