

DPHHS-HCS/CC-159
(Rev 12/11)

**Best Beginnings
Child Care Scholarship Program**

**RELEASE OF INFORMATION
REQUEST FOR
WORK VERIFICATION**

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	

DIRECTIONS for Applicant

1. **Complete Section 1**
(Employee – Permission to Release Information)
2. **Have your current employer complete sections 2 and 3**
(Employment and Wage Information and Employer Certification)
3. **Return completed form to your Resources and Referral Agency**
(See 2nd page of application to get local Resource and Referral Agency address)

1. EMPLOYEE - 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 Employer

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 applicants' signature above authorizes the release of the information requested on the back of 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.

OVER

2. EMPLOYMENT AND WAGE INFORMATION

Employee Name:			
Employer Name:		Work Address:	
Work Start Date	Work End Date	Date of First Pay Check	Date of Last Pay Check
Is this a Salaried or Hourly Employee? <input type="checkbox"/> Salaried (\$ _____ per _____) <input type="checkbox"/> Hourly (\$ _____ per hour)		How often is this employee paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Average number of work hours per week.			_____ hrs per week
What is this employee's gross salary, wages, and commissions?			\$ _____ per month
Does this employee receive tips or bonuses? - If yes, please approximate dollar amount per month		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month
Does this employee ever work overtime? - If yes, please approximate dollar amount per month		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month
Does this employee receive "in-kind" (non-cash) or cash benefits as part of their pay? For example, housing allowance, apartment or food? - If yes, please approximate dollar amount per month Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month.
Does this employee have any company-paid flexible child care benefits that could be taken in cash? If yes, please approximate dollar amount per month Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month.

MONTHLY WORK SCHEDULE	The following work schedule is effective from: _____ to: _____						
	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"/> 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:						

3. EMPLOYER CERTIFICATION

PLEASE READ AND SIGN:	BUSINESS/COMPANY NAME		BUSINESS PHONE #
	BUSINESS/COMPANY ADDRESS		
	I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this company.		
	Print Name: _____	Title: _____	
Signature: _____	Date: _____		