State of Montana
Department of Public Health and Human Services
Human and Community Services Division
Early Childhood Services Bureau
http://www.bestbeginnings.mt.gov

DPHHS-HCS/CC-010
(Rev. 12/11)

BEST BEGINNINGS
CHILD CARE SCHOLARSHIP PROGRAM
APPLICATION FAQ's

If you need help filling out this application or have questions, please call your local Child Care Resource and Referral Office. ***(Refer to 2nd page of packet for address and number)***

Best Beginnings Child Care Scholarship: *Montana's Child Care Assistance Program to help Montana families pay for their child care costs.*

How do I apply?

Fill out the application packet, sign it and turn it in with all required documentation to your local Child Care Resource and Referral Agency

- *Application checklist is available on page 2 of this application.*

To qualify, what must my family and I do?

The Best Beginnings Child Care Scholarship Program is available to families who meet the following eligibility requirements

Be Income Eligible

- Your family's income must be below 150% of the federal poverty guidelines.
- SNAP PARTICIPANTS! Ask about express eligibility!

Meet employment and training requirements

- A two parent household needs to work 120 hours each month (For example: the work hours may be divided between the two parents. One parent may meet the work requirement while the other parent attends school full time.)
- A single parent household needs to work 60 hours each month
- A single parent, who is attending school full time, needs to work 40 hours each month.

Cooperate with Child Support Enforcement

- Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order.

How long will it take?

It may take up to 30 days to process your application. If household is eligible, benefits may begin the date you submitted your signed application as long as required documentation is received within 30 days. Benefits cannot be backdated. Avoid possible delays or lapses in service by submitting all the required documentation with your application.

Is an interview required?

Yes. An interview is required before it can be determined if you are eligible for assistance. Your interview may be in person or by telephone.

Will I have to pay anything?

Yes, you will pay a part of the day care costs. That amount depends on your income and family size. This is called a co-pay. Your provider may also charge rates that are more than the scholarship program pays. Each month you will have to pay your provider the co-pay amount and the difference, if any, between what the provider charges and what the state pays.

Application and Supporting Documentation Checklist and Instructions

✓ **Check to be sure you have submitted the following documents.**

APPLICATION FORMS (included in the packet)	SUPPORTING DOCUMENTATION
☐ **APPLICATION** - Completed and signed - If there are 2 adults in your family you must both sign the application. - Includes a Release of information that must be completed ☐ **ADULT HOUSEHOLD MEMBER INFORMATION** - Be sure to detail your work and/or school schedule ☐ **CHILD HOUSEHOLD MEMBER INFORMATION** - Be sure to detail your children's school schedule ☐ **WORK VERIFICATION RELEASE** - To be completed by your employer - Complete the Applicant Release portion and send to your employer for completion ☐ **SCHOOL / TRAINING VERIFICATION RELEASE** - To be completed by a school official - Complete the Applicant Release portion and send to your school for completion ☐ **CHILD CARE SERVICE PLAN** - To be completed with your child care provider. - A separate form is required for each child care provider - Only hours that child care is needed for each child are to be documented, including the start and end time of care. ☐ **CHILD SUPPORT COMPLIANCE VERIFICATION or GOOD CAUSE FOR REFUSAL TO COOPERATE** ☐ **FAMILY'S RIGHTS AND RESPONSIBILITIES** ☐ **REPORTING REQUIREMENTS** ☐ **SELF EMPLOYMENT VERIFICATION** ☐ **RIGHTS TO APPEAL PROCEDURES**	☐ **PHOTO IDENTIFICATION** (for all adults) - Government Issued Identification - Passport - MT Drivers License - School identification card ☐ **RESIDENCY VERIFICATION** - Utility Bill - Rental / Lease Agreement - Mortgage Agreement - MT Drivers License ☐ **BIRTH CERTIFICATES** - Copies of proof of age for each child who will be receiving child care assistance ☐ **US CITIZENSHIP** - Social Security Card ☐ **WORK SCHEDULE** - 2 **consecutive** months of paystubs, within the prior 60 days. ☐ **SCHOOL SCHEDULE** - For all individuals enrolled in and attending school ☐ **INCOME** - Proof of all earned income received by you and any other adult in your family - Proof of unearned income received by you and any other adult in your family. Unearned income includes but is not limited to: dividends and interest, Social Security, Supplemental Security Income (SSI) and Child Support ☐ **SELF-EMPLOYED INDIVIDUALS** - A copy of your business license - Your most recently completed and filed Federal tax return - Income and expenses records or other documentation of adjusted gross income and allowable costs of doing business

Please ask your local Child Care Resource and Referral about acceptable forms of proof, if you are unsure!

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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	

Best Beginnings
Child Care Scholarship Program

SCHOLARSHIP APPLICATION

1. Primary Reason that you are applying for Child Care Assistance?

What is your household makeup? ☐ Single Parent Household ☐ Two Parent Household | Are you a **TEEN** Parent? ☐ Yes ☐ No

What is the primary reason that you need child care assistance? ☐ Work Hours ☐ School Hours ☐ Other:

Have you ever requested or received Child Care Assistance before? ☐ Yes ☐ No
If yes, when? Where? (city/county/state)

Have you ever been disqualified from receiving Child Care Assistance? ☐ Yes ☐ No
If yes, when? Where? (city/county/state)

SNAP Participant? ☐ Yes ☐ No **If you are participating in SNAP, ask about express eligibility.**

2. Who is the Responsible Party?

This is the applicant who is requesting child care assistance and assumes responsibility for following the program rules and requirements, including penalties and repayment of any overpaid benefits.

- Include ***proof of identity***, such as a copy of your driver's license, state identification card, passport, school identification card, or birth certificate
- Include ***proof of your residence***, such as one of the items listed above or a copy of a recent utility bill, rental lease, or mortgage agreement.

LAST NAME	FIRST NAME	MIDDLE NAME
OTHER NAMES YOU MIGHT BE KNOWN AS OR HAVE USED IN THE PAST	E-MAIL ADDRESS	
ADDRESS (physical)		

CITY	STATE	ZIP	COUNTY	TRIBAL RESERVATION
MAILING ADDRESS (if different)				
CITY	STATE	ZIP	COUNTY	TRIBAL RESERVATION

HOME PHONE	WORK PHONE	OTHER PHONE
What is your preferred **spoken** language?	What is your preferred **written** language?	Do you need an interpreter? ☐ Yes ☐ No

Workers Initials _____ Date _____

3a. FAMILY MEMBERS – Adult Household Members

List all <u>required</u> Adult Household Members (Age 18 and up) as related to the child(ren) for whom a scholarship is requested:

- Biological, adoptive parent or stepparent of an intact family, regardless of living arrangements. This would include incarcerated parents or parents working and living out of town.
- Parent by common law marriage;
- Parent joined by a common child;
- Adult acting in loco parentis;

List <u>optional</u> Adult Household Members (Age 18 and up), only if you want them included in eligibility determination

- Adult Sibling, age 18 and over [no Child Support Enforcement Division [CSED] requirement];
- Aunt or Uncle;
- Grandparent or Great Grandparent;
- Parent's Significant Other

An "Adult Household Member Information Form" must be completed for all adults listed below.

Relationship to you	Name (First, Middle, Last)	Working	Hours per Month	Attending School	Hours per Month
SELF		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	

3b. FAMILY MEMBERS - Child Household Members, Living in the Home

Minor Household Members (Age 17 and under)

- Minor sibling(s), age 17 and under, including stepbrother, stepsister, half brother and half sister; **List all children living in the home, in the order from oldest to youngest**
- Child receiving Temporary Assistance for Needy Families [TANF] Cash benefits, or other subsidy, as a member of the household.

A "Child Household Member Information Form" must be completed for all Children listed below.

- Include proof of each child's relationship to you, such as birth certificate, adoption record, legal guardianship statement
- Include proof of each child's age, such as their birth certificate.
- Include proof of citizenship or immigration status for each child in need of child care assistance, such as birth certificate, an adoption record, or an INS Card.

Relationship to you	Name (First, Middle, Last)	Attending School	Receiving Child Support	Requesting Child Care
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Workers Initials _____ Date _____

4. INCOME

List all earned and unearned income received by you and all members of your family.

- Include income received by family members temporarily absent from your home.
- Include proof of all income, such as a check stub, signed letter from Employer or income tax records.

If you or someone in your family is self-employed

- Complete the **"Self Employment Income Verification Form"** and include all required documentation

EARNED INCOME

Name - of individual earning income	Source of Income - including employer name	Gross Monthly Amount before deductions

UNEARNED INCOME

Source of Income	YES	NO	Name of Individual Receiving Income	Gross Monthly Amount before deductions
Child Support for _____				
Child Support for _____				
Child Support for _____				
Public Assistance				
Unemployment Insurance				
Insurance Benefits				
Veterans Benefits				
Social Security				
SSI				
Student Loans				
Interest / Dividends				
Tribal Payments				
Other: Please specify				

5. DEDUCTIONS

Type of Expense (deduction)	Name of Individual Being Paid	Gross Monthly Amount
Child Support - Paid out, for children not living in the home		

6. HERE ARE YOUR RESPONSIBILITIES CONCERNING YOUR CHILD CARE PROVIDER

	INITIALS	*(Please INITIAL each item as you read)*
1.		I will select a licensed center, a registered group or family home, or a legally certified 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 certified provider payment number is not approved, is terminated or expires.
2.		I understand that I am solely responsible for any agreement I have with my child care provider(s).
3.		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.
4.		I understand that the child care provider may set their own 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 rates.
5.		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.
6.		If I change to a new child care provider, I am responsible for notifying my current provider.

7. HERE ARE YOUR RIGHTS

	INITIALS	*(Please INITIAL each item 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 calendar 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 calendar days, no grace period will be allowed, and I will not be eligible for child care. I understand that I may contact my local CCR&R 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 15 calendar 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 EOB (Explanation of Benefits), which shows the care that has been paid for by the state.

Workers Initials _____ Date _____

8. PARENT RESPONSIBILITIES

	INITIALS	*(Please INITIAL each item 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, as failure to report will result in a loss of benefits.
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 calendar 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. Best Beginnings Scholarship assistance cannot be paid before the date this application is submitted.
6.		If a waiting list is not in effect, presumptive eligibility 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.
8.		I understand that I am responsible for making and keeping copies of all documents that I submit to the Child Care Resource and Referral Agency.
9.		I understand that should an error occur regarding my case, I may be fully responsible for any overpayment, regardless of who made the error, and that I may have to complete an agreement and pay back all or part of any monies I received as part of the Best Beginnings Child Care Scholarship program. (CC6-8; page 1 of 4)

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any accompanying documents) will be cause for denial or termination of Best Beginnings Child Care Scholarship Benefits, regardless of when or how falsifications were discovered. 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

Workers Initials _____ Date _____

Authorization to Release Information / Request for Verification

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 issues involved in the Best Beginnings Eligibility Application Packet. 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** and **sign** below

_____ 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.	_____ 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— Please **initial one** and **sign** below

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_____ _____

Spouse/Other Adult Signature Date

Workers Initials _____ Date _____