



BEST BEGINNINGS CHILD CARE SCHOLARSHIP

ATTACHMENT D WORK VERIFICATION

DIRECTIONS FOR APPLICANT/EMPLOYEE

1. **Complete Section 1**
 - o Applicant / Employee – Permission to Release Information
2. **Have your current employer complete sections 2 and 3**
 - o Employment and Wage Information and Employer Certification
3. **Return completed form via fax, mail, or in-person drop off to your Child Care Agency**

Region 1	Child Care Resources	Fax: (406) 549-1189
Region 2	Family Connections	Fax: (406) 453-8976

1. APPLICANT / EMPLOYEE – PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to _____ for the release of the information requested on this form to the Child Care 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.

FOR OFFICE USE ONLY	CS _____	CE _____	HoH Name		Date Received
	Begin Date	End Date	Reason	Determination Date	Determined By

2. APPLICANT / EMPLOYEE SCHEDULE

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
	Hours per day	Hours per day	Hours per day	Hours per day	Hours per day	Hours per day	Hours 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
	Hours per day	Hours per day	Hours per day	Hours per day	Hours per day	Hours per day	Hours 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. EMPLOYMENT AND WAGE INFORMATION

Employee Name:			
Employer Name:		Work Address:	
Work Start Date:	Work End Date:	Date of First Paycheck:	Date of Last Paycheck:
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 Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
Average number of work hours per week: _____ hours 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	

4. EMPLOYER CERTIFICATION (to be signed by employer)

PLEASE READ AND SIGN:		
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.		
_____	_____	_____
Employer / Supervisor Name (please print)	Title	Phone Number
_____	_____	
Employer / Supervisor Signature	Date	