

# State of Montana Department of Public Health and Human Services Early Childhood and Family Support Division <a href="http://www.bestbeginnings.mt.gov">http://www.bestbeginnings.mt.gov</a>



### 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 information requested on this form to the Child Complete eligibility for the Best Beginnings Child Care School	Care Agency, listed above, in order to	
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	CS		HoH Name		Date Received
OFFICE USE ONLY	Begin Date	End Date	Reason	Determination Date	Determined By

#### 2. APPLICANT / EMPLOYEE SCHEDULE

ш	The following	work schedule i	s effective from:_		to:		
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SCHEDUL	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
単	to	to	to	to	to	to	to
一六	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
SS	Hours	Hours	Hours	Hours	Hours	Hours	Hours
¥	per day	per day	per day	per day	per day	per day	per day
WORK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Įĕ	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
>	to	to	to	to	to	to	to
	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
王	Hours	Hours	Hours	Hours	Hours	Hours	Hours
Z	per day	per day	per day	per day	per day	per day	per day
MONTHI	☐ This schedule remains the same for the entire month ☐ This schedule varies from week to week					to week	
_	If work schedule varies, please explain:						

#### 3. EMPLOYMENT AND WAGE INFORMATION

Employer Name:  Work Start Date:  Work Start Date:  Work End Date:  Date of First Paycheck:  Date of Last Paycheck:  Date of L	ENTILE TIME TO THE TO THE PROPERTY OF THE PROP			
Work Start Date:    Work End Date:   Date of First Paycheck:   Date of Last Paycheck:	Employee Name:			
Is this a Salaried or Hourly Employee?  Salaried (\$ per)  Hourly (\$ per hour)  Average number of work hours per week:  What is this employee's gross salary, wages, and commissions?  S per month  Does this employee receive tips or bonuses?  If yes, please approximate dollar amount per month  Does this employee ever work overtime?  If yes, please approximate dollar amount 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:  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  No \$ per month	Employer Name:	Work Address:		
□ Salaried (\$per) □ Daily □ Weekly □ Every Two Weeks □ Twice a Month □ Monthly □ 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? □ Yes □ No If yes, please approximate dollar amount per month  Does this employee ever work overtime? □ Yes □ No If yes, please approximate dollar amount per month  Does this employee receive "in-kind" (non-cash) or cash benefits as part of □ Yes □ No their pay? For example, housing allowance, apartment or food? If yes, please approximate dollar amount per month.  Explain:  Does this employee have any company-paid flexible child care benefits that □ Yes could be taken in cash? If yes, please approximate dollar amount per month □ No \$ per month	Work Start Date: Work End Date:	Date of First Payched	ck: [	Date of Last Paycheck:
What is this employee's gross salary, wages, and commissions?  Does this employee receive tips or bonuses?  If yes, please approximate dollar amount per month  Does this employee ever work overtime?  If yes, please approximate dollar amount 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:  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  No \$	☐ Salaried (\$ per)	☐ Daily ☐ Weekly ☐	Every Tv	vo Weeks
Does this employee receive tips or bonuses?  If yes, please approximate dollar amount per month  Does this employee ever work overtime?  If yes, please approximate dollar amount 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:  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  No \$ per month	Average number of work hours per week:		hou	rs per week
If yes, please approximate dollar amount per month  Does this employee ever work overtime?  If yes, please approximate dollar amount 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:  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  No \$ per month	What is this employee's gross salary, wages, ar	nd commissions?	\$	per month
If yes, please approximate dollar amount 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:  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	· · ·	onth	□ Yes \$	— · · · •
their pay? For example, housing allowance, apartment or food?  If yes, please approximate dollar amount per month.  Explain:  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 \( \Boxed{\text{No}} \) \( \Sigma_{\text{month}} \) \( \Sigma_	. ,	onth	□ Yes \$	
Explain:  Does this employee have any company-paid flexible child care benefits that	, ,	·	□Yes	□No
could be taken in cash? If yes, please approximate dollar amount per month $\ \square\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		onth.	\$	per month
	could be taken in cash? If yes, please approxim			\$ per month

#### *4. EMPLOYER CERTIFICATION* (to be signed by employer)

PLEASE READ AND SIGN:		
I certify that the above information is true and		f my knowledge and that I have the
authority to make such verification on behalf	of this company.	
Employer / Supervisor Name (please print)		Dhara Niverbar
Litipioyei / Supervisor Nattie (please print)	ritie	Phone Number
Employer / Supervisor Name (please print)	Tille	Pnone Number