



DPHHS-HCS/CC-015
 (Rev. 01/11)

Best Beginnings
 Child Care Scholarship Program

**CHILD CARE
 SERVICE PLAN**

CHILD CARE ASSISTANCE 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	

INSTRUCTIONS

When you select a child care provider, the Child Care Resource and Referral (CCR&R) agency needs the information below to complete the child care certification plan.

- Use a separate form for each child care provider.
- If you change providers, submit a new form before, or within one (1) business day to maintain a child care scholarship.

Payment is not issued until your child care certification plan is complete. You, and your provider, will receive a copy of the certification plan in the mail. The certification shows the period of eligibility. If your family's circumstances change, notify the CCR&R within 10 days. A new certification plan may be issued.

This is not an application for a child care scholarship. This is not a contract. This information is used only to arrange for a child care scholarship. The parent and provider may contract for services in a separate agreement.

HEAD OF HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD NAME	PHONE NUMBER
ADDRESS	

PROVIDER INFORMATION

A provider must have a current payment (PV) number. A scholarship payment will not be made if the provider number expires. All rate changes need to be reported in writing to your local Resource & Referral before the change, and will not take effect until the 1st of the month following the change.

Is this the only child care provider for your family? Yes No
 If no, this is my Primary Provider Secondary Provider Backup Provider

PROVIDER'S NAME	PROVIDERS NUMBER PV
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE NUMBER
RATES FOR 0-24 MONTH-OLDS (INFANT)	RATES FOR AGE 2+ (CHILD)
\$ /day \$ /hr	\$ /day \$ /hr
PROVIDER'S TAX ID NUMBER	

Type of Child Care Setting:

Certified Facility

- LCI** - Legally Certified In-home Provider
 LCP - Legally Certified Provider

Licensed or Registered Facility

- Family** Child Care Home (LRFH) Child Care **Center** (LRC)
 Group Child Care Home (LRGH)

CHILD #1	Child's Name:			Provider Name:		Provider's ID PV	Start Date
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship			Is this the only child care provider for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, this is this child's <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Backup			
	HOURS AND DAYS CHILD CARE IS PROVIDED						
	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
	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

CHILD #2	Child's Name:			Provider Name:		Provider's ID PV	Start Date
	Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship			Is this the only child care provider for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, this is this child's <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Backup			
	HOURS AND DAYS CHILD CARE IS PROVIDED						
	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
	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