

BEST BEGINNINGS CHILD CARE SCHOLARSHIP PROGRAM RE-CERTIFICATION MINI-APPLICATION

Application and Supporting Documentation Checklist

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

RE-CERTIFICATION FORMS and SUPPORTING DOCUMENTATION

RE-CERTIFICATION APPLICATION

- Completed and signed, including release of Information.
- If there are 2 adults in your family you must both sign the application.

WORK SCHEDULE

2 **consecutive** months of paystubs, covering the previous 60 days of employment from today's date.

ADDITIONAL FORMS and SUPPORTING DOCUMENTATION

If you have any of the below listed changes in regards to your recertification, please make sure you include the indicated forms. Forms can be obtained by contacting your local Child Care Resource and Referral Agency or online at <http://www.dphhs.mt.gov/hcsd/childcare/documents.shtml>

CHANGES IN ADULT HOUSEHOLD MEMBER INFORMATION

New Adult Family Member

- Adult Household Member Information Form (Form must be completed in its entirety)

Change in Employment or Self Employment

- Adult Household Member Information Form (Complete only – General Person Information, Employers, and Schedule Sections)
- Work Verification/Release Form or Self Employment Verification Form (if Self Employed)

Change in School

- Adult Household Member Information Form (Complete only – General Person Information, School, and Schedule Sections)
- School Verification/Release Form

CHANGES IN CHILD HOUSEHOLD MEMBER INFORMATION

New Child Family Members

- Child Household Member Information Form (Form must be completed in its entirety)

Change in School

- Child Household Member Information Form (Complete only – General Person Information and School Sections)

Change in Child Support Compliance

- Child Household Member Information Form (Complete only – General Person Information and Child Care Providers Sections)
- Child Support Compliance Verification or Good Cause for Refusal to Cooperate

Change in Child Care Providers

- Child Household Member Information Form (Complete only – General Person Information and Child Care Providers Sections)
- Child Care Service Plan Form

DPHHS-HCS/CC-163
 (Rev. 04/11)

Best Beginnings Child Care Scholarship Program

RE-CERTIFICATION MINI-APPLICATION

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	

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

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

SNAP Participant? Yes No

If you are participating in SNAP, ask about express eligibility before you complete the rest of this application.

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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. CHILD SUPPORT COMPLIANCE

Custodial Parent (please print)	SSN (last 4 digits): ###-##-
I authorize the Child Support Enforcement Division of the Department of Public Health and Human Services (CSED), its employees or agents, to share information about my child support case(s) to the Best Beginning Child Care Subsidized Program.	
Signature _____	Date _____

4. HOUSEHOLD MEMBER INFORMATION AND CHANGES

List adult and child household members below

ADULT #1	Relationship to Applicant	Name (First, Middle, Last)	Working	Hours per Month	Gross Monthly Income	Attending School	Hours per Month
	SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark All That Apply: <input type="checkbox"/> New Family Member <input type="checkbox"/> Change in Employment <input type="checkbox"/> Change in School							

ADULT #2	Relationship to Applicant	Name (First, Middle, Last)	Working	Hours per Month	Gross Monthly Income	Attending School	Hours per Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark All That Apply: <input type="checkbox"/> New Family Member <input type="checkbox"/> Change in Employment <input type="checkbox"/> Change in School							

CHILD #1	Relationship to Applicant	Name (First, Middle, Last)	Requesting Child Care	Attending School	Receiving Child Support	Monthly Child Support Amount
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark All That Apply: <input type="checkbox"/> New Family Member <input type="checkbox"/> Change in School <input type="checkbox"/> Change in Child Support <input type="checkbox"/> Change in Provider						

CHILD #2	Relationship to Applicant	Name (First, Middle, Last)	Requesting Child Care	Attending School	Receiving Child Support	Monthly Child Support Amount
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark All That Apply: <input type="checkbox"/> New Family Member <input type="checkbox"/> Change in School <input type="checkbox"/> Change in Child Support <input type="checkbox"/> Change in Provider						

CHILD #3	Relationship to Applicant	Name (First, Middle, Last)	Requesting Child Care	Attending School	Receiving Child Support	Monthly Child Support Amount
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark All That Apply: <input type="checkbox"/> New Family Member <input type="checkbox"/> Change in School <input type="checkbox"/> Change in Child Support <input type="checkbox"/> Change in Provider						

CHILD #4	Relationship to Applicant	Name (First, Middle, Last)	Requesting Child Care	Attending School	Receiving Child Support	Monthly Child Support Amount
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mark All That Apply: <input type="checkbox"/> New Family Member <input type="checkbox"/> Change in School <input type="checkbox"/> Change in Child Support <input type="checkbox"/> Change in Provider						

_____ I understand that I am still responsible for the content of the Family's Rights and Responsibilities that were submitted with the original application.

_____ 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 re-certification 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

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 Recertification Mini-Application. 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 re-certification mini-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

_____ 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 re-certification mini-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.

 Spouse/Other Adult Signature

 Date