

BEST BEGINNINGS CHILD CARE SCHOLARSHIP

ATTACHMENT A

ADULT HOUSEHOLD MEMBER INFORMATION

- ONE PER ADULT -

1. GENERAL PERSON INFORMATION

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		
LAST NAME		FIRST NAME		MIDDLE NAME
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	Montana State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native			Tribal Affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe _____	
Applicant Name		Relationship to Applicant		
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (Not Married)				

2. CURRENT EMPLOYERS

- PLEASE list all current employers for this person
 - Attach two months of consecutive wage stubs for all current employers, for the previous 60 days.
 - An employer Verification Form needs to be completed for each current employer listed below.
 - If you are self employed you must complete the Self Employment Verification form.

a. EMPLOYER #1			
EMPLOYER NAME			EMPLOYER PHONE #
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH
b. EMPLOYER #2			
EMPLOYER NAME			EMPLOYER PHONE #
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH

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

Adult Household Member Name	Applicant Name
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3. SCHOOL

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?	
If Yes, - Please complete the below information. - Attach your school schedule - Additionally a School / Training Verification form will need to be completed from your school.			
School Name	Current Grade	First day of School?	Last Day of School?

4. MONTHLY SCHEDULE (When you need child care!)

List the times that you require care for your children due to work and/or school activities.

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
m/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

If schedule varies, please explain: