

BEST BEGINNINGS CHILD CARE SCHOLARSHIP

ATTACHMENT B

CHILD HOUSEHOLD MEMBER INFORMATION

- ONE PER CHILD -

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	
US CITIZEN: If this is a child who needs care, is the child a US Citizen? <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 (Head of Household) Name			Relationship to Applicant		

2. SPECIAL NEEDS

Has a special need been identified for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please talk more with your caseworker regarding additional services for children with special needs.

3. SCHOOL

Does this child attend school (including preschool or kindergarten)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, please complete the below information						
This child: Is currently in the _____ Grade or will be in the _____ Grade (in the Fall).						
School Name		First day of school?		Last day of school?		
DAYS AND TIMES STUDENT ATTENDS SCHOOL						
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

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

Child Household Member Name	Applicant Name
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4. CHILD SUPPORT

Does this child have a parent who does not live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Families with a parent absent from the household must comply with the Child Support Enforcement Division or must receive child support under a court order. - Please mark below how you meet the requirements for Child Support Compliance!			
<input type="checkbox"/> Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
<input type="checkbox"/> Court Approved Parenting Plan		Who is child support received from?	Amount per month?
<input type="checkbox"/> Claim Good Cause (<i>please see good cause form</i>)			
Please indicate what state or tribe do you co-operate with?			

5. SHARED CUSTODY / VISITATION SCHEDULE

If your child spends time with his or her other parent, please describe the schedule or shared custody arrangements, by indicating the time and day that the child is with you under either a shared custody or visitation agreement.						
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						

6. CHILD CARE PROVIDERS

- PLEASE list all providers that you have for this child - A Child Care Service Plan needs to be completed for each provider that your family has and must include each child’s schedule, for when they are in care.	
a. PROVIDER #1	
PROVIDER’S NAME	PROVIDER’S TELEPHONE NUMBER
PROVIDER’S ADDRESS	PROVIDER’S LICENSE NUMBER PV#
b. PROVIDER #2	
PROVIDER’S NAME	PROVIDER’S TELEPHONE NUMBER
PROVIDER’S ADDRESS	PROVIDER’S LICENSE NUMBER PV#
c. PROVIDER #3	
PROVIDER’S NAME	PROVIDER’S TELEPHONE NUMBER
PROVIDER’S ADDRESS	PROVIDER’S LICENSE NUMBER PV#