

BEST BEGINNINGS CHILD CARE SCHOLARSHIP

ATTACHMENT C

CHILD CARE SERVICE PLAN

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 authorization 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 authorization plan is complete. You and your provider will receive a copy of the authorization plan in the mail. The authorization plan shows the date span and child care hours each child is approved for.

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.

1. APPLICANT INFORMATION

APPLICANT NAME	PHONE #
ADDRESS	

2. PROVIDER INFORMATION *(Ask your provider to help you in completing this form)*

A provider must have a current payment (PV) number.	
PROVIDER'S NAME	PROVIDER'S LICENSE # PV#
PROVIDER'S ADDRESS	PROVIDER'S TELEPHONE #
Type of Child Care Setting/Facility: <input type="checkbox"/> FFN - Family, Friend, and Neighbor OR <input type="checkbox"/> RCE – Relative Care Provider Exempt <input type="checkbox"/> Parent Home or <input type="checkbox"/> Provider Home <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Group Child Care Home <input type="checkbox"/> Child Care Center	

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

3. CHILD 1 SCHEDULE

Child's Name:			Provider's Name:			Start Date
Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship						
Is this the Child's Primary Provider <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.						
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
<input type="checkbox"/> The above schedule remains the same for the entire month						
<input type="checkbox"/> The above schedule varies throughout the month.						
If schedule varies, please explain:						

4. CHILD 2 SCHEDULE

Child's Name:			Provider's Name:			Start Date
Is this child related to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship						
Is this the Child's Primary Provider <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.						
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
<input type="checkbox"/> The above schedule remains the same for the entire month						
<input type="checkbox"/> The above schedule varies throughout the month.						
If schedule varies, please explain:						