DIRECTIONS for Applicant / Student

1. Complete Section 1
   o Applicant / Student – Permission to Release Information

2. Have a School Official from the school you are attending complete sections 2 and 3
   o School Information and School Official Certification

3. Return completed form via fax to your Child Care Resource and Referral Agency

   Region 1  The Nurturing Center  Fax: (406) 756-1410
   Region 2  Child Care Resources  Fax: (406) 549-1189
   Region 3  Butte 4 C's  Fax: (406) 723-6982
   Region 4  Child Care Connections  Fax: (406) 587-1682
   Region 5  Family Connections MT Great Falls  Fax: (406) 453-8976
   Region 6  Family Connections MT Havre  Fax: (406) 265-1312
   Region 7  HRDC District 7  Fax: (406) 869-2585

1. APPLICANT / STUDENT - PERMISSION TO RELEASE INFORMATION

   I, ___________________________________, grant permission to __________________________________________
   for the release the information requested on this form to the Child Care Resource and Referral Agency, listed above, in
   order to determine my family’s eligibility for the Best Beginnings Child Care Scholarship.

   Applicant’s Signature: ___________________________________________  Date: ______________________

DIRECTIONS for School Official

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care
Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities,
such as work and school. The student applicant’s signature above authorizes the release of the information requested
on this form. By completing this form you are providing information about the identified individual that will be used to
determine their eligibility for child care assistance. Thank you for your cooperation.

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<td>Determination Date</td>
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ATTACHMENT E: School / Training Verification DPHHS-HCS/CC-161 (Revised 06/20)
2. **APPLICANT / STUDENT SCHEDULE**

- Please indicate the time the student’s first class starts and the time the student’s last class ends on any given day.
- Please provide an official copy of the student’s class schedule

This schedule is good for the following semester: (indicate year)  □ Fall  □ Spring  □ Summer

The semester that this schedule covers runs from: ______________________ to: ______________________

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□ This schedule remains the same for the entire month  □ This schedule varies from week to week

If school schedule varies, please explain:

3. **STUDENT / APPLICANTS’ - SCHOOL INFORMATION**

Student Name:  

School Name:  School Address:  

Course of Study / Training Program

Is this a Part Time or Full Time Student?  
□ Part Time (________ hrs per week)  □ Full Time (________ hrs per week)

How many credits is this student taking per semester?  

________ credits per semester

Does this individual currently hold a bachelor’s degree?  
If Yes, what is the degree in?  

□ Yes  □ No

When was it earned?  

4. **SCHOOL OFFICIAL CERTIFICATION** (to be signed by a school official)

**PLEASE READ AND SIGN:**

I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this company.

__________________________________________  __________________________  __________________________
School Official Name (please print)  Title  Phone Number

__________________________________________  __________________________
School Official Signature  Date