State of Montana
Department of Public Health and Human Services
Early Childhood and Family Support Division
http://www.bestbeginnings.mt.gov

BEST BEGINNINGS CHILD CARE SCHOLARSHIP

ATTACHMENT B
CHILD HOUSEHOLD MEMBER INFORMATION
- ONE PER CHILD -

1. GENERAL PERSON INFORMATION

GENDER: ☐ Female ☐ Male	Ethnic Affinity? (optional) ☐ Hispanic/Latino ☐ Not Hispanic/Latino		
LAST NAME	FIRST NAME	MIDDLE NAME	
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (*optional*)	Montana State Resident: ☐ Yes ☐ No
US CITIZEN: If this is a child who needs care, is the child a US Citizen? ☐ Yes ☐ No			
RACE: ☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Alaskan Native	Tribal Affiliation? ☐ Yes ☐ No Tribe _____		
Applicant (Head of Household) Name	Relationship to Applicant		

2. SPECIAL NEEDS

Has a special need been identified for this child? ☐ Yes ☐ 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)? ☐ Yes ☐ 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

FOR OFFICE USE ONLY	CS _____ CE_____		HoH Name		Date Received
	Begin Date	End Date	Reason	Determination Date	Determined By

Child Household Member Name	Applicant Name

4. CHILD SUPPORT

Does this child have a parent who does not live in the home? ☐ Yes ☐ 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!			
☐ Cooperation with CSED	CSED Case #	Who is child support received from?	Amount per month?
☐ Court Approved Parenting Plan		Who is child support received from?	Amount per month?
☐ Claim Good Cause (*please see good cause form*)			
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 child has and must include the hours the child needs 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#