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 A

ADULT HOUSEHOLD MEMBER INFORMATION

- ONE PER ADULT -

1. GENERAL PERSON INFORMATION

GENDER: ☐ Female ☐ Male	Ethnic Affinity? (optional) ☐ Hispanic/Latino ☐ Not Hispanic/Latino		
LAST NAME: Click or tap here to enter text.	FIRST NAME:	MIDDLE NAME:	
BIRTH DATE:	AGE Age	SOCIAL SECURITY NUMBER (optional)	Montana State Resident: ☐ Yes ☐ No
RACE: ☐ Asian ☐ Black or African American ☐ Caucasian/White ☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Alaskan Native			Tribal Affiliation? ☐ Yes ☐ No Tribe _____
Applicant Name:	Relationship to Applicant:		
MARITAL STATUS: ☐Married ☐Divorced ☐Separated ☐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:	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:	HOURS PER MONTH:

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

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Adult Household Member Name:	Applicant Name:

3. SCHOOL

Are you attending school? ☐ Yes ☐ No	Highest Grade Completed:	Degree or Certificate Earned:
If Yes, - Please complete the below information. - Attach your school schedule - Complete the School / Training Verification form		

School Name: Click or tap here to enter text.	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.

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
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: