

# 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. Your child must be living with you for child care to be paid under the scholarship.

- Use a **separate** form for each child and child care provider.
- If you change providers, submit a new form before, or within one (1) business day to maintain a child care scholarship.

#### Next steps:

An Authorization Plan will come to you and your provider in the mail. The Authorization Plan shows the date span and child care hours each child is approved for. *Payment is not issued until your child care authorization plan is complete.*

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

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

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

### 3. CHILD SCHEDULE

Child's Name:	Provider's Name:	Start Date
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Is this child related to the provider?  Yes  No If yes, relationship

Is this the Child's Primary Provider  Yes  No If no, explain.

**HOURS AND DAYS CHILD CARE IS NEEDED**

*To describe your child's need for child care,*

- Use one or more weeks, and
- Hours of the day or total hours in a day.

*Please note:*

- Child care is limited to 50 hours per week per child.
- If your child has multiple child care providers, time must be split between the providers.
- Include any travel time you may need.

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

*Please list any additional information that may be needed to create the child's Authorization Plan. For example, if the schedule varies.*