



# BEST BEGINNINGS CHILD CARE SCHOLARSHIP

## ATTACHMENT C

### CHILD CARE SERVICE PLAN

#### INSTRUCTIONS

To choose a child care provider, the agency needs the information below to finalize the authorization plan. Your child must live with you for scholarship payment.

- 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:

You and your provider will receive an authorization plan in the mail, which outlines the approved dates and hours for child care. *Payment will be made only after the 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)

*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:

☐ **FFN**- Family, Friend, and Neighbor OR **RCE** – Relative Care Provider Exempt

☐ **Parent** Home or ☐ **Provider** Home

☐ **Family** Child Care Home

☐ **Group** Child Care Home

☐ Child Care **Center**

FOR OFFICE USE ONLY	CS _____	HoH Name			Date Received
	CE _____	Begin Date	End Date	Reason	Determination Date

### 3. CHILD 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.		
<p style="text-align: center;"><b>HOURS AND DAYS CHILD CARE IS NEEDED</b></p> <p><i>To describe your child's need for child care,</i></p> <ul style="list-style-type: none"> <li><i>Use one or more weeks, and</i></li> <li><i>Hours of the day or total hours in a day.</i></li> </ul> <p><i>Please note:</i></p> <ul style="list-style-type: none"> <li><i>Child care is limited to 50 hours per week per child.</i></li> <li><i>If your child has multiple child care providers, time must be split between the providers.</i></li> <li><i>Include any travel time you may need.</i></li> </ul>		
SUNDAY	MONDAY	TUESDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day
SUNDAY	MONDAY	TUESDAY
am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
Hrs per day	Hrs per day	Hrs per day
<p><i>Please list any additional information that may be needed to create the child's Authorization Plan. For example, if the schedule varies.</i></p>		