



BEST BEGINNINGS CHILD CARE SCHOLARSHIP

ATTACHMENT G

CHILD SUPPORT VERIFICATION

The Best Beginnings Child Care Scholarship has a child support compliance requirement for any child (under 18) in a household with an absent parent. The child support compliance requirement can be met through three options: 1) Child Support Enforcement Division (CSED) case, 2) parenting plan, or 3) Good Cause exemption. This form is intended to determine how you meet the child support compliance requirement for children in the household.

Child support income is unearned income that is counted toward the household monthly income. If you pay out child support, the income is counted as a deduction toward the household monthly income. *See Documentation section below.*

Please initial all of the following child support criteria that apply:

- ____ 1. There are no children with absent parents in the household.
- ____ 2. I have a Child Support Enforcement Division (CSED) case for child(ren) in the household. The case must be in compliance to meet the child support compliance requirement.
- ____ 3. I have a parenting plan recognized by a Montana district court or Tribal court.
- ____ 4. I receive child support through an enforcement division or court of another state.
The state is: _____.
- ____ 5. I would like to apply for good cause, which will allow me to meet the child support compliance requirement without having a CSED case or a parenting plan. *If you mark this option, you will be given a copy of the Good Cause Exemption Form.*

Documentation:

You must submit verification of all child support received or paid out. Verification can include:

1. A compliance confirmation from CSED which will give a summary of payments received.
PLEASE complete the release on the top of the reverse side of this form.
2. A copy of your court-filed and judge-signed parenting plan.
3. A history of child support payments *received or paid out* including at least two months and up to twelve months.

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

CHILD SUPPORT VERIFICATION FORM

1. To Be Completed By The Applicant

Custodial Parent (please print)	SSN (last 4 digits only): ###-##-_____
I authorize the Child Support Enforcement Division of the Department of Public Health and Human Services (CSED), its employees or agents, to share information about my child support case(s) to the Best Beginning Child Care Subsidy Program.	
Signature _____	Date _____

2. To Be Completed By A Child Care Agency Representative

This inquiry to the CSED involves the listed child(ren):
Please respond to the following request for CSED case information. In the event there are multiple CSED cases involving this Custodial Parent, this document can be copied in order to respond to each case separately.
Please reply to the following program representative:
Name: _____ Office Location: _____
Phone: _____ Fax: _____ Email: _____

3. To Be Completed By A Child Support Enforcement Division (CSED) Representative

Absent Parent's Name	CSED case #
Child(ren)	
Case is in: <input type="checkbox"/> enforcement <input type="checkbox"/> establishment <input type="checkbox"/> paternity <input type="checkbox"/> IN compliance <input type="checkbox"/> NOT in compliance <input type="checkbox"/> open, but the custodial parent portion of the case is closed (ie, collecting state assigned arrears only)	
<input type="checkbox"/> Case has been CLOSED since:	
Amount of support paid to the Custodial Parent in the past 12 months: _____ <i>It is the discretion of CSED on how many months of payment history to include.</i>	
Additional Information	
CSED Authorized Signature: _____ Date: _____	
Phone: _____ Fax: _____ Email: _____	