DIRECTIONS for Applicant / Student

1. Complete Section 1
   o Applicant / Student – Permission to Release Information

2. Have a School Official from the school you are attending complete sections 2 and 3
   o School Information and School Official Certification

3. Return completed form via fax to your Child Care Resource and Referral Agency

<table>
<thead>
<tr>
<th>Region</th>
<th>School Name</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Nurturing Center</td>
<td>(406) 756-1410</td>
</tr>
<tr>
<td>2</td>
<td>Child Care Resources</td>
<td>(406) 549-1189</td>
</tr>
<tr>
<td>3</td>
<td>Butte 4 C’s</td>
<td>(406) 723-6982</td>
</tr>
<tr>
<td>4</td>
<td>Child Care Connections</td>
<td>(406) 587-1682</td>
</tr>
<tr>
<td>5</td>
<td>Family Connections MT Great Falls</td>
<td>(406) 453-8976</td>
</tr>
<tr>
<td>6</td>
<td>Family Connections MT Havre</td>
<td>(406) 265-1312</td>
</tr>
<tr>
<td>7</td>
<td>HRDC District 7</td>
<td>(406) 869-2585</td>
</tr>
</tbody>
</table>

1. APPLICANT / STUDENT - PERMISSION TO RELEASE INFORMATION

I, _________________________________, grant permission to _____________________________________ for the release of the information requested on this form to the Child Care Resource and Referral Agency, listed above, in order to determine my family’s eligibility for the Best Beginnings Child Care Scholarship.

Applicant’s Signature: _________________________________ Date: ______________

DIRECTIONS for School Official

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities, such as work and school. The student applicant’s signature above authorizes the release of the information requested on this form. By completing this form you are providing information about the identified individual that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.

<table>
<thead>
<tr>
<th>CCR&amp;R OFFICE USE ONLY</th>
<th>CS</th>
<th>CE</th>
<th>HoH Name</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date</td>
<td>End Date</td>
<td>Reason</td>
<td>Determination Date</td>
<td>Determined By</td>
</tr>
</tbody>
</table>

ATTACHMENT E: School / Training Verification DPHHS-HCS/CC-161 (Revised 06/20)
2. **APPLICANT / STUDENT SCHEDULE**

- Please indicate the time the student’s first class starts and the time the student’s last class ends on any given day.
- Please provide an official copy of the student’s class schedule

This schedule is good for the following semester: *(indicate year)*  
☐ Fall  ☐ Spring  ☐ Summer

The semester that this schedule covers runs from: ______________________ to: _______________________

<table>
<thead>
<tr>
<th>MONTHLY SCHOOL SCHEDULE</th>
<th>SUNDAY (am/pm) to SUNDAY (am/pm)</th>
<th>MONDAY (am/pm) to MONDAY (am/pm)</th>
<th>TUESDAY (am/pm) to TUESDAY (am/pm)</th>
<th>WEDNESDAY (am/pm) to WEDNESDAY (am/pm)</th>
<th>THURSDAY (am/pm) to THURSDAY (am/pm)</th>
<th>FRIDAY (am/pm) to FRIDAY (am/pm)</th>
<th>SATURDAY (am/pm) to SATURDAY (am/pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hrs per day</td>
<td>Hrs per day</td>
<td>Hrs per day</td>
<td>Hrs per day</td>
<td>Hrs per day</td>
<td>Hrs per day</td>
<td>Hrs per day</td>
<td>Hrs per day</td>
</tr>
</tbody>
</table>

☐ This schedule remains the same for the entire month  ☐ This schedule varies from week to week

If school schedule varies, please explain:

3. **STUDENT / APPLICANTS’ - SCHOOL INFORMATION**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>School Name:</th>
<th>School Address:</th>
</tr>
</thead>
</table>

Course of Study / Training Program

<table>
<thead>
<tr>
<th>Is this a Part Time or Full Time Student?</th>
<th>How many credits is this student taking per semester?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Part Time (________ hrs per week)</td>
<td>________ credits per semester</td>
</tr>
<tr>
<td>☐ Full Time (________ hrs per week)</td>
<td></td>
</tr>
</tbody>
</table>

Does this individual currently hold a bachelor’s degree?  
☐ Yes  ☐ No

If Yes, what is the degree in? ________________________________________

When was it earned? _______________________

4. **SCHOOL OFFICIAL CERTIFICATION** *(to be signed by a school official)*

**PLEASE READ AND SIGN:**

I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this company.

_________________________  __________________________  __________________________
School Official Name  (please print)  Title  Phone Number

_________________________  __________________________
School Official Signature  Date