



# 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 certification plan.

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

Payment is not issued until your child care certification plan is complete. You and your provider will receive a copy of the certification plan in the mail. The certification shows the period of eligibility.

***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 # |
| ADDRESS        |         |

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

**A provider must have a current payment (PV) number. A scholarship payment will not be made if the provider number expires. All rate changes need to be reported in writing to your local Resource & Referral before the change, and will not take effect until the 1<sup>st</sup> of the month following the change.**

|                                    |        |                                    |        |
|------------------------------------|--------|------------------------------------|--------|
| PROVIDER'S NAME                    |        | PROVIDER'S LICENSE #<br><b>PV#</b> |        |
| PROVIDER'S ADDRESS                 |        | PROVIDER'S TELEPHONE #             |        |
| RATES FOR 0-24 MONTH-OLDS (INFANT) |        | RATES FOR AGE 2+ (CHILD)           |        |
| \$ /day                            | \$ /hr | \$ /day                            | \$ /hr |
| PROVIDER'S TAX ID #                |        |                                    |        |

**Type of Child Care Setting/Facility:**

- LCP** - Legally Certified Provider  
 **Parent** Home    or     **Provider** Home
- Family** Child Care Home     **Group** Child Care Home     Child Care **Center**
- Head Start/Early Head Start**

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

**3. CHILD 1 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.        |                      |                      |                      |                      |                      |                      |
| <b>HOURS AND DAYS CHILD CARE IS PROVIDED</b>   |                      |                      |                      |                      |                      |                      |
| <b>SUNDAY</b>  | <b>MONDAY</b>        | <b>TUESDAY</b>       | <b>WEDNESDAY</b>     | <b>THURSDAY</b>      | <b>FRIDAY</b>        | <b>SATURDAY</b>      |
| am/pm<br>to<br>am/pm   | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm |
| Hrs per day  | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          |
| <b>SUNDAY</b>  | <b>MONDAY</b>        | <b>TUESDAY</b>       | <b>WEDNESDAY</b>     | <b>THURSDAY</b>      | <b>FRIDAY</b>        | <b>SATURDAY</b>      |
| am/pm<br>to<br>am/pm   | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm |
| Hrs per day  | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          |
| <input type="checkbox"/> The above schedule remains the same for the entire month                                    |                      |                      |                      |                      |                      |                      |
| <input type="checkbox"/> The above schedule varies throughout the month.   |                      |                      |                      |                      |                      |                      |
| If schedule varies, please explain:  |                      |                      |                      |                      |                      |                      |

**4. CHILD 2 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.        |                      |                      |                      |                      |                      |                      |
| <b>HOURS AND DAYS CHILD CARE IS PROVIDED</b>   |                      |                      |                      |                      |                      |                      |
| <b>SUNDAY</b>  | <b>MONDAY</b>        | <b>TUESDAY</b>       | <b>WEDNESDAY</b>     | <b>THURSDAY</b>      | <b>FRIDAY</b>        | <b>SATURDAY</b>      |
| am/pm<br>to<br>am/pm   | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm |
| Hrs per day  | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          |
| <b>SUNDAY</b>  | <b>MONDAY</b>        | <b>TUESDAY</b>       | <b>WEDNESDAY</b>     | <b>THURSDAY</b>      | <b>FRIDAY</b>        | <b>SATURDAY</b>      |
| am/pm<br>to<br>am/pm   | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm | am/pm<br>to<br>am/pm |
| Hrs per day  | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          | Hrs per day          |
| <input type="checkbox"/> The above schedule remains the same for the entire month                                    |                      |                      |                      |                      |                      |                      |
| <input type="checkbox"/> The above schedule varies throughout the month.   |                      |                      |                      |                      |                      |                      |
| If schedule varies, please explain:  |                      |                      |                      |                      |                      |                      |