

DPHHS-HCS/CC-151  
 (New 01/11)

Best Beginnings  
 Child Care Scholarship Program

**ADULT HOUSEHOLD MEMBER  
 INFORMATION FORM**

CCR&R ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

**GENERAL PERSON INFORMATION**

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnic Affinity? (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
LAST NAME		FIRST NAME	MIDDLE NAME
BIRTH DATE	AGE	SOCIAL SECURITY NUMBER (optional)	State Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White		Tribal Affiliation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Alaskan Native		Tribe _____	
Applicant Name		Relationship to Applicant	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (Not Married)			

**EMPLOYERS**

- PLEASE list all employers for this person
- Attach two months of consecutive wage stubs for all employers, for the previous 60 days.
- An employer Verification Form needs to be completed for each employer listed below, you must sign the release portion on the form.
- If you are self employed you must complete the Self Employment Verification form.

EMPLOYER #1			
EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH
EMPLOYER #2			
EMPLOYER NAME		EMPLOYER PHONE #	
EMPLOYER'S ADDRESS			HOURLY RATE
WORK START DATE	DATE OF FIRST PAY CHECK	DATE OF LAST PAY CHECK	# OF HOURS PER MONTH

Last Name	First Name	Middle Name	Applicant Name
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**SCHOOL**

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed?	Degree or Certificate Earned?
If Yes, - Please complete the below information. - Attach your school schedule - Additionally a School / Training Verification form will be needed from your school, you must sign the release portion on the form.		
School Name	Current Grade	First day of School?
		Last Day of School?

**MONTHLY SCHEDULE (When you need child care for!)**

List the times that you are unable to care for your children due to work and/or school activities.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm						
Hrs per day						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
m/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						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm						
Hrs per day						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
am/pm to am/pm						
Hrs per day						

If schedule varies, please explain