

COVID-19 Special Circumstance Scholarship Application for Families Requiring In-Home Child Care

CCR&R contact information: District 7 HRDC, PO Box 2016, Billings, MT 59103



Fax: 406-869-2585, Drop Box: 7 North 31st Street, Billings, MT

E-mail: childcare@hrdc7.org Phone: 406-247-4732

Serving the following counties: Big Horn, Carbon, Carter, Custer, Fallon, Golden Valley, Musselshell, Powder River, Rosebud, Sweet Grass, Stillwater, Treasure, Wheatland, Yellowstone

General Information:

The COVID-19 Pandemic has created unique challenges for Montana's families who are working to balance returning to the workforce with childcare and support needs. The scholarship is available for families with children aged 0-18. The scholarship aims to provide opportunity for families that include children or family members with special needs which may include health or safety needs requiring in-home care. This may also include foster families and kinship families with unique in-home needs.

Note Just because there is no 'in person school' is not necessarily a special circumstance. The intent of the scholarship is to provide a solution for those unique, special circumstances that cannot be served under the school or traditional child care model.

Scholarship Opportunity:

A special circumstance scholarship is available to help parents offset costs for children aged 0-18, such as individualized or specialized care, respite, increased food and supply costs for in-home childcare, increased cleaning needs, and support for remote learning.

The scholarship amount is \$4000 per family and may be used for care in their home or in another provider's home, such as a family member, a friend, or a neighbor. Scholarships must be awarded and spent by December 31, 2020 and are based on available funding. The Child Care Resource and Referral Agency may ask for additional documentation of the special circumstance.

To be completed by the Parent/Guardian:

Parent/Guardian Name:

Parent/Guardian Social Security Number:

Physical Address:

City:

Zip:

County:

Mailing Address (if different than physical address):

City:

Zip:

Cell Phone Number:

Email Address:

Child First and Last Name	Child Age

Provide additional names and ages here:

Describe your family's special circumstance:

Reason for funds (check all that apply):

- Health/safety
- Rural – limited provider access
- Remote Learning Support
- Respite
- Other special circumstance

A background check is not required but strongly encouraged. If you would like DPHHS to conduct name-based background checks for your provider, please submit an "Emergency COVID-19 Release of Information" for each individual. To receive this form, please contact Child Care Licensing at 406-444-2012, or by email, childcarelicensing@mt.gov.

FOR CHILD CARE RESOURCE & REFERRAL OFFICE USE

ONLY: Approved Denied Payment processed

Notes

Date: