



BEST BEGINNINGS CHILD CARE SCHOLARSHIP RELEASE – SPOUSE/OTHER ADULT

APPLICANT'S NAME _____

DATE ONLINE APPLICATION SUBMITTED _____

I understand and agree to provide the required documentation necessary to assist in the determination of eligibility for the above-named applicant. I give the Department and the Child Care Resource and Referral agency permission to gather information about me that relate to the applicant's eligibility for the Best Beginnings Child Care Scholarship program. This may include contacting other individuals or organizations in order to obtain the necessary verifications for the above-named applicant. I understand that I am granting permission for the Early Childhood Services Bureau and the Child Care Resource and Referral agency to verify any of my information provided on this application. Specific permission is given to verify the following information, when applicable, for myself.

Please check all that apply:

- Work verification for myself
- School verification for myself

I certify that to the best of my knowledge I have not withheld or provided false/misleading information on the application.

By signing this, I agree to the above statement:

Spouse/Other Adult signature

Date