

Developed 2024



resource guide

NEW HAMPSHIRE



PROGRAM

A Program of New Hampshire
Department of Health and
Human Services

NEW HAMPSHIRE



about this guide

Welcome to the New Hampshire Child Care Scholarship Program resource guide. This guide was designed by New Hampshire Department of Health and Human Services (DHHS) to take you on a step-by-step journey of the program.

so, let's get started....



table of contents

04

NH Child Care Scholarship Program overview

06

Understanding my eligibility

08

What do I need to apply?

09

How do I apply?

10

Where can I go for help?

11

What can I expect?

12

Additional resources

14

Frequently asked questions



HUMAN SERVICES

Am I eligible?

In order to be eligible, children must be under the age of 13, or under the age of 18 if they have a disability.*

Parents must be working, looking for work, or in a training program, and the family's household income must meet current requirements (see more on page 6).

Eligibility is redetermined every 12 months and families must reapply annually. Please check with providers in your area to be sure they accept the NH Child Care Scholarship Program.



now with expanded eligibility to serve more families!



What do I need to apply?

- About 20 to 45 minutes to apply.
- Contact information: including current residential address, a working phone number, and active email address that you can check easily.
- Information about you and your family: legal names, Social Security numbers, dates-of-birth, etc.
- 4. Household income and expenses information.

you got this!



the NH Child **Care Scholarship Program?**

The NH Child Care Scholarship Program helps eligible New Hampshire families pay for child care by providing direct payments to qualified early childhood and out-of-school time providers. In order to be eligible, children must be under the age of 13, or under the age of 18 if they have a disability.*

How do I apply?

- You can apply for the child care scholarship through NH EASY Gateway to Services, the DHHS self-service web portal: **nheasy.nh.gov**
 - You can also apply for other family assistance programs including Medical, SNAP, Medicare Beneficiary, and Long Term Care Assistance.
- 2. You can also apply over-thephone by calling 1-844-ASK-DHHS (1-844-275-3447) and schedule a follow-up appointment.
- Or you can apply using a paper application available online or through your local DHHS District Office. To find your local DHHS District Office go to: dhhs.nh.gov/about-dhhs/ locations-facilities.

Where can I go for help? When in doubt, reach out!

You can call 1-844-ASK-DHHS (1-844-275-3447). Help is available every step of the way.

Other questions? Keep reading! Or turn to page 10 for how to connect with trained staff.

 st If your child is experiencing a disability or significant special need (physical, mental, educational, emotional, or developmental) whose condition limits the child's ability to care for him or herself or he or she would cause harm to him or herself or others without supervision, eligibility requirements may be different. Please check with your child care provider or call 1-844-ASK-DHHS (1-844-275-3447) for more information.

Understand eligibility

Eligibility is based on three factors:



seeking a job.

What if you don't appear to be eligible?

income for work I'm doing.

Don't stop here! Eligibility for the NH Child Care Scholarship Program depends on a lot of different factors and your family may still qualify.

"When in doubt, reach out" is more than just a motto. It's how Granite State families find affordable child care.



Scan here for the most current household income eligibility chart.

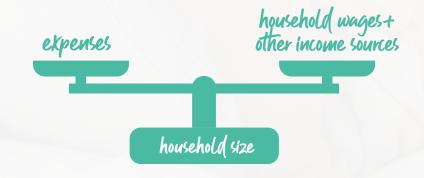


Household gross income* is one of the factors that determines your family's eligibility for the Child Care Scholarship. To figure that out, we need to consider any wages that come into your household, along with other income sources like Social Security payments, spousal/child support, unemployment, pensions, VA payments, etc. We also need to consider household resources, like your checking/savings, stocks, annuities, and potentially other possessions.

Your family's gross income and household resources are weighed against household expenses like rent or mortgage, utility bills, medical expenses and dependent care, taxes, and more. A whole host of expenses qualify, so let us help you sort it out.

Lastly, we need to know your family size. How many individuals live in your household? Two, three, four ... more?

*Gross income is the total amount earned before taxes or other deductions.













A computer to apply at nheasy.nh.gov, OR a phone to call 844-275-3447 and schedule a follow-up appointment, **OR** transportation or postage to submit the application to your local DHHS District Office.

About 20 to 45 minutes to apply (depending on application method).

Contact information: street address, phone number(s), email address, etc.

Information about you and your family: legal names, Social Security numbers, dates-of-birth, etc.

Household income information: wages, Social Security, or other.

Household expenses information: rent or mortgage, taxes, and utilities.

Household resources Information: such as savings, stocks/bonds, annuities, and potentially other possessions.

you're almost there! next step is to start your family's application!

There are many ways you can apply for the NH Child Care Scholarship Program: online, in-person/by mail, over-the-phone, or even a combination of all three. Whatever you choose, trained staff are here for you and your family.

Online: To apply online, visit nheasy.nh.gov and begin you application today. NH EASY is the one-stopshop for all DHHS services, including but not limited to SNAP, medical, child care and more.

Over the phone: To apply overthe-phone, call 1-844-ASK-DHHS (1-844-275-3447) and schedule a follow-up appointment.

In-person/By Mail: You can also apply in-person or by mail with a paper application at DHHS District Offices. For a list of District Office locations and the cities and towns they serve, follow the link on page 10.

"It's just me and my child, so without child care I wouldn't be able to work or provide for us in any way."

New Hampshire Parent

important message

Did you know your local Family Resource Centers (FRCs) can help you navigate the Child Care Scholarship application process? Whether it's Child Care Scholarship, food or fuel assistance, or connections to legal, medical, mental health supports, etc., NH's network of FRCs can help. To find out more, visit:

fsnh.org



where can I go for help?

District Offices

Your local DHHS District Office can provide you with the help you need to apply for all assistance programs, including the Child Care Scholarship, SNAP, medical, and more.

dhhs.nh.gov/about-dhhs/locations-facilities

Child Care Providers

Child Care providers have information about the Child Care Scholarship. Look for the "NH Child Care Scholarship Program Accepted HERE" window sticker to make sure your current or future child care provider accepts the NH Child Care Scholarship Program.

Family Resource Centers

Spread throughout New Hampshire is a network of Family Resource Centers (FRCs) that are community resource libraries. Not only do FRCs offer parenting education, direct concrete support, and other family strengthening programming, but they also help parents and caregivers navigate NH's many family resources. Find your FRC today at:

fsnh.org



For additional child care resources and referrals turn to page 13.

"It was hard dropping him off and knowing he's going to be there 8 hours a day without me. Now I get excited to drop him off because I do love working and I love seeing him interact with other kids."

New Hampshire Parent



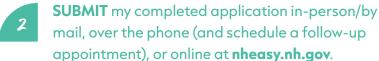




Below are the steps for my family's journey to affordable child care:

Apply

GATHER the materials I need to fully complete my application (see page 8).



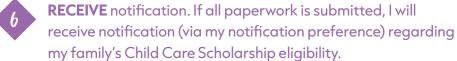
Connect

INTERVIEW to review my application with trained staff and create a verification checklist.

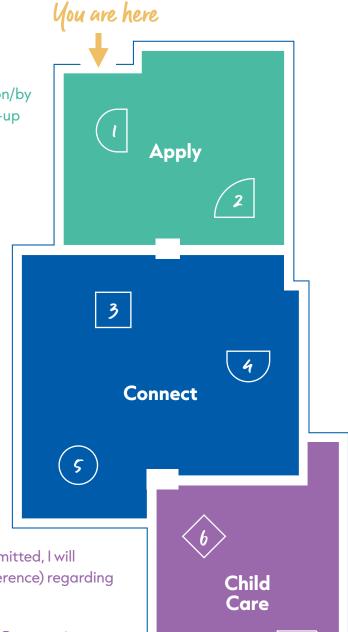


WAIT & PREPARE. This is a good time for me to review Frequently Asked Questions (page 14-15) to understand things like cost share vs. co-pay or other items.

Child Care



CELEBRATE. The NH Child Care Scholarship Program is valid for 12 months. 30-days before my year is up, I will need to complete a re-determination process to receive the scholarship again.



SUPPOR is available

NH GOVERNMENT RESOURCES:

NH Department of Health & Human Services	dhhs.nh.gov
NH Bureau of Family Assistance dhhs.nh.gov/bureau-famil	y-assistance
NH Bureau of Child Development and Head Start Collaboration	
dhhs.nh.gov/progra	ıms-services/
childcare-parenting-childbirth/child-development-head-start-collaboration	oration
NH Division for Children, Youth and Families dhhs	.nh.gov/dcyf
NH EASY Gateway to Services	neasy.nh.gov

RESOURCES THAT CONNECT:

NH Connections	nh-connections.org
NH 211	211nh.org
NH Care Path	nhcarepath.dhhs.nh.gov
Aging and Disability Resource Center	servicelink.nh.gov

CONCRETE SUPPORTS:

Disability Rights Center—NH	drcnh.org
NH Food Bank	nhfoodbank.org
New Hampshire Homeschooling Coalition	$\dots\dots nhhomeschooling.org$
New Hampshire Housing	nhhfa.org
NH Legal Assistance	nhla.org

PARENTING RESOURCES:

Family Support New Hampshire	fsnh.org
NH Family Voices	nhfv.org
NH Foster & Adoptive Parents	nhfapa.org
Parent Information Center of NH	picnh.org

KINSHIP RESOURCES:

New Hampshire Children's Trust	nhchildrenstrust.org/kinship
GrandFamilies.org	grandfamilies.org
Step Up Parents	stepupparents.org

OTHER RESOURCES:

NH Department of Education	education.nh.gov
Granite Pathways	granitepathwaysnh.org
NH Recovery Hub to RCO Recovery Guide	
dhhs.nh.gov/sites/g/files/ehbemt476/files/docu	ments2/rco-referral-guide.pdf
The Doorway NH	thedoorway.nh.gov

child care resources and referrals

We know that finding a child care arrangement that's right for your family is an important decision, so the NH DHHS Child Care Resource & Referral program (CCR&R) is here to help:





INFORMATION & CHOICE

CCR&R takes the guesswork out of choosing quality care by providing FREE referrals to local child care providers, information on state licensing requirements, availability of child care subsidies and other information.

QUALITY & IMPROVEMENT

CCR&Rs provide ongoing professional development opportunities and other important links to child care providers and staff to ensure your child receives the quality care they deserve.





PARTNERSHIP

Families are as unique as each of their members, so CCR&R works hard to both listen for your family's unique needs and communicate those needs to community partners so together we can promote the importance of quality and inclusive family support services.

SUPPORT

Need more insight into types of care, pricing, availability, quality and location?



Begin your child care journey at: **nh-connections.org** under the *Families* tab.



frequently

We understand information on child care can be overwhelming. Our hope is that this quide supports you as you learn more.

- Do I need to have selected a child care provider before I apply for the NH Child **Care Scholarship Program?**
 - No, but you will need to select one before your 30-day application expires. To find a provider who accepts Child Care Scholarship, visit **nh-connections.org** and click **NH Child** Care Search Portal under the Families tab.
- What are the major steps in the application process for the Child Care Scholarship? Apply → Interview → Notification → Enroll
- How long does it take from the time I apply to when I find out if my child is eligible? No more than 30 days. And the faster your verifications are submitted, the faster the process goes.
- Will the state require both the child's mother and father, regardless of their relationship or custodial status, to apply and to include both incomes? Are there exceptions?

If both parents live in the same household, they will need to count both incomes and each be in an activity (see page 6). An exception is if one of these parents has a disability and can't take care of their child, that parent will be exempt from the activity requirement. In this circumstance, a doctor's note is required.

5. Can legal guardians with physical custody apply for Child Care Scholarship funding? Yes, they can! And grandparents do not need to complete an activity requirement,

nor will their income be considered.

- If I am denied eligibility, can I apply again? Yes! And there is no time frame, so apply again anytime. Our goal is to make the NH Child Care Scholarship Program widely available. If your circumstances change, please reapply.
- Once approved, do I renew the scholarship? Yes. When you are approved, you will have 12 months of eligibility. On month 11, you will receive notice that your redetermination is coming in the next month. You will then receive a checklist of verifications that need to be submitted by the due date provided. At this time your household income will be recalculated.
- At approval, how will I know how many hours of child care my child is eligible for?

The family's authorized service level is determined by the number of hours per week that the parent or quardian is participating in an approved activity, which has been verified by DHHS.

- Full-time service = 31+ hours/week
- Half-time service = 16-30 hours/week
- Part-time service = 1-15 hours/week.



Please visit **nh-connections.org** and click on the blue **Child Care Search** button in the middle of the page. You can also get there by clicking on *Families* in the top navigation. In the drop down menu, click NH Child Care **Search Portal** to search for providers who accept Child Care Scholarship funding.

(D. I already have a great child care provider (maybe even a relative or friend), can they continue caring for my child?

> Yes! We want to make sure you have the child care that works for you and your family. To learn more about License Exempt providers, call 603-271-9025.

Will I have to pay some of the child care costs, too?

> Maybe. There are scenarios where you could have a co-payment or a cost share, or sometimes both.

- A co-payment is the difference between what your provider charges and the NH Weekly Standard Rate paid by Child Care Scholarship. It only occurs when the provider charges more than the NH Weekly Standard Rate. Ask your child care provider if this scenario applies to you.
- A cost share is the amount that DHHS has determined a family will pay their provider as a contribution toward the cost of child care. Cost share is determined based on the percentage of the family's gross income. You will know this amount when your application has been processed.

2. How does a child care provider get paid to care for my child once we are enrolled? The child care provider will be responsible for

billing DHHS weekly for each eligible child in the web billing system. The provider will receive payment directly from the state each week for the week prior.

What happens if my child is absent? Does my child care provider still receive Child Care Scholarship payments?

Yes. Child care providers enrolled to receive NH Child Care Scholarship Program payments will be paid the child's authorized service level regardless of whether the child is absent or in attendance. There are limitations on enrollment-based payments, however, so be sure to check with your provider.

- What happens if my child is experiencing a disability or a significant special need? DHHS will pay a supplemental rate to DHHSenrolled child care providers who care for children with a verified diagnosed disability.
- 5. Do I have to take other state benefits if I receive the Child Care Scholarship benefit? No, you do not. It is your discretion of what assistance program you apply for.
- Is the Child Care Scholarship confidential? Yes, it is. Your household receiving Child Care Scholarship is between you, your provider, and the state. The rest is up to you.
- If I am in a mental health or substance misuse program, am I eligible for the Child **Care Scholarship?**

Yes, but you must also participate in TANF (Temporary Assistance for Needy Families) to be eligible for Child Care Scholarship.



To apply for New Hampshire DHHS programs and services, you must first fill out an Application for Assistance, review your application with trained staff through an interview process, and provide proof of your household circumstances.

Please review the sample application provided and if you have questions or need help in filling it out, call 1-844-ASK-DHHS (1-844-275-3447).

Apply online or download an application from the site below!

For more detailed instructions for the application, visit: dhhs.nh.gov/documents/bfa-form-800-application-assistance



NH Department of Health and Human Services (DHHS) Bureau of Family Assistance (BFA)

www.dhhs.nh.gov

BFA Form 800 rev 03/24

	APPLI	CATIO	N FOR ASSIS	STANCE		
A. Please tell us about	who you are ar	nd whe	ere you live.			
Full Legal Name:			Primary La	anguage:		
Current Place of Residence: Own home Nursing Facility Adult Family Home Assisted Living Rental Homeless Hospital Hotel/Motel Residential Care Facility Other						
Street Address:			 Mai	iling Address:		
				(if different)		
Home Phone:	Work F	Phone:		Ce	II/Message:	
E-Mail Address:				☐ I do not ha	ave an E-Mail addre	ess
Does anyone in your family ha	ave Medicare Part A	A or B?	□ Y □ N			
Why do you need our help?						
Information Supplier:						
(if different from applicant)	Name			Addres		Phone #
B. Please tell us about You do not have to give the Soc						
Full Legal Name	SSN	DOB	Relation to you	U.S. Citizen?	Student (Yes or No. If Yes, put grade too)	RID (BFA Use Only)
1.			SELF	Y N	155,	
2.				☐ Y ☐ N		
3.				□ Y □ N		
4.				\square Y \square N		
5.				\square Y \square N		
6.				N		
C. I want to apply for: (1	YPES OF ASSISTANCE	CE REQU	ESTED)			
☐ All Programs ☐ Cash ☐ Medical Assistance – if you n	SNAP Child (Care for a child	Medicare Sa	or parent/caretake	ns (MSP) [QMB/QW r relative of a child, you	
☐ Home and Community-Based					low:	
Acquired Brain Disorder						upports
☐ Nursing Facility (NF) Services	s - Facility Name:					
D. The following informatio national origin. Your answer amount. For ethnicity, pleas	rs are voluntary. Ti	he infor	mation provide	d will not affe	ct your eligibility	
	anic or Latino?		es 🗌 No		-	
Race: Are you: White? \(\subseteq \text{Y}		□ N Na	ative Hawaiian o	r Other Pacif	ic Islander? 🗌 Y	□ N
Black or African American?	Y N America	an India	n or Alaskan Na	ative? 🗌 Y 🛚	□N	
		AGEN	ICY USE ONLY:			
RFA#	Case #				ms Given: 725	177
Cash:OPI		DENY			DO:	
	PEN CLOSE	DENY			_ DO:	
MA:OPE	EN CLOSE PEN CLOSE	DENY			_DO:	
	PEN CLOSE	DENY			DO:	
ERT Card Status: None	Active	DENT	Bad Address	Deactive	ated/Cancelled	Undelivered

SR 24-11 (3YC)

E. Please tell us about all income for everyone in your home.	G. Your Expenses:	
, ,		
Other Wages: \$ □ Weekly □ Bi-Weekly □ Month Other Wages \$ □ Weekly □ Bi-Weekly □ Month		¢
Has anyone recently lost a job? Yes No	Taxes (yearly): \$	Φ
If yes, who? When? / /	Dependent Care: \$	
SSA/SSDI: \$ Spousal Support: \$	Medical Expenses:	
SSI: \$ Unemployment: \$	Cost of doing business: \$	O in final analytemes
VA: \$ Child Support: \$	Have you gotten more than \$2 in this or the past 12 months?	
Pension: \$ Other: \$	Do you pay for the followin	
F. Please tell us about all assets for everyone in your home.	separate from your rent or	mortgage?
Checking/Savings: \$ Other Chk/Save: \$	Heating/Cooling (A/C):	☐ Yes ☐ No
Stocks/Bonds/CD's: \$ IRA: \$	Phone:	☐ Yes ☐ No
Your or Your	Electric:	☐ Yes ☐ No
Spouse's Annuity: \$ Other Assets: \$ Trusts: \$ Life Insurance: \$	Other:	
	Internet(including mobile):	
Vehicle (Yr/Mdl): Vehicle (Yr/Mdl): H. Please answer all questions.	internet(including mobile).	res No
	_	□ Vaa □ Na
Are you a migrant or seasonal farm worker? Are you are anyone in your bounded received SNAR assistance for	r this month?	Yes No
2. Have you or anyone in your household received SNAP assistance fo3. Are you currently living in a shelter for battered individuals?	r this month?	☐ Yes ☐ No
3. Are you currently living in a shelter for battered individuals?4. Is anyone in your household blind or disabled?		☐ Yes ☐ No
5. Have you sold or transferred property in the last 5 years?		☐ Yes ☐ No
Is anyone in your household currently receiving assistance from another.	her State?	☐ Yes ☐ No
If yes, which State? What kind of a		
I. Do you only want SNAP? If so, you can skip to Section J n help, please answer all questions in this Section before proc	ow. If you want cash, medica	or child care
	ow. If you want cash, medica eeding to Section J.	or child care
help, please answer all questions in this Section before proc	ow. If you want cash, medica eeding to Section J. e last 3 months?	
help, please answer all questions in this Section before proc 1. Is anyone in your household pregnant or has anyone given birth in the	ow. If you want cash, medica eeding to Section J. e last 3 months? u would like help paying?	☐ Yes ☐ No
help, please answer all questions in this Section before proc 1. Is anyone in your household pregnant or has anyone given birth in th 2. Do you have any unpaid medical bills from the past 3 months that yo 3. If you are applying for Financial Assistance to Needy Families (FANF)	ow. If you want cash, medica eeding to Section J. e last 3 months? u would like help paying?	☐ Yes ☐ No ☐ Yes ☐ No
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the process. Do you have any unpaid medical bills from the past of months that yoe of the process. If you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? If applying for FANF, how many absent parents? Do you or any other household member have health insurance other 	ow. If you want cash, medical eeding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or	☐ Yes ☐ No ☐ Yes ☐ No
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the process. Do you have any unpaid medical bills from the past of months that yoe of the process. If you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? If applying for FANF, how many absent parents? Do you or any other household member have health insurance other lf yes, name of Insurer? 	ow. If you want cash, medical eeding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or	☐ Yes ☐ No
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the process. Do you have any unpaid medical bills from the past of months that yoe of the process. If you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? If applying for FANF, how many absent parents? Do you or any other household member have health insurance other lf yes, name of Insurer? Was anyone in your household in foster care at age 18 or older? 	eding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the post of the past of the past	eding to Section J. e last 3 months? u would like help paying? i), is the father's name blank or than Medicaid?	☐ Yes ☐ No
 help, please answer all questions in this Section before proces. Is anyone in your household pregnant or has anyone given birth in the post of the post of the past of the p	eeding to Section J. e last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended:	☐ Yes ☐ No ☐ / /
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the post of the past of the past	eeding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended: RMATION ON THIS APPLICATION, INC. BEST OF MY KNOWLEDGE, INCLUDES APPLYING FOR ASSISTANCE. I UND.	Yes No Yes Any OING THE DERSTAND A FULL
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the post	eeding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended: RMATION ON THIS APPLICATION, INC. BEST OF MY KNOWLEDGE, INCLUDES APPLYING FOR ASSISTANCE. I UND.	Yes No Yes Any OING THE DERSTAND A FULL
help, please answer all questions in this Section before proc 1. Is anyone in your household pregnant or has anyone given birth in the composition of the past 3 months that you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? 4. If applying for FANF, how many absent parents? 5. Do you or any other household member have health insurance other lifyes, name of Insurer? 6. Was anyone in your household in foster care at age 18 or older? If yes, who? 7. State: 7. Signatures 1 Certify, Under Penalty Of Perjury, That I Have Reviewed The Info Information Indicated On The Insert; It is True And Complete To The Information Concerning Citizenship And Alien Status of the member Financial And Medical Eligibility Interview May Need to Be Conduction.	eeding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended: RMATION ON THIS APPLICATION, INC. BEST OF MY KNOWLEDGE, INCLUDES APPLYING FOR ASSISTANCE. I UND.	Yes No Yes Any OING THE DERSTAND A FULL
 help, please answer all questions in this Section before proc Is anyone in your household pregnant or has anyone given birth in the post of the post	eeding to Section J. le last 3 months? lu would like help paying? li), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended: RMATION ON THIS APPLICATION, INC. BEST OF MY KNOWLEDGE, INCLUDES APPLYING FOR ASSISTANCE. I UNITED BEFORE MY ELIGIBILITY CAN BE	Yes No Yes Any OING THE DERSTAND A FULL
help, please answer all questions in this Section before proc 1. Is anyone in your household pregnant or has anyone given birth in the composition of the past 3 months that you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? 4. If applying for FANF, how many absent parents? 5. Do you or any other household member have health insurance other lifyes, name of Insurer? 6. Was anyone in your household in foster care at age 18 or older? If yes, who? 7. State: 7. Signatures 1 Certify, Under Penalty Of Perjury, That I Have Reviewed The Info Information Indicated On The Insert; It is True And Complete To The Information Concerning Citizenship And Alien Status of the member Financial And Medical Eligibility Interview May Need to Be Conduction.	eeding to Section J. le last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended: RMATION ON THIS APPLICATION, INC. E BEST OF MY KNOWLEDGE, INCLUDERS APPLYING FOR ASSISTANCE. I UNDITED BEFORE MY ELIGIBILITY CAN BETTED BE	Yes No Yes Any OING THE DERSTAND A FULL
help, please answer all questions in this Section before proc 1. Is anyone in your household pregnant or has anyone given birth in the certificate for any of your children? 2. Do you have any unpaid medical bills from the past 3 months that you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? 4. If applying for FANF, how many absent parents? 5. Do you or any other household member have health insurance other lifyes, name of Insurer? 6. Was anyone in your household in foster care at age 18 or older? If yes, who? State: J. Signatures I CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE REVIEWED THE INFO INFORMATION INDICATED ON THE INSERT; IT IS TRUE AND COMPLETE TO THE INFORMATION CONCERNING CITIZENSHIP AND ALIEN STATUS OF THE MEMBER FINANCIAL AND MEDICAL ELIGIBILITY INTERVIEW MAY NEED TO BE CONDUCTION.	eeding to Section J. le last 3 months? lu would like help paying? lu would like help paying. lu would like help paying. lu would like help paying. lu would like hel	Yes No Yes DETERMINED.
help, please answer all questions in this Section before proc 1. Is anyone in your household pregnant or has anyone given birth in the composition of the post of	eeding to Section J. le last 3 months? lu would like help paying? lu would like help paying. lu would like help paying. lu would like help paying. lu would like hel	Yes No Yes DETERMINED.
1. Is anyone in your household pregnant or has anyone given birth in the 2. Do you have any unpaid medical bills from the past 3 months that yo 3. If you are applying for Financial Assistance to Needy Families (FANF "not stated" on the birth certificate for any of your children? 4. If applying for FANF, how many absent parents? 5. Do you or any other household member have health insurance other If yes, name of Insurer? 6. Was anyone in your household in foster care at age 18 or older? If yes, who? 7. Signatures I CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE REVIEWED THE INFO INFORMATION INDICATED ON THE INSERT; IT IS TRUE AND COMPLETE TO TH INFORMATION CONCERNING CITIZENSHIP AND ALIEN STATUS OF THE MEMBE FINANCIAL AND MEDICAL ELIGIBILITY INTERVIEW MAY NEED TO BE CONDUCTION. Applicant Signature Printed Name and Signature of Person Helping the Applicant	eeding to Section J. e last 3 months? u would like help paying? i), is the father's name blank or than Medicaid? Policy Number: Date Foster Care Ended: RMATION ON THIS APPLICATION, INCE BEST OF MY KNOWLEDGE, INCLUDERS APPLYING FOR ASSISTANCE. I UNDITED BEFORE MY ELIGIBILITY CAN BETTED BEFORE MY ELIGIBILITY CAN BETTED BEFORE MY ELIGIBILITY CAN BETTED BETT	Yes No Hull EDETERMINED.



The New Hampshire Child Care Scholarship Program Guide was made possible through funding by the State of New Hampshire, Department of Health and Human Services and the US Department of Health and Human Services.

CHILD CARE SCHOLARSHIP | RESOURCE GUIDE 2024





