



Billings Blue was designed to serve the unique needs of local military families. The Military Child Care Assistance Program is designed to alleviate some of the financial burden of child care for military families by providing substantial grants. Families are eligible to apply for grants twice per year. The Veterans of Foreign Wars (VFW) Post 1634, in partnership with the Billings Metro VISTA Project, invite you to read the following information and guidelines for child care assistance grants.

The following maximum income eligibility limits are based on the total number of people in the household and the collective household income. If your total household income is less than or equal to the guidelines below for your family size, you may be qualified to receive a military child care assistance grant.

Income Eligibility Guidelines						
Household size						
2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$43,150	\$48,550	\$53,900	\$58,250	\$62,550	\$66,850	\$71,150

If you believe your household meets the eligibility guidelines noted above, please complete the application form* and send or deliver it to:

V.F.W. Post 1634
4242 State Ave.
Billings, MT 59101
Fax #: (406) 245-1536
Email: vista2@ci.billings.mt.us

Thank you for your service,

Jerry Hudson, Quartermaster
 VFW Post 1634

**Scholarship applications are reviewed and processed on a rolling basis. Applicants will be contacted for additional information upon receipt of the application*



V.F.W.
1634





Military Child Care Assistance Program

Applicant Information

Last Name _____ First Name _____ Branch _____ Rank _____

Co-Applicant's First Name _____ Co-Applicant's Last Name _____

Email _____ Address _____ Zip _____

Mailing Address (if different) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Household

How many total people reside in the home? _____ Monthly household income (**ALL** adults) \$ _____

Children Requiring Child Care

(attach additional if needed)

Child #1

Last Name _____ First Name _____

Age: _____ Current care provider: _____ Monthly cost of care: \$ _____

Child #2

Last Name _____ First Name _____

Age: _____ Current care provider: _____ Monthly cost of care: \$ _____

Child #3

Last Name _____ First Name _____

Age: _____ Current care provider: _____ Monthly cost of care: \$ _____

Employer Information #1

Employer name: _____ Employer Phone: () _____ # Hours Worked per week: _____

How long have you worked there? _____ Check one: Applicant employer [] Co-Applicant employer []

Employer Information #2

Employer name: _____ Employer Phone: () _____ # Hours Worked per week: _____

How long have you worked there? _____ Check one: Applicant employer [] Co-Applicant employer []

Employer Information #3

Employer name: _____ Employer Phone: () _____ # Hours Worked per week: _____

How long have you worked there? _____ Check one: Applicant employer [] Co-Applicant employer []

Agreement:

- The undersigned is/are applying for the Military Child Care Assistance Program managed by the VFW Post 1634 and the Billings Metro VISTA Project.
- All statements made in this application are true and correct and are made for the purpose of allowing the VFW Post 1634 and/or Billings Metro VISTA Project staff to determine my/our eligibility for the Military Child Care Assistance Program.
- I/We understand VFW Post 1634 and/or Billings Metro VISTA Project staff may seek to verify information from any source named in this application.
- I/We agree to allow examination of income verification documentation, such as the most recent tax return or pay stubs to verify my/our income.
- My/our signature(s) on this form indicate(s) my/our consent to release my/our information to VFW Post 1634 and/or Billings Metro VISTA Project staff to enable them to:
 1. Evaluate my/our income eligibility for child care assistance, and/or
 2. Obtain information about my/our child(ren) as it relates to eligibility for child care assistance.
- The undersigned agree to provide a copy of the discharge certificate to verify discharge type (if applicable).
- I/We understand the original or a copy of this application will be retained by the VFW Post 1634, even if child care assistance is not granted.
- I/We fully understand it is a crime, punishable by fine or imprisonment, or both, to knowingly make any false statements on this application.

Applicant Signature

Date

Co-Applicant Signature

Date

Send or deliver this completed and signed application to:

**V.F.W. Post 1634
4242 State Ave.
Billings, MT 59101**

Fax #: (406) 245-1536

Email: vista2@ci.billings.mt.us