

## GUIDELINES AND INFORMATION

(Effective June 2019)

The Cities of Bellevue, Kent, Redmond and Auburn, in collaboration with Child Care Resources, offer a child care financial assistance program to eligible families. Our goal is to assist families in securing stable, quality child care for their children by providing partial child care payments.

#### **ELIGIBILITY GUIDELINES**

- 1. You must live in an area supported by one of the participating cities.
- 2. Your child(ren) enrolled in child care are between the ages of 1 month and 12 years.
- 3. You are employed, in job training, or enrolled as a student (Bachelor Degree or under).
- 4. You are not eligible for or receiving any other child care subsidy (such as DSHS).
- 5. You are within the following income guidelines (guidelines change each year).

#### MONTHLY GROSS INCOME GUIDELINES

Family Size	Maximum Gross Income			
2	\$5,883			
3	\$6,621			
4	\$7,354			
5	\$7,946			
6	\$8,533			
7	\$9,121			
8	\$9,708			

In order for us to determine income eligibility, you must provide the following:

- 1. The names of everyone in your household.
- The amount of income each household member receives (including child support).
- 3. Verifiable proof of gross monthly income (such as a current pay stub, child support documentation, etc).
- 4. The signature of an adult household member.

#### SCHOLARSHIP GUIDELINES

- 1. The amount and length of the scholarship award will be determined by Child Care Resources in accordance with the guidelines set forth by your city.
- 2. You are responsible for paying the difference in child care costs. Your financial assistance payment will be made directly to your child care provider.
- 3. Any changes in household income and/or size must be reported immediately to Child Care Resources, and could affect the amount or length of your award.
- 4. The award amount may vary depending on the source and availability of funds.
- 5. You may be required to participate in job/financial stability activities (varies depending on the city).

The information provided by you and your household is confidential and will be used only for the purposes of determining eligibility and verifying the information that you submit.

Applications may be submitted at any time during the year.

If you have questions about the program, please contact Child Care Resources, by calling 206.323.4912 or by e-mail at subsidy@childcare.org

Updated: 6/2019



# Child Care Financial Assistance Program Client Application

### PLEASE PRINT CLEARLY

Questions contact: 206-323-4912 or subsidy@childcare.org **Part A: Applicant** 1. Today's date: \_\_\_\_/\_\_\_/\_\_\_ 2. Applicant Parent/Guardian: ☐ Mother ☐ Father ☐ Guardian 3. Name: \_ 4. Date of Birth: \_\_\_\_/\_\_\_/ First МІ Address: \_\_\_ Street (include apt. #) Citv Zip code 6. Family status: ☐ Married ☐ Partnership ☐ Single/Head of Household 7. Veteran or Active Duty Military Member: ☐ Yes ☐ No 8. Ethnicity/race: ☐ African American/African ☐ American Indian/Alaskan Native □ Asian ☐ European American/Caucasian □ Latino/Hispanic (check all that apply) □ Pacific Islander □ Other □ Unknown 9. Immigrant or Refugee ☐ Yes ☐ No (US Citizenship is **NOT** required for our program) Primary Language \_\_\_ Work phone: \_\_\_\_ - \_\_\_ - \_\_\_ Message phone: \_\_\_\_ - \_\_\_ - \_\_\_ 11. Work status (check one): ☐ Working ☐ Work/Student ☐ Student ☐ Seeking Employment 11a, email \_\_\_\_\_ 13. Training Program/School \_\_\_ Employer \_\_\_ 14. Job/Training Program Title 15. If in school/training program: Start date: \_\_\_\_/\_\_\_/ End date: \_\_\_\_/\_\_\_/\_\_\_ Part B: Other Parent/Guardian 16. Other Parent/Guardian: ☐ Mother ☐ Father ☐ Guardian ☐ No Other Parent 17. Name: \_\_ 18. Date of Birth: \_\_\_\_/\_\_\_ First MI Last 19. Address: \_ City Street (include apt. #) Zip Code 20. Veteran or Active Duty Military: 21. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Other (check all that apply) ☐ European American/Caucasian ☐ Latino/Hispanic ☐ Pacific Islander ☐ Unknown 22. Immigrant or Refugee ☐ Yes ☐ No (US Citizenship is **NOT** required for our program) Work phone: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Message phone: \_\_\_\_ - \_\_\_ - \_\_\_\_ 24. Work status (check one): ☐ Working ☐ Work/Student ☐ Student ☐ Seeking Employment \_\_\_\_\_ 26. Training Program/School \_\_\_\_\_ 25. Employer \_\_\_ \_\_\_\_\_\_ 27. Job/Training Program Title \_\_\_\_\_\_ Address 28. If in school/training program: Start date: \_\_\_\_/\_\_\_ End date: \_\_\_\_/\_\_\_/ Part C: Hours of Care 29. Hours when care is needed (enter number of hours each day and total as instructed): Wed DAY Mon Tues Thurs Fri Sat Sun Weekly Child Care Explain any special Provider/Program Total circumstances Child #1 Child #2 Child #3 Child #4 30. Will you need to change your child care arrangements during the summer, school vacations, etc.? Please specify

Part D. Gross Monthly Income Calculations 31. Number of dependents (including yourself and spouse/partner):						
32. List all eligible income sources. Attach copies of required documentation of income sources as explained in the instructions. If you are a student, attach class schedule, official copy of registration and income verification (i.e. DSHS case #, wage stubs, financial aid award letter, etc.)	Gross Monthly Salary #1		\$			
	Gross Monthly Salary #2		\$			
	Other (specify)		\$			
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33. How have your child care costs been paid up to this date?						
Part E. Children's Information – If you need more space, please attach an additional sheet of paper.						
34. Child #1 Name:						
Last		First		MI		
35. Date of Birth:/ 36. S	Sex: ☐ Female ☐ Male	37. Current age: years,	months	38. Dependent of Veteran or Active		
				Duty Military Member ☐ Yes ☐ No		
40. Any special needs, handicaps or health problems (please specify):						
41. Child #2 Name:		Firet		NAI.		
Last	New Elsewale Black	First		MI		
42. Date of Birth:/ 43. S	Sex: □ Female □ Male	44. Current age: years,	monus	45. Dependent of Veteran or Active		
46. Ethnicity/race: ☐ African American ☐ A (mark all that apply) ☐ Latino/Hispanic	merican Indian/Alaskan Native □ Pacific Islander □ Other	☐ Asian ☐ European American/Ca☐ Unknown	ucasian	Duty Military Member ☐ Yes ☐ No		
47. Any special needs, handicaps or health problems (please specify):						
48. Child #3 Name:		Final				
Last		First		MI		
49. Date of Birth:/ 50. S	ex: □ Female □ Male	51. Current age: years,	months	52. Dependent of Veteran or Active		
53. Ethnicity/race: ☐ African American ☐ A (mark all that apply) ☐ Latino/Hispanic	merican Indian/Alaskan Native □ Pacific Islander □ Other	☐ Asian ☐ European American/Cat ☐ Unknown	ucasian	Duty Military Member asian ☐ Yes ☐ No		
54. Any special needs, handicaps or health pr	roblems (please specify):					
55. Child #4 Name:						
Last		First		MI		
56. Date of Birth:// 57. S	ex: □ Female □ Male	58. Current age: years,	months	59. Dependent of Veteran or Active		
Veteran di Activ Duty Military Me i0. Ethnicity/race: □ African American □ American Indian/Alaskan Native □ Asian □ European American/Caucasian □ Yes □ No (mark all that apply) □ Latino/Hispanic □ Pacific Islander □ Other □ Unknown						
61. Any special needs, handicaps or health problems (please specify):						
Certification of Information and Permission to Verify Eligibility Information  I/We declare under penalty of perjury under the laws of Washington that the information I/we have given is true, correct and complete to the best of my knowledge. I/We understand that incorrect or false statements may result in civil or criminal actions by Child Care Resources. I/We hereby give permission for Child Care Resources to make any necessary contacts to establish eligibility.						
Parent/Guardian signature:			Date/			
Parent/Guardian signature:	Dat	Date//				