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 and attending classes (Bachelor or Associate Degree, or Trade Certificate).
4. You are not eligible for or receiving any other child care subsidy (such as Working Connections).
5. You are within the following income guidelines (guidelines change each year).

MONTHLY GROSS INCOME GUIDELINES

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Maximum Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$5,883</td>
</tr>
<tr>
<td>3</td>
<td>$6,621</td>
</tr>
<tr>
<td>4</td>
<td>$7,354</td>
</tr>
<tr>
<td>5</td>
<td>$7,946</td>
</tr>
<tr>
<td>6</td>
<td>$8,533</td>
</tr>
<tr>
<td>7</td>
<td>$9,121</td>
</tr>
<tr>
<td>8</td>
<td>$9,708</td>
</tr>
</tbody>
</table>

In order for us to determine income eligibility, you must provide the following:  
1. The names of everyone in your household.  
2. 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: 9/2019
Part A: Applicant
1. Today's date: ___/___/____
2. Applicant Parent/Guardian: ☐ Mother ☐ Father ☐ Guardian
3. Name: ____________________________________________
   Last   First   MI
4. Date of Birth: ___/___/____
5. Address: _____________________________________________
   Street (include apt. #)   City   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
   (check all that apply) ☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown
9. Immigrant or Refugee ☐ Yes ☐ No (US Citizenship is NOT required for our program)
   Primary Language _____________________________
10. Main Phone: _____ - _____ - _________
    Work Phone: _____ - _____ - _________
    Email _____________________________
11. Work status (check one): ☐ Working ☐ Work/Student ☐ Student ☐ Seeking Employment
12. Employer _____________________________
13. Training Program/School _____________________________
    Address ____________________________________________
    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: ____________________________________________
   Last   First   MI
18. Date of Birth: ___/___/____
19. Address: _____________________________________________
   Street (include apt. #)   City   Zip Code
20. Veteran or Active Duty Military: ☐ Yes ☐ No (US Citizenship is NOT required for our program)
21. Ethnicity/race: ☐ African American/African 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)
23. Home phone: _____ - _____ - _________
    Work phone: _____ - _____ - _________
24. Work status (check one): ☐ Working ☐ Work/Student ☐ Student ☐ Seeking Employment
25. Employer _____________________________
26. Training Program/School: _____________________________
    Address ____________________________________________
    27. Job/Training Program Title: _____________________________
28. If in school/training program: Start date: ___/___/____
    End date: ___/___/____
Part C: Parent/Guardian Schedule
29. If parent is in school/training program, list start/end dates as well.

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Include scheduled work/class hours.</th>
<th>Weekly Total Hours of Child Care</th>
<th>Explain any special circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
</tr>
</tbody>
</table>

30. Will you need to change your child care arrangements during the summer, school vacations, etc.? Please specify _____________________________

If children are school age: ☐ Before School ☐ After School ☐ BOTH Before AND After School
Part D. Gross Monthly Income Calculations

31. Number of dependents (including yourself and spouse/partner): __________

32. List all 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/DCYF case #, wage stubs, financial aid award letter, etc.)

Gross Monthly Salary #1: ___________________________ $ __________

Gross Monthly Salary #2: ___________________________ $ __________

Child Support: ___________________________ $ __________

Financial Aid: ___________________________ $ __________

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. Sex: ☐ Female ☐ Male 37. Current age: _____ years, _____ months

38. Dependent of Veteran or Active Duty Military Member ☐ Yes ☐ No

39. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian

☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

40. Any special needs, handicaps or health problems (please specify): __________________________________________________________________________________________

41. Child #2 Name: ____________________________________________

Last     First     MI

42. Date of Birth: ___/___/_____ 43. Sex: ☐ Female ☐ Male 44. Current age: _____ years, _____ months

45. Dependent of Veteran or Active Duty Military Member ☐ Yes ☐ No

46. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian

☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

47. Any special needs, handicaps or health problems (please specify): __________________________________________________________________________________________

48. Child #3 Name: ____________________________________________

Last     First     MI

49. Date of Birth: ___/___/_____ 50. Sex: ☐ Female ☐ Male 51. Current age: _____ years, _____ months

52. Dependent of Veteran or Active Duty Military Member ☐ Yes ☐ No

53. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian

☐ Latino/Hispanic ☐ Pacific Islander ☐ Other ☐ Unknown

54. Any special needs, handicaps or health problems (please specify): __________________________________________________________________________________________

55. Child #4 Name: ____________________________________________

Last     First     MI

56. Date of Birth: ___/___/_____ 57. Sex: ☐ Female ☐ Male 58. Current age: _____ years, _____ months

59. Dependent of Veteran or Active Duty Military Member ☐ Yes ☐ No

60. Ethnicity/race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ European American/Caucasian

☐ 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: ____________________________________________ Date ___/___/____