



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 **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

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.
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

PLEASE PRINT CLEARLY

Part A: Applicant

1. Today's date: ___/___/___ 2. Applicant Parent/Guardian: Mother Father Guardian
3. Name: _____ 4. Date of Birth: ___/___/___
 Last First MI
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: ___ - ___ - _____
- 10a. **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: _____ 18. Date of Birth: ___/___/___
 Last First MI
19. Address: _____
 Street (include apt. #) City Zip Code
20. Veteran or Active Duty Military: Yes No 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)
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.

Parent/Guardian	Include scheduled work/class hours.					Weekly Total Hours of Child Care	Explain any special circumstances
	Monday	Tuesday	Wednesday	Thursday	Friday		

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
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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
(mark all that apply) Latino/Hispanic Pacific Islander Other Unknown

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

41. Child #2 Name: _____

Last	First	MI
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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
(mark all that apply) Latino/Hispanic Pacific Islander Other Unknown

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

48. Child #3 Name: _____

Last	First	MI
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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
(mark all that apply) Latino/Hispanic Pacific Islander Other Unknown

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

55. Child #4 Name: _____

Last	First	MI
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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
(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: _____ Date ____/____/____