



GUIDELINES AND INFORMATION

(Effective July 2018)

The Cities of Bellevue, Kent, and Redmond, 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	\$5,350
3	\$6,021
4	\$6,688
5	\$7,225
6	\$7,758
7	\$8,296
8	\$8,829

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 Amy Donnelly at Child Care Resources, by calling 206.329.1011 x 235 or by e-mail at donnelly@childcare.org

Updated: 7/2018



PLEASE PRINT CLEARLY

Questions contact: Amy Donnelly @ 206-329-1011 ext.235 or donnelly@childcare.org

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. Home phone: ___ - ___ - _____ Work phone: ___ - ___ - _____ Message phone: ___ - ___ - _____
11. Work status (check one): Working Work/Student Student Seeking Employment 11a. **email** _____
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: ___ - ___ - _____ Message 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: Hours of Care

29. Hours when care is needed (enter number of hours each day and total as instructed):

DAY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Weekly Total	Child Care Provider/Program	Explain any special 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) _____	\$	
Other (specify) _____	\$	

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
 (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

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

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

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 ___/___/___

Mail completed application to:
Child Care Resources 1225 S. Weller Suite 300, Seattle, WA 98144
Attn. CCFA,
OR Confidential Fax 206-336-7877