



CHILD CARE FINANCIAL ASSISTANCE CCFA PROGRAM

(Effective January 2021)

GUIDELINES AND INFORMATION

The Cities of Bellevue, Kent, Redmond, Auburn, and Covington, 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.

Who is eligible?

To be eligible for the CCFA Child Care Financial Assistance Program, families must meet ALL below criteria:

1. Live in one of the participating cities: *Bellevue, Kent, Redmond, Auburn, or Covington*.
2. Have child(ren) enrolled in child care between the ages of 1 month and 12 years.
3. Be employed, in job training, or enrolled as a student and attending classes (Bachelor or Associate Degree, or Trade Certificate).
4. Not be eligible for or receiving any other child care subsidy (such as [Working Connections WCCC](#)).
5. Fall below the following Gross (pre-tax) income guidelines (guidelines change each year).

<i>INCOME GUIDELINES:</i>	
<i>Family Size</i>	<i>Gross Monthly Income Max</i>
2	\$ 6,350
3	\$7,146
4	\$7,938
5	\$8,575
6	\$9,208
7	\$9,846
8	\$10,479

How do I apply?

1. **Complete the application form** and return it via:
 - Email at subsidy@childcare.org
 - Mail: Child Care Resources Attn. CCFA, 1225 S. Weller Suite 300, Seattle, WA 98
 - Fax to 206-336-7877
2. **Submit Verification Documents** (Pictures/screenshots are fine)
 - ✓ **Residency Verification**
 - ✓ **Income Verification**
 - ✓ **Activity Verification** (Employment/School Enrollment)
 - ✓ **Child Care provider:** Name, Phone Number, Email, Address.
 - If you are looking for a childcare provider, please contact our **Family Resources Center at 1-800-446-1114** for a list of referrals of licensed childcare providers.

➤ **Income Verification:**

- Please provide the three most recent paystubs and/or other proof of income for all adults in your household (including child support, unemployment insurance, SSI/SSD, etc).
- Feel free to black-out any personally identifying information (SSN, bank account info etc.) other than full name, employer, employee home address, payment amount and date of statement.
- ***If you have any concerns about verifying your income, please just let us know.***
- ***If you are a student or enrolled in job training,*** attach class schedule and an official copy of the program registration.

➤ **Residency Verification:**

- ***If your home address is listed on the paystub, or any other documentation you are providing, no additional proof of residency is required;*** otherwise, families will need to submit the following to demonstrate residence in *Bellevue, Kent, Redmond, Auburn, or Covington*.
- If you are experiencing homelessness or otherwise unable to verify your home address, please let us know and we will provide alternative means of verification.
- Documentation must be no more than 3 months old, include the name of the applicant, and cannot be envelopes or personal correspondence.
- Submit **ONE** from this list:
 - Utility Bill (Gas, Water/Garbage, Light/Electrical, Cable, Landline phone)
 - Home/Renter's Insurance
 - Mortgage Document

OR

- **TWO** from this list from different sources:
 - Insurance document (health, car, etc.)
 - Benefits document (DSHS, SSI, paystub, etc.)
 - Financial document (Bank Statement, retirement, credit card statement)
 - Other bills
 - Driver's License
 - Lease or Housing Agency letter

How the scholarship works?

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. Families are responsible for paying the difference in childcare costs. Your financial assistance payment will be made directly to your childcare 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).
6. Applications may be submitted at any time during the year.

The information and documentation 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. If you have questions about the program, please contact Child Care Resources, by e-mail at subsidy@childcare.org

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 (Income before tax and deductions)

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.)

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

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 (mark all that apply) Latino/Hispanic Pacific Islander Other Unknown Yes No

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 Yes No

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 Yes No

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 Yes No

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 _____