



KING COUNTY VETERAN STUDENT CHILD CARE SUBSIDY – APPLICATION FORM

This program receives funding from the King County Veterans, Seniors and Human Services Levy

Please email completed fillable PDF form to subsidy@childcare.org or fax to **206-336-7877**
 For questions, contact us at subsidy@childcare.org or call **206-338-7570** *Language interpretation available
 For the Online Application: [Apply here](#)

APPLICANT INFORMATION

Application Date: _____

PART A: Student Veteran Applicant

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phones: Mobile/Home: _____ Email Address: _____

PART B: Demographics

Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> At home <input type="checkbox"/> Student <input type="checkbox"/> Work/Student			
Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Family Information	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Two or more adults in Household			
Family Size <i>(Include yourself, spouse/partner, dependents)</i>	No Adults: _____ No Children: _____	Primary Language <i>(Preferred)</i>	Date of Birth	_____
Experiencing Homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to Say		Immigrant or Refugee <i>(US Citizenship is NOT required for our program)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <i>(served at least one day in the military, any discharge type)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Race/Ethnicity	<input type="checkbox"/> African American/African <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> European American/Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown			

PART C: Parent/Guardian #2 (If applicable)

First Name: _____ Last Name: _____

Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> At home <input type="checkbox"/> Student <input type="checkbox"/> Work/Student



King County

Veterans, Seniors & Human Services Levy

VETERAN STUDENT SCHOOL INFORMATION

School Name:							Start Date		
Training/School Program title:							Estimated End Date		
Include scheduled work/class hours per week	STUDENT VETERAN WEEKLY SCHEDULE							Weekly Total Hours	Explain any special circumstances
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	School								
Work (if applicable)									

CHILD INFORMATION

Child 1 Full Name (Last Name, First Name)			Date of Birth		
Dependent of Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/Ethnicity	<input type="checkbox"/> African American/African <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> European American/Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown				
Child currently in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Looking for provider		Start Date in Care		
Days and Times Care is Needed	Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> Hours: From _____ to _____				
Quarters Childcare Assistance is needed (Select all that apply)	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter Year: _____		How much you pay for childcare for child 1 monthly?	\$ _____	
Types of Care (Select all that apply)	<input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> School-Age Only Program <input type="checkbox"/> FFN: Family, Friend, Neighbor				
Child Care Provider Contact	Name: _____ Email: _____ Address: _____ Phone Number: _____ If FFN , what is the relationship with the child: _____ <i>FFN: Family, Friend, Neighbor</i>				
Receive additional Subsidy	<input type="checkbox"/> State (DCYF) – Working Connections/Homeless Grace Period <input type="checkbox"/> Copay? \$ _____ <input type="checkbox"/> CCAP <input type="checkbox"/> Sliding Scale <input type="checkbox"/> CCR&R				



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If the information above applies for all your children, **please fill out the below first two lines only (Full Name/Date of birth/Sex)** If you have more than two children applying for the child care subsidy, please submit the information in a separate sheet.

Child 2 Full Name (Last Name, First Name)		Date of Birth	
Dependent of Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity	<input type="checkbox"/> African American/African <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> European American/Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		
Child currently in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Looking for provider	Start Date in Care	
Days and Times Care is Needed	Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> Hours: From _____ to _____		
Quarters Childcare Assistance is needed (Select all that apply)	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter Year: _____	How much you pay for childcare for child 2 monthly?	\$ _____
Types of Care (Select all that apply)	<input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> School-Age Only Program <input type="checkbox"/> FFN: Family, Friend, Neighbor		
Child Care Provider Contact	Name: _____ Email: _____ Address: _____ Phone Number: _____ If FFN , what is the relationship with the child: _____ <i>FFN: Family, Friend, Neighbor</i>		
Receive additional Subsidy	<input type="checkbox"/> State (DCYF) – Working Connections/Homeless Grace Period <input type="checkbox"/> Copay? \$ _____ <input type="checkbox"/> CCAP <input type="checkbox"/> Sliding Scale <input type="checkbox"/> CCR&R		

Gross Monthly Income Calculation

List **ALL** income resources your household receives. Gross Monthly Income is the payment by your employer before taxes and other deductions. Potential additions to gross monthly income include overtime, bonuses, and commission.

Gross monthly income Parent/Guardian 1	\$ _____
Gross monthly income Parent/Guardian 2	\$ _____
Unemployment Insurance	\$ _____
Child Care Support	\$ _____
Additional Income	\$ _____
Total Gross Monthly Income*	\$ _____

**GI Bill benefits are not included in the income calculation*

Agreement and Signatures

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.

Student Veteran Applicant Signature _____

Date: _____