



## 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 (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	\$5,883
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](mailto:subsidy@childcare.org)

*Updated: 6/2019*



**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 \_\_\_/\_\_\_/\_\_\_

**Return completed application to:**  
**Child Care Resources 1225 S. Weller Suite 300, Seattle, WA 98144 Attn.**  
**CCFA,**  
**OR Confidential Fax 206-336-7877 or email [subsidy@childcare.org](mailto:subsidy@childcare.org)**