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

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Maximum Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$5,883</td>
</tr>
<tr>
<td>3</td>
<td>$6,621</td>
</tr>
<tr>
<td>4</td>
<td>$7,354</td>
</tr>
<tr>
<td>5</td>
<td>$7,946</td>
</tr>
<tr>
<td>6</td>
<td>$8,533</td>
</tr>
<tr>
<td>7</td>
<td>$9,121</td>
</tr>
<tr>
<td>8</td>
<td>$9,708</td>
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</tbody>
</table>

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: 6/2019*
PLEASE PRINT CLEARLY

Questions contact: 206-323-4912 or subsidy@childcare.org

Part A: Applicant

1. Today’s date: _____/_____/_____
2. Applicant Parent/Guardian: □ Mother □ Father □ Guardian
3. Name: __________________________________________________________________________
   Last First MI
4. Date of Birth: _____/_____/_____  
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 ________________________________
11. Work status (check one): □ Working □ Work/Student □ Student □ Seeking Employment 11a. email ____________________________
14. Address ____________________________________________ 15. Job/Training Program Title _______________________________________
16. 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: _______________________________________________________________________
   Last First MI
18. Date of Birth: _____/_____/_____  
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)
24. Work status (check one): □ Working □ Work/Student □ Student □ Seeking Employment
25. Employer ___________________________________________ 26. Training Program/School __________________________________________
26. 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):  

<table>
<thead>
<tr>
<th>DAY</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Weekly Total</th>
<th>Child Care Provider/Program</th>
<th>Explain any special circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child #1</td>
<td></td>
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<tr>
<td>Child #2</td>
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<td>Child #3</td>
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<td>Child #4</td>
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</tbody>
</table>
30. Will you need to change your child care arrangements during the summer, school vacations, etc.? Please specify ___________________________

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**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
   ☐ 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
   ☐ 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
   ☐ 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
   ☐ 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