



WORKING CONNECTIONS CHILD CARE (WCCC)  
**WCCC AWARD/CHANGE LETTER**

LOCAL OFFICE	TELEPHONE NUMBER
CASE NUMBER	DATE

You are eligible for child care subsidies with a monthly copayment starting \_\_\_\_\_ and ending \_\_\_\_\_.

**Please read the important information on Page 1 and 2.**

Child care is being approved for the following:  Employment  Approved WorkFirst activity  School

Other: \_\_\_\_\_.

Your beginning monthly copayment will be \$15.00 for the period of \_\_\_\_\_ to \_\_\_\_\_.

Your monthly copayment will  be  change to \$\_\_\_\_\_ for period of \_\_\_\_\_ and ending \_\_\_\_\_.

A copayment is your share of your child care cost and must be paid directly to your provider. Your copayment is based on your household size and your monthly income as follows:

1. Family size is \_\_\_\_\_
2. Gross earned income is (before taxes) \$ \_\_\_\_\_
3. Self-employment income (after allowable deductions) is \$ \_\_\_\_\_
4. Unearned income equals (SSI, SSA, child support received, lump sum payments) is \$ \_\_\_\_\_
5. TOTAL INCOME (add lines 2 – 4 above) \$ \_\_\_\_\_
6. Child support paid out is \$ \_\_\_\_\_
7. Determine countable income (subtract line 6 from line 5)  
(Countable income is used to determine eligibility and copayment) \$ \_\_\_\_\_
8. Copayment is calculated as follows:

**COUNTABLE INCOME**

**MONTHLY COPAYMENT**

At or below 82% of Federal Poverty Level (FPL)	\$15
Above 82% and up to 137.5% of FPL	\$50
Over 137.5% and up to 200% of FPL	
[[ (Countable income – 137.5% FPL) x .44 ] + \$50]	

Your copayment is changing because (per WAC 170-290-0085):

- Your authorization period has expired.  Your family size has changed.  
 Your income has decreased.  Other (explain): \_\_\_\_\_

\_\_\_\_\_  
 WORKER'S NAME

\_\_\_\_\_  
 WORKER'S TELEPHONE/FAX NUMBER

## WCCC Rights and Responsibilities

### I am responsible to:

- Give us information so we can determine your eligibility and authorize child care payments correctly.
- Choose a provider who meets requirements of WAC 170-290-0125 and make your own child care arrangements.
- Pay, or make arrangements to have someone pay, your WCCC monthly copayment directly to your child care provider. **Failure to do so may result in your child care subsidies being terminated.**
- Cooperate with the quality assurance review process to remain eligible for WCCC. You become ineligible for WCCC benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.
- Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide information requested) with the investigator, it could affect your benefits.
- Notify WCCC authorizing worker, within five days, of any change in providers.
- Notify your provider within 10 days when we change your child care authorization.
- **Report to your child care authorizing worker, within 24 hours, any pending charges or conviction information you learn about:**
  - 1) Your in-home/relative provider.
  - 2) Anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.
- Report changes to the WCCC authorizing worker within 10 days of:
  - ▶ The number of child care hours needed (more or less hours);
  - ▶ The household income including any WorkFirst grant or child support increases or decreases;
  - ▶ Your household size such as any family member, including parent or spouse, moving in or out of your home;
  - ▶ Employment, school or approved TANF activity (starting, stopping, or changing);
  - ▶ The address and telephone number of your in-home/relative provider;
  - ▶ Your home address or telephone number; or
  - ▶ Your legal obligation to pay child support.
- **Failure to report changes promptly may result in an overpayment or you may have to pay more than your share of child care costs.**
- Return all requested information for your provider immediately. Your in-home/relative provider will not be issued payment for care provided prior to the date all background check results are received.
- Do not leave your children in care for reasons other than those listed on the front of this form, unless you have made a plan with your provider to pay for the care yourself. If you want to participate in an activity other than what is authorized on the front of this form, and want the state to pay for your child care, you must first contact your child care authorizing worker.

**I understand that:**

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| <ul style="list-style-type: none"><li>• I will be treated politely and fairly no matter what my race, color, political beliefs, national origin, religion, age, gender, disability or birthplace.</li><li>• I will have WCCC eligibility determined within thirty days from my application date.</li><li>• I will be informed, in writing, of my legal rights and responsibilities related to WCCC benefits.</li><li>• My information will be shared with other agencies when required by federal or state regulations.</li><li>• I will get a written notice at least ten days before the state makes changes to lower or stop benefits except as stated in WAC 170-290-0120.</li><li>• I may ask for a hearing if I do not agree with a decision related to my WCCC case.</li></ul> | <ul style="list-style-type: none"><li>• I may ask a supervisor or administrator to review a decision or action affecting my benefits without affecting the right to a hearing.</li><li>• I may have an interpreter or translator service within a reasonable amount of time and at no cost to me.</li><li>• I may choose my provider as long as the provider meets the requirements in WAC 170-290-0125.</li><li>• I may ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. I do not have to let an investigator into my home. This request will not affect my eligibility for benefits. If I refuse to cooperate (provide information requested) with the investigator, it could affect my benefits.</li></ul> |
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**HEARING RIGHTS**

If you disagree with this decision, you may request a hearing by contacting this office or write to Office of Administrative Hearings, P O Box 42489, Olympia, WA 98507-2489. You must request your hearing:

- On or before the effective date of this action or no more than 10 days after we send you notice of this action, IF you receive benefits now and you want them to continue, or
- Within 90 days of the date you receive this letter.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

**MEDICAL FOR YOUR CHILDREN**

Did you know that you could get medical and dental coverage for your children? There is no waiting list and it's as easy as **1 - 2 - 3!**

1. Are you receiving any other type of assistance through the state, such as food stamps or cash assistance?
  - **YES:** Call the financial worker in charge of your case and request medical coverage for your child(ren).
  - **NO:** Call the toll free telephone number for Children's Medical assistance at 1-800-204-6429.
2. Provide the worker with the information they need to tell if you are eligible. They may already have this or be able to take it over the telephone.
3. Receive the medical card in the mail.

**Don't wait - medical coverage for you child is as close as a phone call away!**