



CHILD CARE SUBSIDY PROGRAMS (CCSP)
CCSP Authorization Letter

CALL CENTER PHONE NUMBER	CALL CENTER FAX NUMBER
CLIENT IDENTIFICATION NUMBER	DATE

- Seasonal Child Care
- Working Connections Child Care

Your child care authorization is based on the approved activity on your Eligibility Letter.

- Child care is being authorized for for Half days Full days Hours
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Copayment

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

- Your monthly copayment will be \$15.00 from to .
- Your monthly copayment will be \$ from to .

You are required to pay a copayment for any month that DSHS pays for child care services.

Additional information:

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 98504-2489. 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.

Reporting Changes

Call 1-877-501-2233 or Fax 1-888-338-7410

Online at: Washingtonconnection.org

Mail: DSHS Customer Service Contact Center

P.O. Box 11699

Tacoma WA 98411

Include your Client ID on each page you submit.