



CHILD CARE SUBSIDY PROGRAMS (CCSP)  
**CCSP Eligibility Letter**

|  |  |
|--|--|
| CUSTOMER SERVICE CONTACT CENTER PHONE NUMBER | CUSTOMER SERVICE CONTACT CENTER FAX NUMBER |
| CLIENT IDENTIFICATION NUMBER                 | DATE                                       |

- Seasonal Child Care
- Working Connections Child Care

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

**If either boxes one or two are checked below additional information is needed from you:**

- We are approving your application so that you can complete the TANF / Workfirst application process. **If you are not in an approved activity within 14 days your benefits will be terminated on \_\_\_\_\_.**  
**WAC 170-290-0055 and WAC 170-290-0110.**
- We approved your application based on your statement of expected wages and work schedule. **Within 60 days of this notice you must verify your actual income, or your benefits will be terminated on \_\_\_\_\_.**  
**WAC 170-290-0012, 170-290-0065 and 170-290-0110.**

Verification examples include: Pay stubs, payroll history from your employer, or a written statement from your employer that lists the exact gross income received since you were hired. We have also attached an Employment Verification form which your employer can complete.

**Please provide the following information so that we can authorize payment to your child care provider:**

- Your approved activity schedule.  Your provider information.

**If neither box above is checked no additional information is needed. You will receive a letter with more information when payment to your provider is authorized.**

**Approved Activity**

Child care is being approved for \_\_\_\_\_ for the following:

- Employment  Approved WorkFirst activity  School  Other: \_\_\_\_\_
- Basic Food Employment and Training (BFET) / Resources to Initiate Successful Employment (RISE)

Child care is being approved for \_\_\_\_\_ for the following:

- Employment  Approved WorkFirst activity  School  Other: \_\_\_\_\_
- Basic Food Employment and Training (BFET) / Resources to Initiate Successful Employment (RISE)

**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 \_\_\_\_\_.

**Other:**

- Your case has been reinstated.**

**You must report within 10 days if your family monthly income exceeds \$ \_\_\_\_\_ or resources exceed \$1,000,000.00. WAC 170-290-0031**

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

\$65

Over 137.5% and up to 200% of FPL view: [http://www.del.wa.gov/publications/subsidy/docs/WCCC\\_copays.pdf](http://www.del.wa.gov/publications/subsidy/docs/WCCC_copays.pdf)

### 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](http://Washingtonconnection.org)

Mail: DSHS Customer Service Contact Center

P.O. Box 11699

Tacoma WA 98411

**Include your Client ID on each page you submit.**