



CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP Eligibility Waitlist Letter

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

- Seasonal Child Care
- Working Connections Child Care
- Waitlist

You are eligible for child care subsidy benefits. However, due to funding limitations the number of families receiving subsidies is capped and there is currently a waitlist to receive these benefits. You have been placed on this waitlist beginning: _____. We will contact you in writing when space is available.

When space becomes available, names are removed from the waitlist and eligible for provider payment in order of the date the application was received by DSHS. We cannot guarantee child care assistance by a specific date.

When the box below is checked, we approved your application and placed you on the waitlist based on your expected wages and work schedule.

- Within 60 days of this notice you must verify your actual income, or you will be removed from the waitlist on _____.** If removed from the waitlist you will need to reapply for child care subsidy benefits.
WAC 110-15-2240

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.

You application was waitlisted for the following approved activities:

- Employment School Other: _____
- Basic Food Employment and Training (BFET) / Resources to Initiate Successful Employment (RISE)

When space becomes available, we will send a notice advising you of your eligibility dates and copayment.

WAC110-15-0001 requires that families are given priority access and are not placed on the waitlist if they meet eligibility criteria and they:

- Participate in the Early Head Start-Child Care Partnership
- Currently receive TANF or are curing TANF sanction;
- Have a child with a verified special needs under WAC 110-15-0220; or
- Are a teen parent, and
 - Are not living with their parent or guardian, and
 - Are attending high school and that high school has a school sponsored, on-site child care center.
- Are homeless according to the McKinney-Vento Act
- Have previously received Working Connections or Seasonal Child Care within thirty days of their application.

If you believe you meet one of the priorities, please contact DSHS at the numbers listed above.

It is important that you contact us at the numbers listed above if you move to provide us with your new address so we can contact you when space becomes available.

If twelve months pass from the date of this notice before space is available, you will need to re-confirm program eligibility when funding becomes available.

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 for the first two months that benefits are paid when you are removed from the wait list.
- When removed from the waitlist, and after paying \$15 the first two months, your monthly copayment will be \$ _____ for the remainder of your eligibility period.
- Your monthly copayment will be \$ _____ when removed from the wait list.

You must report within 10 days if your family monthly income exceeds \$ _____ or resources exceed \$1,000,000.00. WAC 110-15-0031

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:

<u>Countable Income</u>	<u>Monthly Copayment</u>
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	

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.

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.