



CHILD CARE SUBSIDY PROGRAMS (CCSP)

# CCSP Eligibility Letter - Special Assistance for Families Experiencing Homelessness

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

Working Connections Child Care

Because your family is experiencing homelessness, you have been approved for special assistance child care subsidy from \_\_\_\_\_ to \_\_\_\_\_. During this time, your monthly copayment will be \$0 and you may use a **licensed family home or child care center**.

**If you do the following before \_\_\_\_\_ your child care eligibility will continue to \_\_\_\_\_**

- Provide verification of participation in one of the following:
  - Employment WAC 110-15-0045
  - Approved WorkFirst activity WAC 110-15-0040
  - Basic Food Employment and Training (BFET) / Resources to Initiate Successful Employment (RISE) WAC 110-15-0045
- Provide verification of your employment income. WAC 110-15-0012
- You have an outstanding copayment of \$ \_\_\_\_\_, owed to \_\_\_\_\_. You must pay the balance owed in full or provide a written agreement that is signed by the provider. WAC 110-15-0030

**If you do not complete the requirements above your benefits will end on \_\_\_\_\_ . WAC 110-15-0023**

**Families experiencing homelessness are eligible for this special assistance only once in a 12 month period. You will not be eligible for special assistance again until \_\_\_\_\_ .**

**If this box is checked, we need to know who your licensed child care provider is. You can call us at the number above or return the attached form after your provider completes it.**

**If you need help finding a child care provider you may contact Child Care Aware at 1-800-424-2246**

You will receive a letter with more information when payment to your provider is authorized.

### 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. However, families receiving special assistance have their copayment waived:

- Your monthly copayment will be \$0 from \_\_\_\_\_ to \_\_\_\_\_ .**
- Your monthly copayment will be \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ .**

**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:

**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.**