



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILD CARE SUBSIDY PROGRAMS (CCSP)
CCSP Application

Date: _____

PARENT/GUARDIAN

CASE NUMBER

FOLD

Dear Applicant:

We will process your application for child care subsidy and determine eligibility once you provide the following information:

- CCSP application (you must complete a child care application even if you are in a WorkFirst activity).
- Proof of the last three months of household income (such as pay stubs, child support, Social Security Income, Supplemental Security Income (SSI), and any other income received by someone in your family). Include your employment schedule. You don't need to provide proof of income for cash assistance from the state (TANF).
- If you are newly employed and have no pay stubs, we will accept a statement from your employer with a hire date, how much you are making (per hour, salary, etc.), and what your schedule will be. If your employer is unable to verify this information, we can take your verbal or written statement. When you provide a verbal or written statement to verify employment, you must provide a copy of your wage stubs within 60 days of approval.
- Proof of any court or administrative ordered child support payments made in the last three months.

You can learn if your baby or child's development is on track or if she needs a little extra practice to be ready for school. To do this, you can complete a free child development screening questionnaire by calling the Family Health Hotline at 1-800-322-2588 or go to the Parent Help 123 website <http://www.parenthelp123.org/child-development/help-me-grow-washington> to learn more about it.

Children have the basic human right to be safe. Abuse and neglect threaten children's safety by placing them at risk of physical and emotional injuries and even death. If you suspect a child is the victim of abuse or neglect, call DSHS toll free at 1-866-END-HARM (1-866-363-4276).



CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP Application

Incomplete information may delay approval for services and payment. Type or print clearly.

Seasonal Child Care

Applicants must:

- **Live in** Adams, Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Okanogan, Skagit, Walla Walla, Whatcom or Yakima Counties;
- **Work in** a farm-based employment which includes cultivation, production, harvesting or processing of fruit trees or crops.

APPLICANT'S NAME	CLIENT ID NUMBER	DATE
APPLICANT'S ADDRESS	SSN (OPTIONAL)	BIRTHDATE
CITY STATE ZIP CODE	APPLICANT'S ETHNICITY RACE	TELEPHONE NUMBER
		APPLICANT'S GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

Is your family experiencing homelessness? Yes No (Examples include: living in a motel, shelter, transitional housing, car, public space, or doubled-up with others due to loss of housing or economic hardship.)

Are you a parent or legal guardian who has received child welfare services in Washington State in the last six (6) months and been referred for child care as part of your case plan? Yes No (If you answer yes, please call 1-877-501-2233 to see if you qualify for expedited application processing.)

CHILDREN FOR WHOM YOU ARE RESPONSIBLE LIVING IN THE HOUSEHOLD

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTHDATE	MALE/ FEMALE	ETHNICITY (OPTIONAL)	SSN (OPTIONAL)	U.S. CITIZEN OR LEGAL RESIDENT	RELATIONSHIP TO APPLICANT
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETERMINING WHETHER YOU ARE A SINGLE OR TWO-PARENT HOUSEHOLD - REQUIRED

Do you live with a spouse or another parent / guardian of any of your children? Yes No
 If no, complete the Single Parent Declaration form, DSHS 27-164, and return with your application.
 If yes, complete the information below.

SPOUSE OR OTHER PARENT'S NAME	BIRTHDATE	SSN (OPTIONAL)	RELATIONSHIP TO APPLICANT	RELATIONSHIP TO ABOVE CHILDREN

APPLICANT

SPOUSE OR SECOND PARENT / GUARDIAN

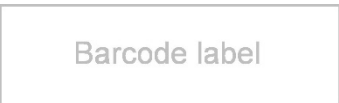
NAME OF EMPLOYER, WORKFIRST ACTIVITY, OR SCHOOL	NAME OF EMPLOYER, WORKFIRST ACTIVITY, OR SCHOOL
ADDRESS (EMPLOYMENT, WORKFIRST ACTIVITY, OR SCHOOL)	ADDRESS (EMPLOYMENT, WORKFIRST ACTIVITY, OR SCHOOL)
TELEPHONE NUMBER DATE STARTED	TELEPHONE NUMBER DATE STARTED
IF YOU ARE EMPLOYED, HOW OFTEN ARE YOU PAID AND YOUR GROSS WAGE PER PAY PERIOD (BEFORE TAXES, INCLUDE TIPS)? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly \$	IF YOU ARE EMPLOYED, HOW OFTEN ARE YOU PAID AND YOUR GROSS WAGE PER PAY PERIOD (BEFORE TAXES, INCLUDE TIPS)? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly \$

MONTHLY SOURCES OF EARNED / UNEARNED INCOME FOR ALL FAMILY MEMBERS

Include copies (for the last three months):	NAME	NAME	NAME	NAME
	SELF			
Employment (gross, before taxes, include tips)				
Self-employment				
Public Assistance (TANF, ABD, etc.)				
Child support received				
Social Security (SSI, SSA)				
VA, Disability, L&I, or Unemployment benefits				
Aged, Blind or Disabled (ABD benefits)				

Do you pay court ordered child support? Yes No Monthly amount: \$

DSHS 14-417 (REV. 09/2018)



14417

AVAILABLE RESOURCES

Do you have available resources valued at \$1,000,000.00 or more? Yes No

Examples of available resources are: cash, bank accounts, stocks / bonds, investment accounts, investment real estate.

PARENT / GUARDIAN'S ACTIVITY SCHEDULE

APPLICANT

SPOUSE OR SECOND PARENT/GUARDIAN

ACTIVITY (EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY) INDICATE TIME WITH A.M./ P.M.

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Monday WHAT IS YOUR SCHEDULE FOR EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY?

WHAT IS YOUR SCHEDULE FOR EMPLOYMENT, SCHOOL, WORKFIRST ACTIVITY?

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

What date will child care begin:

Applicant: If known, how long does it take you to travel from your provider to your activity (work, school, etc.)?

Other parent/guardian: If known, how long does it take you to travel from your provider to your activity (work, school, etc.)?

CHILDREN'S ACTIVITY SCHEDULE. FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PIECE OF PAPER WITH THEIR INFORMATION.

CHILDREN'S NAMES

SCHOOL SCHEDULE (EXACT DAYS AND TIMES)

CHILD CARE SCHEDULE (EXACT DAYS AND TIMES)

Will your school age children need care during school and summer breaks? Yes No

Do you have a child with Special Needs? Yes No

If yes, please contact the Authorizing Worker for information about special needs payment rates.

Voter Registration

The Department offers voter registration services as required by the National Voter Registration Act of 1993. **Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by this agency.** If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register to vote, to decline to register to vote, your right to privacy in deciding whether or not to register, or your right to choose your own political party or other political preference, you may file a complaint with: Washington State Elections Office, PO Box 40229, Olympia WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? Yes No

Hearing Rights WAC 110-15-0280

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.

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. (RCW 74.08.055)

FIRST PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

SECOND PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

Discrimination is prohibited in all programs and activities: No one shall be excluded on the basis of race, color, religion, creed, national origin, gender, age, marital status, disabled veteran or Vietnam-era veteran status, or handicap.