



CHILD CARE SUBSIDY PROGRAM (CCSP)  
**CCSP Provider Payment  
Termination Notice**

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

Payments to your child care provider will end on \_\_\_\_\_ for the children listed below. Your child care provider has not met the requirements of the Early Achievers program and will no longer be eligible to receive child care subsidy payments for children not in school, if those requirements are not met by termination date listed above. WAC 170-290-0125

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|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
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| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Payments to your child care provider will end on \_\_\_\_\_ because your provider is disqualified under WAC 170-290-0125.

Payments to your child care provider will end on \_\_\_\_\_ because your provider is disqualified under WAC 170-290-0130.

**Should you need assistance in finding a new child care provider you may contact Child Care Aware at <http://wa.childcareaware.org/> or by calling 1-800-446-1114.**

We have enclosed the CCSP Application Part 2A Licensed Provider Information form to be completed by your new licensed provider.

We have also enclosed the WCCC Application Part 2B Family / Friends / Neighbors Provider Information to be completed by you and your new license-exempt provider.

- If care is provided by a Family / Friends / Neighbors provider, the provider must meet the qualifications listed on the Application Part 2B and you must submit:
- Legible copy of the provider's picture identification, such as a driver's license, state identification card, passport, or military identification.
- Legible copy of the provider's valid Social Security card.
- Proof that the provider is legally able to work in the U.S., such as a Green Card, Resident Alien Card, or Employment Authorization Document (EAD).
- Background Authorization form, DSHS 09-653. You may get this form from your WCCC authorizing worker. **No payment will be made for care provided prior to the date all background check results are received for all required persons and the provider has been approved.**

If you have questions, please contact us at the numbers listed above.

## **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.