



CHILD CARE SUBSIDY PROGRAMS (CCSP)

CCSP Income Eligibility Phase Out and Termination Notice

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

Income Eligibility Phase Out

Your income is between 200 - 220% of the Federal Poverty Level (FPL). Because your income exceeds 200% FPL you are not eligible for a full twelve months of continued child care subsidy. To help you transition to private pay child care we are approving your child care re-application for three (3) additional phase out months per WAC 170-290-0109.

- Your income eligibility phase out period is from _____ to _____ with a monthly copayment of \$_____.
- Your Child Care Subsidy Child Care benefits will terminate on _____. Payments for child care subsidies will terminate on this date because your income is above the maximum allowable for program eligibility.
WAC 170-290-0109

You must report within 10 days if your family monthly income exceeds \$ _____ or resources exceed \$1,000,000.00. WAC 170-290-0031. If your income decreases or if you disagree with our income calculation, please contact us at the numbers listed above.

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:

To view current income and monthly copayment criteria, please visit:

Between 200% and 220% 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.