Your Seasonal Child Care (SCC) eligibility will end ____. Payments will end on this date because:

☐ You withdrew your request for child care assistance. WAC 110-15-3730
☐ You no longer have an eligible child under WAC 110-15-3520.
☐ You no longer live in Washington. WAC 110-15-3520
☐ You failed to pay, or make arrangements to pay, your required copayment per WAC 110-15-3565.
☐ Your income is above the maximum allowable for program eligibility per WAC 110-15-3540.
☐ Your resources are above the maximum allowable for program eligibility per WAC 110-15-3558.
☐ You did not enter the approved activity within 14 days. WAC 110-15-3855
☐ You did not return requested income verification on or before the sixtieth day for self-report of income with a new or changed job per WAC 170-290-3530.
☐ Other:

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, PO 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.