



## CCSP Rights and Responsibilities

Case Name

Client Identification Number

### I am responsible to:

- Give us information so we can determine your eligibility and authorize child care payments correctly.
- Choose a provider who meets requirements of WAC 170-290-0125 or WAC 170-290-3750 and make your own child care arrangements.
- Return all requested information for your provider immediately. Your in-home/relative provider will not be issued payment for care provided prior to the date all background check results are received and your provider is approved.
- Pay, or make arrangements to have someone pay, your CCSP monthly copayment directly to your child care provider. **Failure to do so may result in your child care subsidies being terminated.**
- Cooperate with the quality assurance review process to remain eligible for CCSP. You become ineligible for CCSP benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.

**Failure to report required changes promptly may result in an overpayment or you may have to pay more than your share of child care costs.**

### Report These Changes

- **Within five (5) days of changing your child care provider;**
- **Within 10 days of changing your home address or telephone number;**
- **Within 10 days if your household income exceeds 85% State Median Income;**
- **Within 10 days if your resources exceed one million dollars;**
- **For WCCC only! Report to your child care authorizing worker, within 24 hours, any pending charges or conviction information you learn about:**
  - 1) Your in-home / relative provider.
  - 2) Anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.

You are **not required** to report the following changes, but doing so may allow us to keep you informed of changes to your child care authorization, may lower your copayment or increase your child care authorization:

- You need more child care hours than currently authorized;
- Your household income decreases;
- Someone moves into or out of your household; or

<ul style="list-style-type: none"> <li>• Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide information requested) with the investigator, it could affect your benefits.</li> <li>• Notify your provider within 10 days when we change your child care authorization.</li> </ul>	<ul style="list-style-type: none"> <li>• Your legal obligation to pay child support.</li> </ul>
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**My Rights:**

<ul style="list-style-type: none"> <li>• I will be treated politely and fairly no matter what my race, color, political beliefs, national origin, religion, age, gender, disability or birthplace.</li> <li>• I will have CCSP eligibility determined within thirty days from my application date.</li> <li>• I will be informed, in writing, of my legal rights and responsibilities related to CCSP benefits.</li> <li>• My information will be shared with other agencies when required by federal or state regulations.</li> <li>• I will get a written notice at least ten days before the state makes changes to lower or stop benefits except as stated in WAC 170-290-0120.</li> <li>• I may ask for a hearing if I do not agree with a decision related to my CCSP case.</li> </ul>	<ul style="list-style-type: none"> <li>• I may ask a supervisor or administrator to review a decision or action affecting my benefits without affecting the right to a hearing.</li> <li>• I may have an interpreter or translator service within a reasonable amount of time and at no cost to me.</li> <li>• I may choose my provider as long as the provider meets the requirements in WAC 170-290-0125 or WAC 170-290-3750.</li> <li>• I may ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. I do not have to let an investigator into my home. This request will not affect my eligibility for benefits. If I refuse to cooperate (provide information requested) with the investigator, it could affect my benefits.</li> </ul>
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## **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 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.

## **Reporting Changes**

**Call 1-877-501-2233 or Fax 1-888-338-7410**

**Online at: [Washingtonconnection.org](http://Washingtonconnection.org)**

**Mail: DSHS Customer Service Center**

**P.O Box 11699**

**Tacoma, WA. 98411**

**Include your Client ID on each page you submit**