

Application Form

Child Care Assistance Program

For interpretation services or translated materials, please contact us: 206-386-1050 or CCAP@seattle.gov



Step 1: Fill out the Application

The Child Care Assistance Program (CCAP) is open to all eligible children, regardless of their citizenship status, race, gender, ethnicity or developmental need. Seattle is a Welcoming City because we believe in inclusion and equity. City employees do not ask about citizenship status and serve all residents regardless of immigration status. Immigrants and refugees are welcome here. CCAP is a program of the Department of Education and Early Learning (DEEL) in the City of Seattle. To best serve your child, please answer the following questions.

FIRST PARENT/GUARDIAN INFORMATION

| | | | | | |
|---------------------------------------|--|--|--|--|--|
| First Name: | | Middle Name: | | Last Name: | |
| Birth Date: | | Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary/Other: _____ | | Relationship to child: | |
| Race/Ethnicity: | | | | | |
| Email Address: | | | | | |
| Preferred language for communication: | | Phone 1: | | Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| Primary language used in home: | | Phone 2: | | Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| | | If cell, may we contact you via text with status updates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

EMPLOYMENT

☐ Yes- Employer:
☐ No
Job Title:
Start Date:

SCHOOL/TRAINING

☐ Yes- Complete Student Questionnaire
☐ No
Program:
of credits:

INCOME

| Type of income | Monthly gross amount (pre-tax/deductions) |
|----------------|---|
|----------------|---|

Employment wages

Child Support Received

Child Support Paid Out

Financial Aid

DSHS Grant:

Other:

TOTAL

WORK and/or SCHOOL SCHEDULE from (time) to (time)

| | | | |
|--------------|--|---------------|--|
| Mon | | Sat | |
| Tues | | Sun | |
| Wed | | Notes: | |
| Thurs | | | |
| Fri | | | |

SECOND PARENT/GUARDIAN INFORMATION (if in the same home and related by blood or marriage)

| | | | | | |
|---------------------------------------|--|--|--|--|--|
| First Name: | | Middle Name: | | Last Name: | |
| Birth Date: | | Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary/Other: _____ | | Relationship to child: | |
| Race/Ethnicity: | | | | | |
| Email Address: | | | | | |
| Preferred language for communication: | | Phone 1: | | Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| Primary language used in home: | | Phone 2: | | Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| | | If cell, may we contact you via text with status updates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| EMPLOYMENT | | SCHOOL/TRAINING | | INCOME | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|--|----------------|---|------------------|--|------------------------|--|------------------------|--|---------------|--|-------------|--|--------|--|--------------|--|
| <input type="checkbox"/> Yes- Employer: <input type="checkbox"/> No Job Title: Start Date: | | <input type="checkbox"/> Yes- <i>Complete Student Questionnaire</i> <input type="checkbox"/> No Program: # of credits: | | <table border="1"> <tr> <th>Type of income</th> <th>Monthly Gross amount (pre-tax/deductions)</th> </tr> <tr> <td>Employment wages</td> <td></td> </tr> <tr> <td>Child Support Received</td> <td></td> </tr> <tr> <td>Child Support Paid Out</td> <td></td> </tr> <tr> <td>Financial Aid</td> <td></td> </tr> <tr> <td>DSHS Grant:</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> </tr> </table> | | Type of income | Monthly Gross amount (pre-tax/deductions) | Employment wages | | Child Support Received | | Child Support Paid Out | | Financial Aid | | DSHS Grant: | | Other: | | TOTAL | |
| Type of income | Monthly Gross amount (pre-tax/deductions) | | | | | | | | | | | | | | | | | | | | |
| Employment wages | | | | | | | | | | | | | | | | | | | | | |
| Child Support Received | | | | | | | | | | | | | | | | | | | | | |
| Child Support Paid Out | | | | | | | | | | | | | | | | | | | | | |
| Financial Aid | | | | | | | | | | | | | | | | | | | | | |
| DSHS Grant: | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | |
| WORK and/or SCHOOL SCHEDULE from (time) to (time) | | | | | | | | | | | | | | | | | | | | | |
| Mon | | Sat | | | | | | | | | | | | | | | | | | | |
| Tues | | Sun | | | | | | | | | | | | | | | | | | | |
| Wed | | Notes: | | | | | | | | | | | | | | | | | | | |
| Thurs | | | | | | | | | | | | | | | | | | | | | |
| Fri | | | | | | | | | | | | | | | | | | | | | |

ADDRESS INFORMATION

The information submitted to this program is confidential. We will not contact/report to your landlord or property manager.

| | | | |
|--|--|--|--|
| Home Address (if homeless, your nighttime address) Street: City: Zip Code: | | Mailing Address (if different) Street: City: Zip Code: | |
| Do you own or rent your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If you do not own/rent your own home, please check all that apply. <u>The child applicant and I currently reside:</u> <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> Transitional housing <input type="checkbox"/> Moving from place to place/couch surfing. <input type="checkbox"/> Temporarily living with another family/person due to economic hardship <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity) <input type="checkbox"/> A car, park, campsite or similar location <input type="checkbox"/> Other: | | Is your family/student enrolled in the WA State Address Confidentiality Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit a copy of your ACP card as sole proof of address.</i> | |
| | | Do you have any safety concerns as it pertains to reporting/verifying your address with the Department of Education and Early Learning & CCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, we will contact you directly to verify your program eligibility.</i> | |

CCAP uses the information below to help determine how much subsidy you will receive. Subsidy amount is based on family size, family income, along with the child's age group.

You must list ALL children under 18 living in the home. List children who need child care assistance in Section 1 and list children who do not need care in Section 2.
Only add an 18-year-old child if currently enrolled in high school.

CHILD INFORMATION

Section 1: Complete ALL information below for children in the home who need child care assistance

| Name | Birth Date | Gender | Race/Ethnicity | Child Care Provider <i>include location or CCAP ASA number.</i> | Is child already enrolled? | Start Date |
|------|------------|--------|----------------|--|---|------------|
| 1. | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 2. | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 3. | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 4. | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 5. | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |

Section 2: list ALL other children in the home under 18 years old (or enrolled in high school) who DO NOT need child care assistance

| Name | Birth Date | Name | Birth Date |
|------|------------|------|------------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

How did you learn about the City of Seattle's Child Care Assistance Program?

☐ Child Care Resources ☐ DCYF/Working Connections ☐ Flyer ☐ Website ☐ Provider ☐ Other:

Please complete the planning chart below if your child will be in school this year or next (K-6th grade) and needs before and/or after school care or summer care. School year breaks (5 days or more) are automatically covered.

PLANNING CHART FOR SCHOOL-AGED CHILDREN

Please add names of school-aged children to each column and indicate level of care needed.

| Child Name → | | | | |
|---|---|---|---|---|
| School Year Overall | <input type="checkbox"/> Before school from Time: _____ to Time: _____ <input type="checkbox"/> After school from Time: _____ to Time: _____ | <input type="checkbox"/> Before school from Time: _____ to Time: _____ <input type="checkbox"/> After school from Time: _____ to Time: _____ | <input type="checkbox"/> Before school from Time: _____ to Time: _____ <input type="checkbox"/> After school from Time: _____ to Time: _____ | <input type="checkbox"/> Before school from Time: _____ to Time: _____ <input type="checkbox"/> After school from Time: _____ to Time: _____ |
| Summer Break (End of June to Early September) | <input type="checkbox"/> Full time care from Date: _____ to Date: _____ <input type="checkbox"/> Child will change providers over the summer to: _____ | <input type="checkbox"/> Full time care from Date: _____ to Date: _____ <input type="checkbox"/> Child will change providers over the summer to: _____ | <input type="checkbox"/> Full time care from Date: _____ to Date: _____ <input type="checkbox"/> Child will change providers over the summer to: _____ | <input type="checkbox"/> Full time care from Date: _____ to Date: _____ <input type="checkbox"/> Child will change providers over the summer to: _____ |

Please explain any special circumstances:

PRIVACY STATEMENT

Personal information entered on this form is subject to Washington Public Records Act and may be subject to public disclosure. The City of Seattle is committed to protecting your privacy and will ensure that any disclosures are done according to law. To learn more about how information is managed, please see our [Privacy Statement](http://seattle.gov/tech/initiatives/privacy) [http://seattle.gov/tech/initiatives/privacy]. For more information on public disclosure requirements and exemptions, please see the Public Records Act, [RCW Chapter 52.56](#).

REQUIRED PARENT SIGNATURE

By signing below, I confirm I have read the Privacy Statement. I am aware that the information I provided is subject to review and verification from various City and public resources and that I may need to provide additional documents to support this application. I understand that my participation may be terminated from the program if it is found that I have provided false information, including but not limited to: not providing all the information required to determine eligibility and/or falsifying documents and that The City of Seattle may recover the actual cost(s) for the periods I was not eligible, and I may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information.

Parent/Legal Guardian Signature: _____ Date: _____

Print Parent Name: _____



Step 2: Collect Documents

The Child Care Assistance Program (CCAP) within the Department of Education & Early Learning (DEEL) will verify the following:

- Your child is **0-13 years old**
- You are living within **the City of Seattle** limits*
- Your **income** for eligibility and documentation of student status if applicable

*Families experiencing homelessness will not be required to submit address verification. Contact us to receive the Housing Affidavit.

Step 2: Collect Documents (cont.)

Acceptable documents to verify age, address and income

*Families experiencing homelessness will not be required to submit address verification. Contact us to receive the Housing Affidavit.

☐ CHILD'S AGE

All programs have an age requirement. Submit **ONE** document from this list:

- Birth certificate
- Medical record
- Immigration documentation with birthdate
- Passport
- Government issued ID

☐ ADDRESS

Only families who live in the City of Seattle are eligible for DEEL programs. For families in transition, experiencing homelessness, or otherwise unable to provide the below documentation, please contact DEEL for a **Housing Affidavit Form**.

Documents need to include the parent/guardian's full name and be dated within the last three months. Documents cannot be personal correspondence or the outside of envelopes. Please provide document(s) from two options below:

Option 1: Submit **ONE** document from this list:

- Utility bill (*gas, water/garbage, internet, light/electrical, cable, landline phone*)
- Home/renter's insurance
- Mortgage document
- Signed rental lease (*current*)
- Housing agency letter (*current*)
- Rental receipt (*current*)

Option 2: Submit **TWO** documents from two different sources from this list:

- Insurance document (*health, car, etc*)
- Benefits document from the agency (*DSHS, SSI, paystub, etc*)
- Financial document (*bank statement, retirement, credit card statement, etc*)
- Other bills
- Driver's license (*non-expired; can only submit one per household*)

☐ INCOME

Submit documentation for all income your household receives.

If you have income from...

EMPLOYMENT (Submit one of these options)

- Paystubs from your previous 3 full months
- Employer letter (only when starting a new job) --must be on letterhead, include the start date, hours worked, wage and dated from the last 90 days
- Self-employed—request the self employment form from DEEL

STUDENT (Submit any applicable)

- Financial aid - Award letter & tuition statement
- Work study- Award letter or supervisor letter including hours/wage

OTHER INCOME

- TANF or other cash benefits – current award letter
- Rental income- *Schedule E* tax document from most recent tax year
- Other income—three months of statements

If you have...

CHILD SUPPORT (Submit either of these options)

- Received or Paid: Court documentation with amount
- Received or Paid: Child Support Statement (request from DEEL)

Paid weekly?

Submit 12 paystubs

Paid every two weeks?

Submit 5-7 paystubs

Paid bi-monthly?

Submit 6 paystubs

Paid monthly?

Submit 3 paystub



Step 3: Submit to the Child Care Assistance Program (CCAP)

Return this completed application with your documents for review as soon as possible.

For fastest review and response, submit your completed application with all verifications electronically.

Email: CCAP@seattle.gov

Please note: if you have any concerns about sending documents electronically, contact this email address to receive instructions for emailing documents securely with an encrypted email.

Confidential Fax: 206-233-7152

Mail: CCAP

PO Box 94665

Seattle, WA 98124-6965

If you need help, please call (206) 386-1050 or email CCAP@seattle.gov

You may be contacted by your assigned CCAP Program Intake Representative (PIR) if additional information is needed to process your application. Incomplete applications may result in a delay in processing.



Step 4: Receive confirmation of eligibility

Once your information has been verified you will receive notice about your CCAP eligibility.

- If you are **not eligible** you will receive an email explaining why with information about other child care resources if available.
- If you are **eligible**, your Program Intake Representative (PIR) will confirm your provider selection and planned start date and will issue your voucher(s) for signatures. Each child receiving subsidy will have a separate voucher issued. If you did not list a CCAP contracted provider on your application, you will need to select and confirm your child care provider with your CCAP PIR before any subsidies can be issued.

All CCAP Vouchers must be signed by you and your provider(s) before payment can be issued. Signed vouchers can be returned by email and electronic signatures are accepted.

IMPORTANT: Subsidy will not be paid for any child care used during a month where signed vouchers have not been returned. You must select a CCAP contracted provider, notify your PIR of your selection and planned start date and return your signed CCAP voucher(s) within 90 days from the date you submit your completed application to CCAP. After 90 days, you may be asked to reapply.

- If you have not already determined your provider please begin to finalize that decision as soon as possible. Please check our website or contact CCAP@seattle.gov or (206) 386-1050 for a provider list.

Terms and Conditions for Participation in the Child Care Assistance Program

1. Authorization: Eligibility and subsidy amount is based on address, family income, family size and the parent(s)/guardian(s) schedule.

Once authorized, you are not required to report changes to any of these factors until your recertification. Changes that may increase your subsidy amount (i.e., decrease in income, new family member) may be reported at any time during the authorization. If you do report a change in family size or income which would make you eligible for Working Connections, you will be asked to apply to Working Connections and your CCAP voucher will be closed within two months of your notification.

2. Fees: The CCAP voucher may not cover the full costs for your child care. You may have a “parent(s)/guardian(s) portion” and/or additional fees that must be paid directly to the child care provider(s) by you.

Due dates for fees are agreed upon between parent(s)/guardian(s) and their child care provider(s). It is your responsibility to negotiate and pay for all fees not covered by the CCAP voucher. Non-payment of fees can result in closure of your voucher. CCAP will not pay for the following: Late fees, field trip fees, registration fees, additional days/hours not authorized on your voucher. Full Time days will be authorized for children during school breaks.

3. Absences: Your child needs to attend at least one (1) day during the month for your provider to be paid for that authorized month. If your child does not attend for two (2) consecutive months, your voucher will be closed, and your provider will not receive payment in the second month.

Repeated excessive absences are reason for a review of hours of care authorized and can result in reduced hours or closure of your voucher. You must follow the attendance policy agreed upon with the provider when the child enrolls.

4. Adjustments: There will be instances in which the amount awarded will be reduced.

The maximum subsidy amount will be reduced if the subsidy amount exceeds the provider’s published rate or has later start date than initially authorized.

5. Changes: When reporting any change to CCAP, we request that advance notice is provided.

Advance notice will ensure that your request is able to be addressed in a timely manner and will ensure there is no delay in payment to your provider. Please inform your CCAP PIR of any changes in hours of care needed, family circumstances or contact information in advance.

6. Changing Providers: CCAP Program Intake Representatives (PIRs) should be given two (2) weeks advance notice to ensure a smooth transition of voucher.

It is your responsibility to report changes to your child care provider and your CCAP PIR. CCAP expects you to follow your provider's guidelines as outlined and agreed upon when giving notice. If switching providers, all fees with your current provider must be paid in full, or a payment plan must be in place before a voucher transfer will be authorized. If you have unresolved fees, you will not be eligible for a new CCAP voucher. Lack of notice to CCAP and/or your provider may result in you having to pay the full cost of care with your new provider until a new CCAP voucher is issued. If you are staying with the same provider but will be using a different site/location (short or long term) report this change to your CCAP PIR in advance. For example: Changing from ChildcareABC @ Tree location to ChildcareABC @ Ocean location requires notifying us.

7. Voucher Time Frame: Your CCAP authorization is only valid from the start date to the end date listed on the voucher.

To extend your CCAP authorization, CCAP eligibility must be established during the recertification. Recertification paperwork will be sent to you by email or mail (by request) six (6) weeks before the end date on your voucher. If you need paperwork sent by mail, an official request must be made in advance to CCAP staff. Recertification materials must be returned by the due date given by the CCAP PIR. Failure to submit recertification materials by the due date can result in an interruption of your child care voucher.

8. Voucher Closure: CCAP vouchers will be closed for the following reasons:

- Falsification of information: this includes not providing all required information to determine your eligibility, providing false information, or falsifying documents
- Change in income, family size or address resulting in family eligibility for another subsidy program (i.e. Working Connections Child Care)
- Failure to follow program procedures, this includes notifying staff of changes, returning recertification paperwork, etc.
- Non-payment of fees or failure to set up a payment plan for fees owed

The Department of Education and Early Learning contracts only with child care homes and centers licensed by the Department of Children, Youth & Families. The Department of Education and Early Learning (DEEL) does not license, endorse, or recommend any particular provider. While we have expectations and requirements that promote quality care, DEEL cannot assure that a provider gives quality child care. In an effort to meet the child care needs of families, the Department may refer parents to contracted child care centers or homes; however, the ultimate choice of child care providers is the sole responsibility of the parent(s)/guardian(s). Parent(s)/guardian(s) are urged to carefully interview and check references before leaving a child in care. To review DCYF licensing history on a child care provider including any complaints, you can complete a provider search at: <https://www.findchildcarewa.org/>.

I acknowledge that I have read and I understand the terms of this agreement and I agree to abide by them.

Print Name

Signature

Date



Child Support Statement

This form can be used by families who receive or pay out child support. Please use the form below to document receipt of child support for any child in your home or document deductions for child support paid.

Regarding the applying parent, I am: ☐ *Single (never married)* ☐ *Divorced/Separated*
☐ *Married/In a Domestic Partnership*

and I have: ☐ *Full custody* OR ☐ *Shared custody*

Please briefly explain parenting plan/shared custody schedule:

☐ **I am not receiving any child support**

☐ **I am receiving child support**

Please provide any of the following documentation:

- *Statement from the Office of Support Enforcement for the past 3 months or Court documentation including parenting plan*
- *Signed mutual agreement between you and the person required to pay child support and copies of checks, electronic funds transfer or bank statements showing payments for the past 3 months.*

Please provide monthly amount \$ ☐ *check box if child support is paid in cash*

☐ **I am paying child support**

Please provide any of the following documentation:

- *Statement from the Office of Support Enforcement for the past 3 months or Court documentation including parenting plan*
- *Paystubs showing deductions for the past 3 months or other proof of payment for the past 3 months*

Please provide monthly amount \$ ☐ *check box if child support is paid in cash*

I confirm the above statement to be true to the best of my knowledge and I am aware the information I have provided is subject to review and verification.

Parent Name:

Parent Signature:

Date: