



## Application Form

### Child Care Assistance Program application for SPP/Pathway Enrolling Families

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



#### Step 1: Fill out the Application

This form should be completed by parents/guardians applying for CCAP who are enrolling their child(ren) in the Seattle Preschool Program (SPP) or Pathway to SPP who have submitted their complete Enrollment Packet. This form may also be used for households who have recently completed a SPP/Pathway enrollment.

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:	
<b>EMPLOYMENT</b>			<b>SCHOOL/TRAINING</b>		
<input type="checkbox"/> Yes- Employer: <input type="checkbox"/> No Job Title: _____ Start date: _____			<input type="checkbox"/> Yes- Complete Student Questionnaire <input type="checkbox"/> No Program: _____ # of credits: _____		
<b>WORK and/or SCHOOL SCHEDULE</b> from (time) to (time)					
Mon		Sat		Notes:	
Tues		Sun			
Wed					
Thurs					
Fri					

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

First Name:		Middle Name:		Last Name:	
<b>EMPLOYMENT</b>			<b>SCHOOL/TRAINING</b>		
<input type="checkbox"/> Yes- Employer: <input type="checkbox"/> No Job Title: _____ Start date: _____			<input type="checkbox"/> Yes- Complete Student Questionnaire <input type="checkbox"/> No Program: _____ # of credits: _____		
<b>WORK and/or SCHOOL SCHEDULE</b> from (time) to (time)					
Mon		Sat		Notes:	
Tues		Sun			
Wed					
Thurs					
Fri					

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

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

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

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

**CHILD INFORMATION**

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

Name	Birth Date	Gender	Race/ Ethnicity	School/ 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.	

Please complete the planning chart below if your child will be in school this year or next (K-6<sup>th</sup> 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 →				
<b>School Year Overall</b>	<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: ____
<b>Summer Break (End of June to Early September)</b>	<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

**CCAP and SPP have different eligibility requirements. The Child Care Assistance Program (CCAP) within the Department of Education & Early Learning (DEEL) will verify:**

- **AGE-** All children on CCAP must be **0-13 years old**. Submit age documents for all children applying for CCAP. SPP enrolled children do not need additional documents if they were already submitted.
- **ADDRESS-** No additional documentation needed if SPP enrollment was recent. DEEL staff may request additional documentation if needed.
- **INCOME-** No additional documentation needed if SPP enrollment was recent. DEEL staff may request additional documentation if needed.
- **STUDENT STATUS-** (only for parents/guardians enrolled in school or training programs) Complete CCAP Student questionnaire and required documentation as requested by your CCAP Program Intake Representative.

#### CHILD'S AGE

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

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



## 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.**

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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: