

Center \_\_\_\_\_

## **KIDS CO. SPECIAL CASE SUBSIDY APPLICATION**

**Directions for Special Case Subsidy requests:**

In order to be considered for a special case subsidy **ALL** questions must be answered thoroughly, honestly and accurately. **ALL** requested financial and written documentation must be received with application. **Incomplete applications will not be processed.** Full disclosure of **ALL** income sources is required. *Omitting or misrepresenting information will result in loss of special case subsidy and may result in termination of enrollment. If already attending, child care may also be suspended.*

1. We look forward to helping you with your child care needs. Please assist us in helping you by providing the following information:
  - a. A completed *Special Case Subsidy application*.
  - b. Copies of your most recent four (4) consecutive **pay stubs** from each family income-earner for each job.
  - c. A complete copy of your most recent **tax return** including W-2 forms.
  - d. Copies of your last 2 **bank statements** (all accounts, i.e. checking and savings)
  - e. If applicable, copies of your most recent retirement/investment savings programs (i.e. 401K)
  - f. Go online to [www.washingtonconnection.org](http://www.washingtonconnection.org) and click on am I eligible. Fill out the requested information. After that is submitted it will ask you to fill out an e-application. Once you submit the e-application with an electronic signature it will give you a confirmation number. You need to print out the confirmation page with that confirmation number and turn that in as well.
  
2. Person(s) applying for tuition assistance.

Applicant's Name: _____		Relationship to child: _____
Address: _____		
Street	Apt	City
State	Zip code	
(Area code) Home phone: _____	(Area Code) Cellular or Pager: _____	Email address: _____
Employer: _____	Occupation: _____	How long you've held this position: _____
Work Phone: _____		
Co-Applicant's Name: _____		Relationship to child: _____
Address: _____		
Street	Apt	City
State	Zip code	
(Area code) Home phone: _____	(Area Code) Cellular or Pager: _____	Email address: _____
Employer: _____	Occupation: _____	How long you've held this position: _____

Child's Name	Age	Preschool	School-age

4. Child(ren) reside(s) with: *check all that apply*

- Mother       Father       Both Parents   
 Mother/Stepfather       Gay/Lesbian Partner       Foster Parents   
 Father/Stepmother       Grandparent(s)       Parent's Significant Other

5. Please describe your child's living situation (Example: M-F resides with mother, weekends are spent at father's).

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6. Total number of people in your household \_\_\_\_\_

7. Please list the people in your household. List the age of children.

Name	Relationship to Applicant(s)	Age

**Financial Information:**

**Complete the attached "Family Monthly Budget" worksheet.**

8. Annual Gross Household Income: \$\_\_\_\_\_ Current Gross Monthly Income: \$\_\_\_\_\_

Pay Period: Weekly\_\_\_\_\_ Bi-Monthly\_\_\_\_\_ Monthly\_\_\_\_\_ Hourly wage: \$\_\_\_\_\_

**Note: Attach your most recent tax return including W-2 FORM(S), copies of your last four (4) consecutive pay stubs from all-income earners and copies of your last two bank statements (checking and savings).**

9. Check Income sources (all that apply) and **attach the supporting documentation including monthly amounts:**

- Wages/Salary       Child Support       Social Security   
 AFDC (case #: \_\_\_\_\_)       FIP (Case #: \_\_\_\_\_)       Unemployment   
 Pension/Retirement       Court Award/Settlement       Other \_\_\_\_\_

10. Do you have anyone who contributes to your household expenses (i.e. roommate, significant other or relative who lives with you and pays a portion of the household expenses such as rent/mortgage, utilities, and phone/cable etc.)?

Yes \_\_\_ No \_\_\_ If yes, how much per month do you receive? \$\_\_\_\_\_

**Note:** on your family budget worksheet, please be sure to only list the actual amounts you pay for your monthly expenses. *Example: Your rent is \$800 per month, a friend lives with you and pays \$200, list \$600 as your actual rent cost.*

**General Section:**

11. Have you applied for **DSHS childcare** benefits: \_\_\_ Yes \_\_\_ No  
If yes, were you eligible for benefits \_\_\_ Yes \_\_\_ No                      If yes, what is your monthly co-payment \$ \_\_\_\_\_  
If you did not apply for DSHS childcare benefits or were determined ineligible **please explain in detail.**

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12. If you live in Seattle, have you applied for the **City of Seattle Childcare** program \_\_\_ Yes \_\_\_ No  
If yes, were you eligible for benefits \_\_\_ Yes \_\_\_ No  
If yes, what is your average monthly payment voucher amount \$ \_\_\_\_\_  
If you did not apply for the City of Seattle Childcare program or were determined ineligible **please explain in detail:**

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13. Applicant:  
Are you Employed \_\_\_ Yes \_\_\_ No    If yes, \_\_\_ Hrs per week    Schedule: \_\_\_\_\_  
Are you a student \_\_\_ Yes \_\_\_ No    If yes, \_\_\_ Hrs per week    Schedule: \_\_\_\_\_

Co-Applicant:  
Are you Employed \_\_\_ Yes \_\_\_ No    If yes, \_\_\_ Hrs per week    Schedule: \_\_\_\_\_  
Are you a student \_\_\_ Yes \_\_\_ No    If yes, \_\_\_ Hrs per week    Schedule: \_\_\_\_\_

14. Has there been a recent illness, loss of employment, change in marital status, or other family emergency that has had a significant financial impact on your family? \_\_\_ Yes \_\_\_ No (if yes, describe below in detail including dates of events that affect your financial situation):

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15. How long will you potentially be needing tuition assistance \_\_\_\_\_?

16. Based on your family budget, what is the highest actual dollar amount you can afford to pay for your monthly child care expenses? \$ \_\_\_\_\_ and why?  
*(This question is required. Please note that 100% scholarships are not available)*

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**Please note:** Your family may be asked to provide more information regarding your situation in order to complete this process. In the event that your family is awarded a scholarship, you may be asked about how receiving support from Kids Co. has impacted your family via a personal interview, phone survey, written evaluation, etc.

**Family Monthly Budget Worksheet – MUST COMPLETE ALL SECTIONS**

**Projected Income**

<b>Household:</b> Gross Wages	\$
- Employment Taxes (subtract)	\$ -
<b>Net Wages</b>	\$
+ Child Support (add)	\$
+ Other Income (add)	\$
<b>Total Monthly Income</b>	\$

**Projected Expenses**

<b>Insurance:</b> Home or renters	\$
Medical, dental & vision	\$
Life	\$
Other	\$
<b>Subtotals</b>	\$

<b>Food:</b> Groceries	\$
Dining Out	\$
Other	\$
<b>Subtotals</b>	\$

**Projected Expenses**

<b>Housing:</b> Mortgage or rent	\$
Second Mortgage or rent	\$
Telephone/Internet/Cable	\$
Cellular phone	\$
Electricity	\$
Gas	\$
Water, sewer and garbage	\$
Maintenance or repairs	\$
	\$
Other	\$
<b>Subtotals</b>	\$

<b>Children:</b> Medical	\$
School supplies	\$
School Tuition	\$
Lunch money	\$
Child care	\$
Clothing/Toys	\$
Other	\$
<b>Subtotals</b>	\$

<b>Legal:</b> Attorney	\$
Payments on lien	\$
Alimony	\$
Judgments	\$
Other	\$
<b>Subtotals</b>	\$

<b>Pets:</b> Food	\$
Medical	\$
Grooming	\$
Other	\$
<b>Subtotals</b>	\$

<b>Loans:</b> Personal	\$
Student	\$
Credit Card	\$
Credit Card	\$
Credit Card	\$
<b>Subtotals</b>	\$

<b>Transport.:</b> Vehicle 1 Payment	\$
Vehicle 2 Payment	\$
Bus/Taxi Fare	\$
Insurance	\$
Licensing	\$
Fuel	\$
Maintenance	\$
Other	\$
<b>Subtotals</b>	\$

<b>Personal Care:</b> Medical	\$
Hair/nails	\$
Clothing	\$
Dry Cleaning	\$
Health Club	\$
Organization dues/fees	\$
Other	\$
<b>Subtotals</b>	\$

**Income/Expense Summary**

<b>Total Monthly Income</b>	\$
Housing	\$
Transportation	\$
Savings/Investments	\$
Gifts/donations	\$
Insurance	\$
Children	\$
Pets	\$
Personal Care	\$
Entertainment	\$
Food	\$
Legal	\$
Loans	\$
<b>Total Expenses</b>	\$

<b>Savings/investments:</b> College	\$
Investment contributions	\$
Retirement contributions	\$
Other	\$
<b>Subtotals</b>	\$

<b>Entertainment:</b> Video/DVD	\$
CD's	\$
Movies	\$
Concerts/Theater	\$
Sporting events	\$
Other	\$
<b>Subtotals</b>	\$

<b>Income – Expenses</b>	\$
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<b>Gifts/donations:</b> Charity 1	\$
Charity 2	\$
<b>Subtotals</b>	\$

**Family Budget Worksheet Detail:**

Because Kids Co. considers family expense as a component of each family's financial eligibility, please refer to the family budget worksheet amounts and **please explain, in detail, the circumstances/situation:**

1. If you contribute to a retirement or investment plan at this time please explain the circumstances that prevent you from lowering or stopping contributions in order to pay for child care expenses?

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2. Explain your credit card or personal loan payment plans (i.e. \$5,000 medical bill owed, paying \$200 per month)

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3. If you have transportation costs over \$600 per month

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4. If you have any other expenses that you would like to explain -

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**STATEMENT OF UNDERSTANDING**

I understand that completion of this application does not guarantee a child care subsidy from Kids Co. Additionally, I understand that omitting or providing false information will result in loss of all Kids Co. child care subsidies and that my child's enrollment may be terminated. If enrollment continues, I understand that I will be responsible for all regular (non-discounted) tuition charges/fees immediately.

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Applicant's Signature

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Date

For Office Use Only:

Application Approved: YES  NO

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason Denied: \_\_\_\_\_

End Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Tuition Rate: \_\_\_\_\_ Deposit: yes / no Registration: yes / no

Approved/Denied By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature & Title

Notes: