

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)

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: _____

3. Special case subsidy request for:

Child's Name (Last, First, MI):	Age	Attends Days/Time Slots	
		Preschool	School-age

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

- | | | | | | |
|-------------------|--------------------------|---------------------|--------------------------|----------------------------|--------------------------|
| Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Both Parents | <input type="checkbox"/> |
| Mother/Stepfather | <input type="checkbox"/> | Gay/Lesbian Partner | <input type="checkbox"/> | Foster Parents | <input type="checkbox"/> |
| Father/Stepmother | <input type="checkbox"/> | Grandparent(s) | <input type="checkbox"/> | Parent's Significant Other | <input type="checkbox"/> |

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

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 | <input type="checkbox"/> | Child Support | <input type="checkbox"/> | Social Security | <input type="checkbox"/> |
| AFDC (case #: _____) | <input type="checkbox"/> | FIP (Case #: _____) | <input type="checkbox"/> | Unemployment | <input type="checkbox"/> |
| Pension/Retirement | <input type="checkbox"/> | Court Award/Settlement | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

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.**

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:**

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):

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)

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

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

Projected Expenses

Insurance: Home or renters	\$
Medical, dental & vision	\$
Life	\$
Other	\$
Subtotals	\$

Food: Groceries	\$
Dining Out	\$
Other	\$
Subtotals	\$

Projected Expenses

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

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

Legal: Attorney	\$
Payments on lien	\$
Alimony	\$
Judgments	\$
Other	\$
Subtotals	\$

Pets: Food	\$
Medical	\$
Grooming	\$
Other	\$
Subtotals	\$

Loans: Personal	\$
Student	\$
Credit Card	\$
Credit Card	\$
Credit Card	\$
Subtotals	\$

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

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

Income/Expense Summary

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

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

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

Gifts/donations: Charity 1	\$
Charity 2	\$
Subtotals	\$

Income – Expenses	\$
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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?

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

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

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

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.

Applicant's Signature

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: