



IMPORTANT SUBSIDY/SCHOLARSHIP INFORMATION FOR FAMILIES

We are here to help! Our goal is to make sure families receive high quality care for their children at our centers while still maintaining our budget. If you need help understanding our policies or completing the required information to receive a subsidy, please feel free to ask your program manager for assistance.

If you are seeking tuition assistance or scholarship support for your child to attend a Kids Co. center, please read the following important information regarding our policies and procedures for the following subsidy programs:

- ✓ State of Washington (DSHS)
- ✓ City of Seattle (HSD)
- ✓ Kids Co. (Schedule B and Special Case Scholarship)

Kids Co. is operated by Evergreen Children's Association, a local, 501(c)(3), non-profit corporation. We are committed to serving families of differing economic means, which is why we accept DSHS and HSD subsidies, offer reduced tuition rates (Schedule B) and special case scholarships. Because we do not set limits on the number of families receiving subsidies/scholarships, it is critical that participating families maintain their eligibility. The amount of funds we receive from the subsidy programs does not cover our actual cost to provide care, therefore we ask that parents read and sign the attached agreement in order to protect our ability to accept subsidies and offer scholarships.

Schedule B Tuition Assistance is a program provided to parents in the event that coverage by the City of Seattle or Washington State is not granted. This program is based on income and requires a completed application and proof of income. The number of schedule B subsidies given during the year is dependent on the amount of scholarship funds available and may change from year to year. Schedule B recipients must renew their agreements every 6-12 months or less depending on each individual situation.

Special Case Scholarships is a program provided to parents in the event that coverage by the City of Seattle or Washington State is not granted, subsidies are granted but the co-pay is too high or there are extenuating financial hardships. This program is based on need and requires a completed application and proof of income. The number and amount of scholarships given during the year is dependent on the amount of scholarship funds available. The scholarship amount requested and the amount granted may change from year to year. Special case scholarship recipients must renew their agreements every 6-12 months or less depending on each individual situation.

**Please read and sign the following page and return it
with your child's enrollment paperwork.**

Kids Co. Subsidy/Scholarship Agreement

You may not cross out or otherwise change this agreement, this is a legal document.

Parent/Guardian's Name: _____

Child(ren's) Name(s): _____

Mark the program that applies (choose all that apply):

- DSHS, STATE OF WASHINGTON CHILD CARE SUBSIDY PROGRAM
- HSD, CITY OF SEATTLE CHILD CARE SUBSIDY PROGRAM
- SCHEDULE B, KIDS CO. REDUCED TUITION PROGRAM
- SPECIAL CASE SCHOLARSHIP PROGRAM

For families who receive subsidies through the State of Washington (DSHS):

- ✓ **Parents are responsible for initiating and maintaining their DSHS coverage.** Submitting the WCCC Part II of the Provider Profile form to the program manager does not guarantee the authorization of care through DSHS. I understand that **in order for my child to attend**, Kids Co. must receive a copy of my award letter authorizing payment for care from DSHS **PRIOR** to beginning care at Kids Co.
- ✓ **Kids Co. must receive the indicated co-pay amount in full** in order to start care and for each month following. Co-pay amounts are due in full by the 5th of the month unless a signed payment agreement has been completed. Failure to pay the monthly co-pay will be reported to DSHS and may be cause for termination both from Kids Co. and the DSHS child care subsidy program.
- ✓ Kids Co. allows up to 5 absences per month of care. **I understand that if my child is absent more than the allotted 5 times per month, my subsidy may be in jeopardy.** In cases of excessive absences I will inform the program manager in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and will be reported to DSHS.
- ✓ **I understand that my DSHS subsidy is subject to renewal periods set by DSHS.** In order to maintain my coverage, I agree to submit completed renewal paperwork on time to DSHS. I will inform the program manager of any changes to my coverage as soon as possible. I understand that without verification of continuing coverage, Kids Co. may suspend my child's care until notice is given that coverage has been renewed.
- ✓ In the event that DSHS coverage is not verified by the 5th of the month following my renewal date, I understand that my child care may be suspended or payment in full for the advance month will be due. In the event that my coverage is renewed retro-actively, my payment will be refunded (minus any applicable co-pay or other outstanding charges).
- ✓ I understand that I am responsible to report changes in my work status or my child's schedule (i.e. going from school-year to summer etc.) to DSHS 30 days in advance of the change.

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

For families who receive subsidies through the City of Seattle (HSD):

- ✓ **Parents are responsible for initiating and maintaining their HSD coverage.** I understand that HSD does not cover the cost of registration and/or deposits and that I am responsible for the regular enrollment deposit and registration fees at the time of enrollment.

Kids Co. Subsidy/Scholarship Agreement

You may not cross out or otherwise change this agreement, this is a legal document.

- ✓ **I understand that I must submit all appropriate paperwork to HSD and bring a copy of the authorization voucher to Kids Co. PRIOR to my child starting the program.**
- ✓ **The City of Seattle subsidy program provides only a portion of my childcare fees.** I understand that I am responsible for the remaining balance. In the event that HSD does not grant coverage or renew coverage, I understand that I am responsible for the tuition for care IN ADVANCE for the coming month. I understand that I must give 30 days' written notice of withdrawal.
- ✓ **I understand that I must notify HSD of changes to my work status or child's schedule including absences.** In cases of excessive absences I will inform the program manager and HSD administrator in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and HSD will not pay the full authorized amount.
- ✓ **I understand that in all cases where HSD does not pay the full authorized amount, I am responsible to pay the difference between the authorized amount and the actual amount received.**

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

For Families who receive Kids Co. Schedule B or Special Case Scholarship:

- ✓ Schedule B is only available to those who are not eligible for HSD or DSHS subsidies.
- ✓ Schedule B is only available to those families that meet Kids Co.'s guidelines for family size and income.
- ✓ **I understand that I must complete all Schedule B paperwork and return to the program manager before any subsidy may be applied to my account.** I understand that I am responsible for all fees including but not limited to: tuition charges, registration and deposit fees, late pick up or late payment fees, and NSF charges.
- ✓ **I understand that my Schedule B or Special Case Scholarship may be renewed at every 6 – 12 months depending on individual family circumstances and will require proof of income.** Some renewal periods may be shorter than 6 months.
- ✓ There is a high demand for Schedule B or Special Case Scholarship support. Need is tied to attendance. Kids Co. allows for 5 absences per month of care. **I understand that if my child is absent more than the allotted 5 times per month, my Schedule B or Special Case Scholarship may be revoked or reduced.** In cases of excessive absences I will inform the program manager in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status.

This agreement is in effect for the time period that coincides with the subsidy/scholarship program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

KIDS CO. SCHOLARSHIP APPLICATION

- Location (choose one):
- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Graham Hill | <input type="checkbox"/> Cascadia |
| <input type="checkbox"/> Island Park | <input type="checkbox"/> John Hay | <input type="checkbox"/> McDonald |
| <input type="checkbox"/> Northwood | <input type="checkbox"/> Queen Anne | <input type="checkbox"/> South Shore |
| <input type="checkbox"/> West Mercer | | <input type="checkbox"/> TOPS |

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 Kids Co. Scholarship **agreement and 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. Go online to 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 scholarship assistance.

| | | | |
|----------------------------|-----------------------|---|---------------------|
| Applicant's Name: _____ | | Relationship to child: _____ | |
| Address: _____ | | | |
| Street | Apt | City | State Zip code |
| Work #: (_____) _____ | Cell #: (_____) _____ | Home #: (_____) _____ | |
| Employer: _____ | Occupation: _____ | How long you've held this position: _____ Yrs & Mos | |
| Email address: _____ | | SSN: _____ | |
| Co-Applicant's Name: _____ | | Relationship to child: _____ | |
| Address: _____ | | | |
| Street | Apt | City | State Zip code |
| Work #: (_____) _____ | Cell #: (_____) _____ | Home #: (_____) _____ | |
| Employer: _____ | Occupation: _____ | How long you've held this position: _____ Yrs & Mos | |
| Email address: _____ | | SSN: _____ | |

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

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 **ALL** the people in your household. List the age of children.

| Name | Relationship to Applicant(s) | Age |
|------|------------------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Ethnic Background: In order for Kids Co. to be able to offer scholarships to families in need, Kids Co. seeks funding support from foundations, corporations and individuals. For fund raising purposes we are requesting information regarding the ethnic background of the children we serve. Some funders ask specifically for this information. Please mark all that apply to your child(ren). **Note: If you are applying for scholarship support for more than one child, please check all ethnicities that apply and write the name of the child next to the selected ethnicity.**

- Asian/Pacific Islander - _____
Child's Name Child's Name Child's Name
- African-American/African Descent - _____
Child's Name Child's Name Child's Name
- Latino/a - _____
Child's Name Child's Name Child's Name
- Native American/Indigenous - _____
Child's Name Child's Name Child's Name
- Caucasian/European American - _____
Child's Name Child's Name Child's Name
- Mixed Ethnicity - _____
Child's Name Child's Name Child's Name
- Other: _____ - _____
Child's Name Child's Name Child's Name

What is the primary language spoken in the home? _____

8. 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: _____

Financial Information:

9. 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.

On your estimated monthly budget, 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.*

Estimated Monthly Budget

Monthly Income:

Wages \$ _____

Child Support \$ _____

Other Income \$ _____

Total Monthly Income: \$ _____

Monthly Expense:

Housing (mortgage/rent, insurance) \$ _____

Household (telephone, cable, internet, cell, electricity, gas, water, sewer, garbage) \$ _____

Transportation (vehicle 1, vehicle 2, insurance, gas) \$ _____

Child Care \$ _____

Food \$ _____

Other (loans, retirement, etc.) \$ _____

Total Monthly Expense: \$ _____

Balance (income – expense): \$ _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> 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 _____ |

11. 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? \$ _____

General Section:

12. 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.**

13. 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:**

Monthly Budget Detail:

Because Kids Co. considers family expense as a component of each family's financial eligibility, please refer to the monthly budget 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. Please explain any medical, personal/student loan and/or credit card debt that impacts your monthly budget (i.e. \$5,000 medical bill owed, paying \$200 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 scholarship from Kids Co. Additionally, I understand that omitting or providing false information will result in loss of all Kids Co. child care scholarships 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: _____

Co-Applicant's Signature: _____ Date: _____

For Office Use Only:

Application Approved: Yes No Reason denied: _____

Start Date (mm/dd/yy): _____ End Date (mm/dd/yy): _____

Monthly Tuition Rate: _____, Parent Pays: _____, Monthly Scholarship Award: _____
Typical Monthly Amt

Deposit: Yes No Registration Fee: Yes No

Processed by: _____ Date: _____
Signature & Title

Approved by: _____ Date: _____
Susan R. Brown, President and CEO