



## IMPORTANT SUBSIDY, SCHEDULE B, and SCHOLARSHIP INFORMATION

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 – Working Connections Child Care (WCCC)
- City of Seattle – Child Care Assistance Program (CCAP)
- Kids Co. Schedule B
- Kids Co. Scholarship Fund

Kids Co. (aka Evergreen Children’s Association), is a local, 501(c)(3), **nonprofit** corporation. We are committed to serving families of differing economic means, which is why we accept State of Washington and City of Seattle child care subsidies, offer reduced tuition rates (Schedule B), and special case scholarships.

**Working Connections Child Care** helps families with low incomes pay for child care. For qualifying families, WCCC the state pays a portion of the cost of child care and the family is responsible to pay a copayment to Kids Co. each month. The copayment is based on income. Because we do not set limits on the number of families receiving subsidies, it is critical that participating families maintain their eligibility.

The amount of funds we receive from WCCC does not cover the actual cost of care, therefore we ask that parents read and sign the attached agreement in order to protect our ability to accept subsidies and offer scholarships.

**Child Care Assistance Program** helps income eligible working families living within the Seattle city limits pay for child care services for children up to 13 years old. The City of Seattle pays a portion of the cost of child care and the family is responsible to pay a copayment to Kids Co. each month. The copayment is based on income.

**Schedule B Tuition Assistance** is a program provided to parents in the event that tuition assistance from 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.

**Kids Co. Scholarship** 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.

All families requesting a Kids Co. scholarship are required to provide proof of ineligibility for Working Connections Child Care, Child Care Assistance Program, Schedule B subsidies in order to apply for a Kids Co. Scholarship. If your family is eligible to receive WCCC or CCAP subsidies but your copayment is beyond what you can afford, you may be eligible to receive a Kids Co. scholarship.

**Please read and sign the Kids Co. Subsidy, Schedule B, and Scholarship Agreement and return it with your child’s enrollment paperwork.**

# SUBSIDY, SCHEDULE B, AND 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, sign and date the agreement that applies (choose all that apply):**

- State of Washington – Working Connections Child Care (WCCC)
- City of Seattle – Child Care Assistance Program (CCAP)
- Schedule B – Kids Co.'s reduced tuition program
- Scholarship – Kids Co.'s special case scholarship

**For families who receive subsidies through the State of Washington:**

- ✓ **Parents are responsible for initiating and maintaining their WCCC coverage.** Submitting the WCCC Part II of the Provider Profile form to the program manager does not guarantee the authorization of care through DCYF. 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 WCCC **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 1<sup>st</sup> of the month unless a signed payment agreement has been completed. Failure to pay the monthly co-pay will be reported to WCCC and may be cause for termination both from Kids Co. and the WCCC 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 WCCC.
- ✓ **I understand that my WCCC subsidy is subject to renewal periods set by WCCC.** In order to maintain my coverage, I agree to submit completed renewal paperwork on time to WCCC. 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 is renewed.
- ✓ In the event that WCCC coverage is not verified by the 5<sup>th</sup> 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 WCCC 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: \_\_\_\_\_

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# SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

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## **For families who receive subsidies through the City of Seattle:**

- ✓ **Parents are responsible for initiating and maintaining their CCAP coverage.** I understand that CCAP does not cover the cost of registration fees and/or deposits and that I am responsible for the regular enrollment deposit and registration fees at the time of enrollment.
- ✓ I understand that I must submit all appropriate paperwork to CCAP and bring a copy of the authorization voucher to Kids Co. **prior** to my child starting the program.
- ✓ **The City of Seattle CCAP provides only a portion of my childcare fees.** I understand that I am responsible for the remaining balance. In the event that CCAP 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 CCAP of changes to my work status or child's schedule including absences.** In cases of excessive absences I will inform the program manager and CCAP administrator in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and CCAP will not pay the full authorized amount.
- ✓ 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 CCAP 30 days in advance of the change.
- ✓ I understand that in all cases where CCAP 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: \_\_\_\_\_

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# **kidsco** SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

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## **For Families who receive Kids Co. Schedule B:**

- ✓ Schedule B is only available to those who are not eligible for WCCC or CCAP 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 Schedule B rates 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 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 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: \_\_\_\_\_

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# SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

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## **For Families who receive Kids Co. Scholarship:**

- ✓ A Kids Co. Scholarship is only available to those who are not eligible for WCCC, CCAP, or Schedule B subsidies.
- ✓ I understand that I must complete **all Kids Co. Scholarship paperwork** and return to the program manager **before scholarship awards 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. The scholarship only assists with tuition charges.
- ✓ I understand that my 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 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 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 and scholarship eligibility.

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: \_\_\_\_\_

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# **kidsco** 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"/> Lakeridge   |
| <input type="checkbox"/> McDonald    | <input type="checkbox"/> Northwood   | <input type="checkbox"/> Queen Anne  |
| <input type="checkbox"/> TOPS        | <input type="checkbox"/> West Mercer | <input type="checkbox"/> Magnolia    |
|                                      |                                      | <input type="checkbox"/> South Shore |

**Directions for Kids Co. Scholarship requests:**

In order to be considered for a Kids Co. Scholarship **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 scholarship and may result in suspension or termination of enrollment.*

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. Submit proof of ineligibility for WCCC, CCAP, and Schedule B.

2. Person(s) applying for scholarship assistance.

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

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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 Tuition \$ \_\_\_\_\_

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.**

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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:**

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**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?

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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).

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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 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