



Child Care Assistance Program Information & Application

The Child Care Assistance Program provides funds to eligible students with children to assist them in meeting the cost of licensed child care. Assistance is provided quarterly, and students need to apply once a year as well as complete a quarterly supplemental application with an updated bill or receipt from their child care provider. Assistance is not guaranteed every quarter, regardless of previous assistance from the program. Continual funding is dependent on completion of a successful quarter. Application and bill or receipt is due by the **10th day of the quarter**. Priority for funding is given to full-time students (12 credits minimum). Part-time students are still encouraged to apply.

Who is eligible to receive child care assistance?

To be considered for the Child Care Assistance Program you must meet ALL of the following criteria:

- ☐ Provide a complete application and additional documents
- ☐ Cumulative GPA at least 2.0. If this is your first quarter at any college, minimum GPA is waived.
- ☐ Be enrolled in college level credit-bearing classes and a minimum of 5 credits (Priority given to students taking at least 12 credits)
- ☐ Do not have a previous degree from a college or university in the United States
- ☐ Have a dependent child 12 years old or younger
- ☐ Currently incur child care expenses from a child care provider that is licensed by the state of Washington
- ☐ Provide a bill or receipt from your childcare provider (indicating your monthly child care expenses)
- ☐ Demonstrate financial eligibility: Your household's income is at or under 300% of Federal Poverty Guidelines. (<http://aspe.hhs.gov/poverty>)
- ☐ Demonstrate sufficient unmet financial need for this assistance (determined by Financial Aid)
- ☐ Tuition must be paid current at the time the award is made

****Priority will be given to students not receiving assistance from DSHS or Seattle Milk Fund. Students receiving City of Seattle Child Care Assistance are not eligible.****

How do I apply?

Applications can be found at Student Support Programs office (BE 3215) or online at www.seattlecolleges.edu

Completed applications (including a bill or receipt from child care provider) need to be returned to Student Support Programs office (BE 3215) by the **10th day of the quarter**.

How much is the assistance?

The amount of assistance provided to eligible applicants is based on the age of their children, the number of children enrolled in licensed care facilities, and available funding.

The Child Care Assistance Program will cover 50% of your out-of-pocket expenses*, not to exceed the following amounts:

Age of Child in care	Limit per Quarter
Each child aged Newborn to 11 months	\$1,700.00
Each child aged 12 months – 35 months	\$1,500.00
Each child aged 3 years to 5 years (If 5 year old has not yet entered Kindergarten)	\$1,200.00
Each Child Aged 5 years – 12 years (Summer Quarter Only)	\$655.00
Each Child Aged 5 years – 12 years	\$575.00

What can I expect?

Eligible applications will be brought to the Child Care Assistance Program's committee for review. The committee will prioritize applications based on full time enrollment, and financial need.

All applicants will be notified and informed of their funding status by the end of the 3rd week of the quarter.

If eligible for funding from the Child Care Assistance Program it will be placed on your BankMobile Vibe card by Financial Aid.

What if I don't qualify or don't receive funding this quarter?

If you do not qualify for assistance or do not receive funding for the quarter, you will be invited to review other funding options and program offerings. The Student Parent Support Program has information on child care assistance funding, finding child care, and how to get involved with other student parents on campus.



Student Support Programs
Seattle Central College
1701 Broadway, BE 3215
Seattle WA 98122
(206) 934-4038
Ariel.Li@seattlecolleges.edu

STUDENT SUPPORT PROGRAMS

OFFICE USE ONLY
Application Received: _____

Initial Application for Child Care Assistance Program 2018-2019

Quarter: _____

Name: _____ Student ID# _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

List all children who currently need child care assistance:

LAST NAME	FIRST NAME	BIRTHDATE	CHILDCARE PROVIDER	CHILDCARE PHONE #
1.				
2.				
3.				
4.				

Please Select One:

☐ Single ☐ Two Parent Household ☐ Married

Number of people in your household: _____

Are you currently experiencing homelessness? ☐ Yes ☐ No

Are you currently working? ☐ Yes ☐ No Is it a Work Study position? ☐ Yes ☐ No
How many hours per week? _____

What program and degree are you pursuing? _____

Are you currently in any of the following programs? ☐ BFET (Basic Food Educational Training)
☐ TANF (Temporary Aid for Needy Families)

Have you applied for other child care assistance programs (eg. DSHS, City of Seattle, or Seattle Milk Fund)?
☐ Yes ☐ No Agency Name: _____

Current eligibility through above agency: ☐ Eligible ☐ Not Eligible

If eligible how much assistance do you receive per quarter or what is your monthly co-pay: _____

FLIP OVER – SIGNATURE REQUIRED ON BACK

Check the following items to confirm you understand the expectations of the Child Care Award Program:

- ☐ I am directly responsible for the cost of childcare for my dependents
- ☐ My child(ren) is/are currently enrolled with the above licensed child care provider
- ☐ I have submitted a bill or receipt from my child care provider(s) with my completed application.
- ☐ I have a current FAFSA/WAFSA on file with Seattle Central OR I included appropriate income documentation
- ☐ If I receive funding, I understand I will be expected to meet face to face with the Student Parent Support Coordinator at least once this quarter to review other funding options
- ☐ If I receive funding, I understand I will be asked to complete an information survey by the end of the quarter
- ☐ I understand that this funding is given out quarterly, and that I will need to submit a bill/receipt quarterly with a supplemental application

I CERTIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE