Child Care Subsidy Application

Use this form to apply for a subsidy towards the cost of child care for your 6 week to 12 year-old, and/or your child with special needs who is under 19 years-old. This application allows you to apply for ALL of your eligible children. Eligibility is needs based and determined by household income and family size, among other factors, including the citizenship and immigration status of only the child and not the parent.

1. What is your reason for requesting a child care subsidy?

☐ Working ☐ Training/Education ☐ Child with documented special need ☐ Child is homeless ☐ Child is a ward of the District

☐ Seeking employment or engaging in job search ☐ Other: _____

2. Who is the applying parent/guardian?

Full Name:		**Email:**		
Relationship to child: ☐ Birth parent ☐ Adoptive Parent ☐ Step-parent ☐ Guardian ☐ Other: _____				
Address:	**Apt:**	**City:**	**State:**	**ZIP:**
Date of Birth:	**SSN (optional)**	**Marital Status:**	**Phone:**	
Military Status: ☐ None ☐ Active Duty US Military ☐ National Guard or Military Reserve				
Ethnic Designation: ☐ Hispanic/Latino ☐ Non-Hispanic/ Non-Latino				
Race: ☐ Black/African American ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Pacific Islander ☐ Asian ☐ White				
Where do you live: ☐ Permanent house ☐ Hotel or motel because I have no alternative accommodation ☐ I do not have housing ☐ Homeless shelter ☐ I share housing with others because I have no alternative accommodation				
Primary language you speak: ☐ English ☐ Cantonese Chinese ☐ Amharic ☐ Vietnamese ☐ Spanish ☐ Mandarin Chinese ☐ French ☐ Other:				

3. Tell us about your work/education.

Name of school or employer 1:			**Phone:**	
Address:	**Suite:**	**City:**	**State:**	**ZIP:**
Start date:	**End date:**	**Days and hours of school/employment:**		
Name of school or employer 2:			**Phone:**	
Address:	**Suite:**	**City:**	**State:**	**ZIP:**
Start date:	**End date:**	**Days and hours of school/employment:**		

4.Who is the OTHER parent/guardian/spouse?

Full Name:		**Email:**		
Relationship to child: ☐ Birth parent ☐ Adoptive Parent ☐ Step-parent ☐ Guardian ☐ Other: _____				
Address:	**Apt:**	**City:**	**State:**	**ZIP:**
Date of Birth:	**SSN (optional)**	**Marital Status:**	**Phone:**	
Military Status: ☐ None ☐ Active Duty US Military ☐ National Guard or Military Reserve				
Ethnic Designation: ☐ Hispanic/Latino ☐ Non-Hispanic/ Non-Latino				
Race: ☐ Black/African American ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Pacific Islander ☐ Asian ☐ White				
Primary language they speak: ☐ English ☐ Cantonese Chinese ☐ Amharic ☐ Vietnamese ☐ Spanish ☐ Mandarin Chinese ☐ French ☐ Other: ☐				

5. Tell us about the OTHER parent's/spouse work/education living in your household?					
Name of activity 1:				**Phone:**	
Address:		**Apt:**	**City:**	**State:**	**ZIP:**
Start date:	**End date:**	**Days and hours of school/employment:**			
Name of activity 2:				**Phone:**	
Address:		**Apt:**	**City:**	**State:**	**ZIP:**
Start date:	**End date:**	**Days and hours of school/employment:**			

6. Tell us about your household's income.

Are you receiving child support for all children in your household who are eligible for child support? ❑ Yes ❑ No

Have you applied for child support for all children in your household eligible to receive child support? ❑ Yes ❑ No

Does your household have assets (i.e. real estate, bank accounts) in excess of one million dollars ($1,000,000)? ❑ Yes ❑ No

TYPE OF INCOME	EMPLOYMENT PERIOD	FREQUENCY OF PAY PERIODS	GROSS AMOUNT PER PAY PERIOD
Applying Parent/Guardian Income	❑ 10 month ❑ 12 month	❑ Weekly ❑ Bi-weekly ❑ Bi-monthly ❑ Monthly	$
Other Parent/Guardian Income	❑ 10 month ❑ 12 month	❑ Weekly ❑ Bi-weekly ❑ Bi-monthly ❑ Monthly	$
Child Support		❑ Weekly ❑ Bi-weekly ❑ Bi-monthly ❑ Monthly	$
Alimony		❑ Weekly ❑ Bi-weekly ❑ Bi-monthly ❑ Monthly	$
Unemployment Benefits		❑ Weekly ❑ Bi-weekly ❑ Bi-monthly ❑ Monthly	$
Other _____		❑ Weekly ❑ Bi-weekly ❑ Bi-monthly ❑ Monthly	$
Social Security/Veteran Benefits			$
Temporary Assistance for Needy Families			$
Supplemental Nutrition Assistance Program			$
Supplemental Security Income (SSI)			$

7. Tell us about ALL your child(ren). *Provide details about ALL your dependent children under 18, not just those who need child care.*

Child 1

Full Name:		**Sex:**	**Date of Birth:**	**SSN** *(optional)*:
Other Parent's Name: **(If different from #4)**				
Address:				
Special Needs?	❑ Yes	❑ No Other Parent's Name/Address (If this person is different from #4)		
Ethnic Designation:	❑ Hispanic/Latino	❑ Non-Hispanic/Non-Latino		
Citizenship/ Immigration Status:	❑ US citizen	❑ Permanent resident	❑ Granted conditional entry	❑ Parolee 1 year+
	❑ Refugee	❑ Deportation withheld	❑ Battered spouse, child, or parent of child(ren)	
Race:	❑ Black/African American	❑ American Indian/ Alaska Native	❑ Native Hawaiian/ Pacific Islander	❑ Asian ❑ White
Child's primary language:	❑ English	❑ Cantonese Chinese	❑ Amharic	❑ Vietnamese
	❑ Spanish	❑ Mandarin Chinese	❑ French	❑ Other: _____

Child 2					
	Full Name:		**Sex:**	**Date of Birth:**	**SSN** *(optional)*:
	Other Parent's Name: (If different from #4)				
	Address:				
	Special Needs?	❑ Yes	❑ No		
	Ethnic Designation:	❑ Hispanic/Latino	❑ Non-Hispanic/Non-Latino		
	Citizenship/ Immigration Status:	❑ US citizen	❑ Permanent resident	❑ Granted conditional entry	❑ Parolee 1 year+
		❑ Refugee	❑ Deportation withheld	❑ Battered spouse, child, or parent of child(ren)	
	Race:	❑ Black/African American	❑ American Indian/ Alaska Native	❑ Native Hawaiian/ Pacific Islander	❑ Asian ❑ White
	Child's primary language:	❑ English	❑ Cantonese Chinese	❑ Amharic	❑ Vietnamese
		❑ Spanish	❑ Mandarin Chinese	❑ French	❑ Other: _____

Child 3					
	Full Name:		**Sex:**	**Date of Birth:**	**SSN** *(optional)*:
	Other Parent's Name: (If different from #4)				
	Address:				
	Special Needs?	❑ Yes	❑ No Other Parent's Name/Address(If this person is different from #4)		
	Ethnic Designation:	❑ Hispanic/Latino	❑ Non-Hispanic/Non-Latino		
	Citizenship/ Immigration Status:	❑ US citizen	❑ Permanent resident	❑ Granted conditional entry	❑ Parolee 1 year+
		❑ Refugee	❑ Deportation withheld	❑ Battered spouse, child, or parent of child(ren)	
	Race:	❑ Black/African American	❑ American Indian/ Alaska Native	❑ Native Hawaiian/ Pacific Islander	❑ Asian ❑ White
	Child's primary language:	❑ English	❑ Cantonese Chinese	❑ Amharic	❑ Vietnamese
		❑ Spanish	❑ Mandarin Chinese	❑ French	❑ Other: _____

Child 4					
	Full Name:		**Sex:**	**Date of Birth:**	**SSN** *(optional)*:
	Other Parent's Name: (If different from #4)				
	Address:				
	Special Needs?	❑ Yes	❑ No Other Parent's Name/Address(If this person is different from #4)		
	Ethnic Designation:	❑ Hispanic/Latino	❑ Non-Hispanic/Non-Latino		
	Citizenship/ Immigration Status:	❑ US citizen	❑ Permanent resident	❑ Granted conditional entry	❑ Parolee 1 year+
		❑ Refugee	❑ Deportation withheld	❑ Battered spouse, child, or parent of child(ren)	
	Race:	❑ Black/African American	❑ American Indian/ Alaska Native	❑ Native Hawaiian/ Pacific Islander	❑ Asian ❑ White
	Child's primary language:	❑ English	❑ Cantonese Chinese	❑ Amharic	❑ Vietnamese
		❑ Spanish	❑ Mandarin Chinese	❑ French	❑ Other: _____

OFFICE USE ONLY					
Annual Gross Income: $		**Family Size:**		**# of Dependent Children:**	
Child 1	**Parent Fee:**	**$**	**Other Fee:**	**$**	**View DCAS/TANF verification?**
Child 2	**Parent Fee:**	**$**	**Other Fee:**	**$**	
Total Parent Copayment	**Daily:**	**$**	**Weekly:**	**$**	❑ Yes ❑ No

Initial Determination: ❑ Eligible ❑ Ineligible: (Reason)_____

I hereby certify that the rights and responsibility have been discussed with the applicant and they have signed to verify their understanding.

Eligibility Worker Name: _____ **Signature**: _____ **Date**: _____

Certifications. *Please initial next to each item.*

By signing this certification section, I affirm that I understand the provisions below:

_____ I understand that I must:
- Fully and accurately report circumstances affecting my eligibility and relating to family relationships, employment, training status, income, place of residence, and telephone numbers;
- Provide original documentation to substantiate information I have submitted;
- Report to the DHS case worker or the Level 2 Child Care Provider any changes to submitted information within ten (10) calendar days; and
- Cooperate with all agency efforts to verify the eligibility information with your employer, school, and/or landlord.

_____ I have been informed of the absence policy and I understand that I must provide documentation of excused absences to the child care provider. Children may have 5 unexcused absences and 15 excused absences per month.

_____ I understand that I must report within 3 days when my child no longer attends a facility.

_____ I understand I am required to have an eligibility review completed on _____ (date) and every 12 months thereafter, to determine if I am eligible to continue receiving subsidized child care.

_____ I understand that I am responsible for making all co-payments directly to the child care provider for the entire time the child is enrolled even on days the child is absent.

_____ I am aware that knowingly making a false or misleading statement on this application may result in a fine up to $1,000, imprisonment up to 180 days, or both.

_____ I authorized the Subsidized Child Care Program to obtain any verification necessary from employers and/or schools to both determine and review financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, and /or training/ school schedule and residence.

_____ I certify that the information in this application is a correct to the best of my belief.

_____ I authorize the Subsidized Child Care Program to obtain any verification necessary to determine and review my financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, training, school schedule, and residence to the Office of the State Superintendent of Education.

Applying Parent/Guardian Signature: _____ Date: _____

Once you've completed this form, follow these next steps.

1. Gather supporting, original documentation to prove the following:
   A complete list of acceptable documents can be found on the OSSE website at:
   https://osse.dc.gov/page/child-care-subsidy-program-faq-parents-learn-more-about-eligibility-your-family
   - DC residency
   - Need for subsidy
   - Household income
   - Child(ren)'s age and relationship to you (the applicant)
   - Child(ren)'s US citizenship
2. Submit this form and supporting documents to a location below.

DHS Congress Heights Service Center
4049 South Capitol Street, SW
Mon-Fri: 7:30am - 4:45pm
Walk-in Mon/Tues/Wed | Appointments Thurs & Fri
Last appt at 3:30pm; call 202.727-0284 to schedule

DHS Taylor St Service Center
1207 Taylor Street NW
Mon-Fri: 7:30am – 4:45pm
By appointment only; call 202.576.8776 to schedule

Virginia Williams Service Center
920 Rhode Island Ave NE
Mon & Wed: 8:30am – 4:30pm
Homeless families only 202.727.7659 to schedule

3. Once approved, bring the admission form provided to you by the eligibility worker, to your child(ren)'s child care provider on the first day of attendance. The provider will finalize the paperwork and submit it to District Government. The District will make payments directly to your child care provider.