



CHILD CARE SUBSIDY PROGRAMS (CCSP)
**CCSP Award or Change
 Letter**

CALL CENTER PHONE NUMBER	CALL CENTER FAX NUMBER
CLIENT IDENTIFICATION NUMBER	DATE

- Seasonal Child Care
- Working Connections Child Care

You are eligible for child care with a monthly co-payment starting _____ and ending _____.

Please read the important information attached on your Child Care Subsidy Programs (CCSP) Rights and Responsibilities.

Child care is being approved for _____ for the following:

- Employment Approved WorkFirst activity School Other: _____.

Child care is being approved for _____ for the following:

- Employment Approved WorkFirst activity School Other: _____.

Child care is being approved for _____ for Half days Full days Hours

Child care is being approved for _____ for Half days Full days Hours

Child care is being approved for _____ for Half days Full days Hours

Child care is being approved for _____ for Half days Full days Hours

Your monthly copayment will be \$15.00 from _____ to _____.

Your monthly copayment will be \$_____ from _____ to _____.

A copayment is your share of your child care cost and must be paid directly to your provider. Your copayment is based on your family size and your monthly income.

1. Family size _____
2. Gross earned income (before taxes) \$ _____
3. Self-employment income (after allowable deductions) \$ _____
4. Unearned income equals (SSI, SSA, child support received, lump sum payments) \$ _____
5. TOTAL INCOME (add lines 2 through 4 above) \$ _____
6. Court ordered child support paid \$ _____
7. Determine countable income (subtract line 6 from line 5)
(Countable income is used to determine eligibility and copayment) \$ _____
8. Co-payment is calculated as follows:

COUNTABLE INCOME

MONTHLY CO-PAYMENT

At or below 82% of Federal Poverty Level (FPL)	\$15
Above 82% and up to 137.5% of FPL	\$65
Over 137.5% and up to 200% of FPL	
See attached Co-pay Calculation Table.	

Your copayment is changing because (per WAC 170-290-0085):

- | | |
|---|--|
| <input type="checkbox"/> Your authorization period expired. | <input type="checkbox"/> Your family size changed. |
| <input type="checkbox"/> Your income decreased. | <input type="checkbox"/> Other (explain): _____ |

CALL CENTER TELEPHONE NUMBER

CALL CENTER FAX NUMBER

CO-PAY CALCULATION TABLE
Effective 09/01/2013

If Countable Income is:

IF FAMILY SIZE IS:	100% FPL	ABOVE 175% FPL	0 TO 82% FPL		MORE THAN 82 TO 137.5%		MORE THAN 137.5 TO 200%		137.5% FPL
1	\$ 958	\$1,916	\$0	\$786	\$787	\$1,317	\$1,318	\$1,916	\$1,317
2	\$1,293	\$2,586	\$0	\$1,060	\$1,061	\$1,778	\$1,779	\$2,586	\$1,778
3	\$1,628	\$3,256	\$0	\$1,335	\$1,336	\$2,239	\$2,240	\$3,256	\$2,239
4	\$1,963	\$3,926	\$0	\$1,610	\$1,611	\$2,699	\$2,700	\$3,926	\$2,699
5	\$2,298	\$4,596	\$0	\$1,884	\$1,885	\$3,160	\$3,161	\$4,596	\$3,160
6	\$2,633	\$5,266	\$0	\$2,159	\$2,160	\$3,620	\$3,621	\$5,266	\$3,620
7	\$2,968	\$5,936	\$0	\$2,434	\$2,435	\$4,081	\$4,082	\$5,936	\$4,081
8	\$3,303	\$6,606	\$0	\$2,708	\$2,709	\$4,542	\$4,543	\$6,606	\$4,542
9	\$3,638	\$7,276	\$0	\$2,983	\$2,984	\$5,002	\$5,003	\$7,276	\$5,002
10	\$3,973	\$7,946	\$0	\$3,258	\$3,259	\$5,463	\$5,464	\$7,946	\$5,463
		NOT ELIGIBLE	\$15 CO-PAY		\$65 CO-PAY		SUBTRACT 137.5% FPL FROM COUNTABLE INCOME, THEN MULTIPLY BY .50 AND ADD \$65		

STEPS TO CALCULATE WCCC ELIGIBILITY AND CO-PAYMENT:

1. Determine TOTAL income. This is the sum of all gross earned and unearned income.
2. Determine COUNTABLE income. This is TOTAL income minus any child support paid.
3. Compare COUNTABLE income to Column 2. If amount is greater, client is not eligible. If COUNTABLE Income is below column 2 then check column 3, 4 or 5 for correct income range and copayment.

CCSP Rights and Responsibilities

I am responsible to:	
<ul style="list-style-type: none"> • Provide information so you can determine my eligibility and authorize child care payments correctly. • Choose a provider who meets requirements of WAC 170-290-0125 and make my own child care arrangements. • Pay, or arrange to have someone pay, my CCSP monthly co-payment directly to my child care provider. Failure to do so may result in my child care subsidies being terminated. • Cooperate with the quality assurance review process to remain eligible for CCSP. I become ineligible for CCSP benefits upon a determination of non-cooperation by quality assurance and remain ineligible until I meet quality assurance requirements or 30 days from the determination of noncooperation. • Cooperate with the Fraud Early Detection (FRED) investigator. If I refuse to cooperate (provide information requested) with the investigator, it could affect my benefits. • Notify CCSP authorizing worker, within five days, of any change in providers. • Notify my provider within ten days when we change your child care authorization. • For Working Connections Child Care: Report to my child care authorizing worker, within 24 hours, any pending charges or conviction information I learn about: <ol style="list-style-type: none"> 1) My in-home/relative provider. 2) Anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home for Working Connections Child Care only. 	<ul style="list-style-type: none"> • Report changes to the CCSP authorizing worker within 10 days of: <ul style="list-style-type: none"> ▶ The number of child care hours needed change. ▶ The household income including any WorkFirst grant or child support changes. ▶ A household size change such as any family member, including parent or spouse, moves in or out of my home. ▶ Employment, school or approved TANF activity changes. ▶ Address or telephone number change for in-home/relative providers. ▶ A home address or telephone number change. ▶ A child support obligation change. • Return all requested information for my provider immediately. My in-home/relative provider won't be issued payment for care provided before the date all background check results are received. • Don't leave my children in care for reasons other than those listed on the front of this form, unless I made a plan with my provider to pay for the care myself. If I want to participate in an activity other than what is authorized on the front of this form, and want the state to pay for my child care, I must first contact my child care authorizing worker. <p>Failure to report changes promptly may result in an overpayment or I may have to pay more than my share of child care costs.</p>

CCSP Rights and Responsibilities (Continued)

I understand that:	
<ul style="list-style-type: none">• I will be treated politely and fairly no matter what my race, color, political beliefs, national origin, religion, age, gender, disability or birthplace.• I will have CCSP eligibility determined within thirty days from my application date.• I will be informed, in writing, of my legal rights and responsibilities related to CCSP benefits.• My information will be shared with other agencies when required by federal or state regulations.• I will get a written notice at least ten days before the state makes changes to lower or stop benefits except as stated in WAC 170-290-0120.• I may ask for a hearing if I don't agree with a decision related to my CCSP case.	<ul style="list-style-type: none">• I may ask a supervisor or administrator to review a decision or action affecting my benefits without affecting my right to a hearing.• I may have interpreter or translator service within a reasonable amount of time and at no cost to me.• I may choose my provider as long as the provider meets the requirements in WAC 170-290-0125.• I may ask the Fraud Early Detection (FRED) investigator from the Office of Fraud and Accountability (OFA) to come back at another time. I don't have to let an investigator into my home. This request will not affect my eligibility for benefits. If I refuse to cooperate (provide information requested) with the investigator, it could affect my benefits.

HEARING RIGHTS

If you disagree with this decision, you may request a hearing by contacting this office or write to Office of Administrative Hearings, P O Box 42489, Olympia, WA 98504-2489. You must request your hearing:

- On or before the effective date of this action or no more than 10 days after we send you notice of this action, IF you receive benefits now and you want them to continue, or
- Within 90 days of the date you receive this letter.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.