



CHILDCARE ASSISTANCE APPLICATION
CHILDCARE ASSISTANCE PROGRAM

Student Name: _____
Last Four Digits of Student SSN: XXX - XX - _____ UW Student ID #: _____

We recognize that COVID-19 may have impacted and/or changed your need for childcare as well as the options available for childcare. In order to better support you during this challenging and unprecedented time, the Childcare Assistance Program (CAP) is implementing a temporary policy and process for Winter quarter 2021.

I am applying for the following application period:

Application Quarter: _____ Application Year: _____

1. STUDENT INFORMATION

Are you currently enrolled as an International Student?

- Yes No

If yes, you will need to complete the Childcare International Student Financial Aid Statement located on the Childcare Assistance Program website under forms.

- I will submit the form. I already submitted the form.

Name of child(ren)'s other parent: _____

Is the other parent a UW student?

- Yes No

If yes, please provide UW ID#: _____

2. CHILD and EXPENSES INFORMATION

List the child(ren) for which you are requesting assistance and complete the information below.

Full Name of Child: _____ Age Group: _____
Do you know the childcare provider information? Yes No
Name of Provider: _____
Type of Provider (licensed, nanny, babysitter, etc.): _____ Charge for Child: \$ _____ per month
Is the provider related to you by blood or marriage? Yes No
Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month
Start date for childcare: _____ End date for childcare: _____

Full Name of Child: _____ Age Group: _____

➤ Do you know the childcare provider information? Yes No
 - If no, please make sure you submit the Enrollment Information form once you have it.

Name of Provider: _____

Type of Provider (*licensed, nanny, babysitter, etc.*): _____ Charge for Child: \$ _____ per month

➤ Is the provider related to you by blood or marriage? Yes No

Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month

Start date for childcare: _____ End date for childcare: _____

Full Name of Child: _____ Age Group: _____

➤ Do you know the childcare provider information? Yes No
 - If no, please make sure you submit the Enrollment Information form once you have it.

Name of Provider: _____

Type of Provider (*licensed, nanny, babysitter, etc.*): _____ Charge for Child: \$ _____ per month

➤ Is the provider related to you by blood or marriage? Yes No

Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month

Start date for childcare: _____ End date for childcare: _____

Full Name of Child: _____ Age Group: _____

➤ Do you know the childcare provider information? Yes No
 - If no, please make sure you submit the Enrollment Information form once you have it.

Name of Provider: _____

Type of Provider (*licensed, nanny, babysitter, etc.*): _____ Charge for Child: \$ _____ per month

➤ Is the provider related to you by blood or marriage? Yes No

Scholarships, discount, DSHS or other resources received to help for childcare costs: \$ _____ per month

Start date for childcare: _____ End date for childcare: _____

3. COVID-19 IMPACT

Please use this section to provide us additional information regarding how COVID-19 has affected your care situation and childcare needs. Tell us how the Childcare Assistance Program can best offer you support for the current quarter.

4. CERTIFICATION AND SIGNATURE

I certify the information provided on this form is true and complete to the best of my knowledge.

EFFECTIVE FOR WINTER QUARTER 2021 ONLY:

1. I have completed a *Free Application for Federal Student Aid (FAFSA)* or the *Washington Student Financial Aid (WASFA)* application and have the appropriate form directed to the University of Washington or I am an International student and have completed an International Student Financial Statement and have submitted it along with a copy of my I-20 or other proof of income and resources.
2. To maintain eligibility for funding from The UW-Seattle Childcare Assistance Program, I must be a student registered at UW Seattle, paying tuition and fees, including the Service and Activities Fee (SAF) for any quarter I am requesting or receiving funding. I understand that on the census day (the second Friday) of each quarter, my enrollment will be verified with the Office of the Registrar.
3. My child(ren) are under the age of 13 years old.
4. I am the legal and physical custodial parent of the child(ren) and (he/she/they) reside with me more than 50% of the time.
5. I need to apply and request funding from the UW Seattle Childcare Assistance Program on a quarterly basis.

6. I further understand that funding and grant amounts are not guaranteed and are dependent upon funds allocations, availability and program utilization.

7. I understand that to receive funding from the UW Seattle Childcare Assistance Program for Winter quarter 2021, I will attempt to first use Washington State Department of Early Learning (DEL) licensed childcare providers in good standing, or one of the following providers that are permitted to operate lawfully in Washington State because they are exempt from licensure pursuant to Revised Code of Washington 43.215.010, subsections:

(2)(e) Nursery schools that are engaged primarily in early childhood education with preschool children and in which no child is enrolled on a regular basis for more than four hours per day; (2)(j) A program operated by any unit of local, state or federal government; (2)(k) A program located within the boundaries of a federally recognized Indian reservation, licensed by the Indian tribe; (2)(l) A program located on a federal military reservation, except where the military authorities request that such agency be subject to the licensing requirements of this chapter;

I understand that it is my responsibility to determine if my childcare provider is a licensed provider or qualifies for one of the exemptions listed above.

In all cases, the provider must not be related to me by blood or marriage.

Caution: Students seeking childcare should be wary of unlicensed providers, even when the provider claims that his or her operations qualify for an exemption from licensure. You are encouraged to review the resources available on the Washington State Department of Early Learning (DEL) website. In particular, you are encouraged to use the DEL app *Child Care Check* to verify a childcare providers licensing history.

I will contact the Childcare Assistance Program for any needed guidance or clarification regarding acceptable providers.

8. I understand that I will I understand that this program primarily provides funding for childcare costs only. Funding is not provided for any kindergarten fees, private school tuition (for kindergarten or higher), enrichment activities, registration fees, field trips, meals or extra activities. I will contact the Childcare Assistance Program for any needed guidance or clarification regarding acceptable expenses.
9. I understand that at the end of the quarter or at the request of the Childcare Assistance Program, I may be required to submit a Cost Verification Form. This form will be signed by both the childcare provider and myself and include documentation of my childcare expenses. I further understand that failure to submit the Cost Verification Form by the established deadline may result in a hold on my registration, transcripts and future childcare grant disbursements. I also understand that I may be required to repay all or a portion of the childcare grant disbursed to me if there are discrepancies between the amounts reported at the time of application and cost verification.

By submitting this agreement, I certify that the above statements relating to this agreement are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this agreement may result in cancellation and repayment of my UW Childcare Assistance Program. I further understand that the receipt of funding should be used for the purposes of obtaining and paying for childcare for my dependent while I am enrolled at the UW Seattle. Any changes in _____ my childcare needs or costs will be communicated immediately to the Childcare Assistance Program.

Student Signature: _____

Date: _____