

Child Care Reimbursement Application

DEADLINE to apply is the end of the 1st month of classes, we must receive the completed application by a member of our office by that date. Applications slid under the door will be marked received the day we find it.

Today s Date _____ Student ID # _____

Name _____ Phone # (_____) _____

Birth Date _____ Social Security Number(optional) _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Emergency Contact Person, and relationship

Phone (_____) _____ address (optional) _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Head of Household: ___ Yes ___ No Total number in Home ___

Childcare reimbursement guidelines:

- A. Student must be the parent and or legal guardian of the child (ren)
- B. Child (ren) must live with the parent requesting childcare reimbursement
- C. Student must be enrolled in at least 6 credits at WSU-TC campus
- D. Student must be using a WA State licensed childcare

Reimbursement rates: 1st child \$200.00 2nd child \$75.00

Please note: if we cannot communicate with your childcare provider, it is your responsibility to contact them and ask them to contact us to verify your childcare enrollment.

List the Name and Ages of your Children requiring childcare & childcare name, address and phone #.

Child s Name	Age	Name of Daycare	Address	Phone # (REQUIRED)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Do you or anyone in your home receive Day Care assistance from any other agency? ___Yes ___No

Total Monthly Household Income:\$ _____

Sources of Income (\$\$):(Enter Dollar Amount in Appropriate Line)

_____ Student Employment _____ Spousal Support _____ Child Support
 _____ Spouse Employment _____ DSHS (TANF etc) _____ Social Security Benefits
 _____ Disability or L&I benefits _____ Retirement Benefits

Other State/Federal Assistance: List _____ Other _____

Do you receive Financial Aid/Loans? ___Yes ___No Are You: Undergraduate ___ Graduate___

How many credit hours at WSU TC campus are you enrolled in? _____(If less than 6 you do not qualify for our program)

How many credits are in the Distance Degree Program (Correspondence) courses? _____

Program of Study _____

Anticipated Graduation Date _____

IF REQUESTING CHILDCARE ASSISTANCE Please explain why you are unable to handle this expense. For your application to be reviewed, a complete explanation (attach another sheet of paper if not enough room) must be provided along with a copy of your *Financial Aid Award Letter* and *Class schedule, and page 3 and 4 completed*

***Incomplete applications will not be considered. ***

Please turn a copy of your *current class schedule* and *financial aid award* with all four pages of this application.

I confirm that this information is correct to the best of my knowledge. I authorize the release of information from any and all agencies.

Applicant Signature

Date

(For office use only)

Decision:_____.	
Date and how student was notified of decision:	
Comments:	

Initial Entry Process Date ___/___/___	Semester:
Evaluator:	Date: