

# Child Care Reimbursement Program

(This program is separate from the Financial Aid Programs: Forms D2 and 36 are for financial aid resources such as grants (D2) and loans (36). Being in this program can affect your financial aid award and you will be advised of the change prior to acceptance.)

To Apply for WSU Child Care Reimbursement Program, the following must be completed and submitted to RM 269:

- Complete this Application PACKET for EACH SEMESTER reimbursement is desired
- An unofficial copy of the current class schedule
- The student must be enrolled in a minimum of 6 WSU TC Campus Credits.  
*DDP courses and Consortium courses do not apply*
- An unofficial copy of the current financial aid award
- **THE STUDENT CAN NOT APPLY FOR BOTH CBC AND WSU REIMBURSEMENT PROGRAMS AT THE SAME TIME**
- APPLICATIONS ARE DUE BY THE END OF THE 1st month of Classes. LATE OR INCOMPLETE applications WILL NOT be considered.

## Reimbursement Rates:

1st Child — \$300.00/month

2nd Child — \$150.00/month

Once accepted into the program, a verification form must be submitted each month by the 10th for the previous month. For example, if reimbursement is desired for the month of June, the verification form needs to be turned in by July 10th. There will not be retroactive reimbursements. Reimbursement eligibility will start the month the application is received.

Summer (For the months of May, June and July)

You will only be reimbursed for the months you are in class. For example, if you are enrolled only in the first 6-week session you will be eligible for May and June. If you are enrolled only in the 2nd 6-week session you will be eligible for June and July but not May.

June

10 — May's verification due  
30 — Checks are distributed

July

10 — June's verification due  
31 — Checks are distributed

August

10 — July's verification due  
31 — Checks are distributed

As a reminder, this is for child care, not summer school or special summer camps.

Fall (For the months of September, October, November and December)

*Eligibility begins the month the application is received. If you don't apply until November, then your first month of eligible reimbursement will be November.*

October

9 — September's verification due (10th is a Saturday)  
30 — Funds are distributed

November

10 — October's verification due  
30 — Funds are distributed

December

10 — November's verification due  
31 — Funds are distributed

January

11 — December's verification due (10th is a Sunday)  
29 — Funds are distributed

Spring (For the months of January, February, March and April)

February

10 — January's verification due  
26 — Checks are distributed

March

10 — February's verification due  
31 — Checks are distributed

April

9 — March's verification due (10th is a Saturday)  
30 — Checks are distributed

May

10 — April's verification due  
28 — Checks are distributed

**Questions?**

Shiloh Penland

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# Child Care Reimbursement Program

## A P P L I C A T I O N

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 \$300.00 2nd child \$150.00

*Please note: If we cannot communicate with your childcare provider, it is your responsibility to notify them that they need 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	Phone # (REQUIRED)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Total Monthly Household Income: \$ \_\_\_\_\_

Sources of Income (\$\$): (Enter dollar amount in appropriate line, i.e. \$1500.00)

_____ 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. The 6 credit minimum is for both undergraduates and graduates)

How many credits are you taking in the Distance Degree Program (Correspondence) courses? \_\_\_\_\_

Program of Study \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Please explain why you are requesting assistance with child care costs. For your application to be reviewed, a complete explanation (attach another sheet of paper if not enough space) must be provided along with a copy of your Financial Aid Award Letter, Class schedule, page 4 and 5 completed.

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

Please submit 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 \_\_\_\_\_

# Child Care Reimbursement Program

## DAYCARE PROVIDER FORM

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

*Please have your Daycare Provider complete this form. This form needs to be done once each term, unless you change providers\*, have an increase in children or some other significant change in the monthly amount you will be paying a month for childcare. If you have different providers for your children, please make a copy of this sheet and submit to each provider for completion.*

PROVIDER (DAYCARE) NAME \_\_\_\_\_

Address (location) of facility \_\_\_\_\_

Phone number of facility \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_ Expiration date \_\_\_\_\_

Does the student receive help with paying daycare costs?  yes  no

If so, from which of the following sources:  other parent of the child(ren)  
 DSHS (includes working connections)  
 Other \$ \_\_\_\_\_  
(If other, please note what help the parent receives)

How many children does the student have at your daycare location? \_\_\_\_\_

Approximately how much does the student pay a month for each child?

***(We do not need to know the amount that the student receives in assistance, just purely what the student actually pays)***

1st child amount \$ \_\_\_\_\_

2nd child amount \$ \_\_\_\_\_

Once accepted into the WSU TC Child Care Reimbursement Program, the student will be required to have a Verification form filled out each month by a representative of your facility. The form has to be turned in by the 10th of the following month coverage is desired. For example, to receive reimbursement for the month of January the student would need to turn the Verification form in by February 10th. The student can always turn it in earlier as well. After the 10th, we will call to confirm that the information on the form is correct. If we are unable to confirm the amounts, for whatever reason, the student will not be eligible for reimbursement.

**Any Questions?** You can contact Shiloh Penland at 372-7300 or by email at [spenland@tricity.wsu.edu](mailto:spenland@tricity.wsu.edu)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If you change provider's, to continue to be eligible, you need to have this form completed by your new provider and turned in within 10 business days of the change or you will lose your eligibility for that month.*

The Student needs to fill in the following information and/or provide proof via pay stubs, tax return, rent receipts, etc. if asked to do so.

Number of people who live in the same household as yourself:

Please list them all (include: name, age and relation to you. If you need more space, please attach a separate sheet)

Name	Age	Relation to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much is your rent or mortgage each month? \_\_\_\_\_

How much of it is your responsibility? \_\_\_\_\_

What is your monthly income from work? \_\_\_\_\_

If you do not work, what is the source of your income? \_\_\_\_\_

If married, what is the amount of your spouse's monthly income from work? \_\_\_\_\_

If your spouse does not work, what is the source of his/her income? \_\_\_\_\_

Have you applied for other day care assistance such as Working Connections Child Care?  Yes  No  
If so, what was the reply? \_\_\_\_\_

Due to an increase in applicants for this program, it has become necessary for us to be more specific about our acceptance requirements. Incomplete applications will not be considered. A complete application includes all of the following (please initial as complete):

- A copy of your current class schedule (must be enrolled in at least 6 credits on the WSU Tri-Cities campus, not including DDP or Consortium credits)
- A Copy of your Financial Aid Award, including the amounts of the loans you accepted
- ALL FOUR PAGES of the application completed (page 3, page 4, page 5 from your daycare provider and this page (page 6) signed by you)
- Understand that not everyone can be accepted, and that we look into how it will affect your financial aid package (if at all) and discuss this with you prior to disbursing monies

Please initial the above statements in the lines provided. Signing below means you understand and accept the conditions of this application and that everything stated is true to the best of your knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_