



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DC Child Care Subsidy Program *Application for Families*

This application is for families applying for the DC Child Care Subsidy Program. Eligible children must be younger than 13 years old, or younger than 19 years old if the child has a disability. Families can apply for all eligible children in the same application. To qualify, children and families need to meet certain criteria, such as household income, residency in DC, and other requirements. More information about eligibility requirements can be found in the DC Child Care Subsidy Program Policy Manual located at osse.dc.gov/subsidy. Applicants must complete the application to the best of their ability, ensuring all information provided is accurate and thorough.

1. Applicant information (required).				
Full Name:		Email:		
Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (<i>explain here</i>): _____				
Address:	Apt:	City:	State:	ZIP:
Date of Birth:	SSN (optional):	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Phone:
Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active-Duty US Military <input type="checkbox"/> National Guard or Military Reserve				
Race or Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Black/African American (select all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				
What is your current living situation <input type="checkbox"/> Own or rent my home <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> Tent encampment <input type="checkbox"/> With friends or family (select all that apply): <input type="checkbox"/> Emergency housing or shelter <input type="checkbox"/> In a vehicle <input type="checkbox"/> I do not have housing <input type="checkbox"/> Choose not to disclose				
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese Chinese <input type="checkbox"/> Amharic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin Chinese <input type="checkbox"/> French <input type="checkbox"/> Other: _____				

2. Information of SECOND parent/guardian/spouse in the household (if applicable).

Full Name:	Email:
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Relationship to child: Birth parent Adoptive Parent Step-parent Guardian Other: _____

Date of Birth:	SSN (optional):	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Phone:
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Military Status: None Active Duty US Military National Guard or Military Reserve

Race or Ethnicity (select all that apply): Hispanic/Latino Non-Hispanic/Non-Latino Black/African American
 American Indian/Alaska Native Native Hawaiian/ Pacific Islander Asian White

Primary language: English Cantonese Chinese Amharic Vietnamese
 Spanish Mandarin Chinese French Other: _____

3. Tell us about all your child(ren) (required). Provide details about ALL your dependent children younger than age 18, whether or not you are seeking child care for the child.

Child 1	Full Name:	Date of Birth:
	Gender:	SSN (optional):
	Second Parent's Name (If different from #2 above):	Address (If different from applicant):
	Does this child need child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child care provider (If already selected):
	Select hours of care requested (Select all that apply): <input type="checkbox"/> Full-time (6 hours or more/day) <input type="checkbox"/> Monday through Friday 7 a.m. - 6 p.m. <input type="checkbox"/> Weekend <input type="checkbox"/> Part-time (less than 6 hours/day) <input type="checkbox"/> Monday through Friday 6 a.m. - 9 a.m. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monday through Friday 3 p.m. - 6 p.m.	
	Does this child have a physical or mental disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, does this child currently have an individualized education program (IEP) or Individualized Family Service Plan (IFSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is this child in kinship care, foster care, or under court supervision? <input type="checkbox"/> Kinship care <input type="checkbox"/> Foster care <input type="checkbox"/> Under court supervision <input type="checkbox"/> N/A	

	Is this child enrolled in Head Start, Early Head Start, or the Quality Improvement Network QIN? <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> QIN <input type="checkbox"/> N/A			
	Child's citizenship/immigration status:	<input type="checkbox"/> US citizen <input type="checkbox"/> Refugee	<input type="checkbox"/> Permanent resident <input type="checkbox"/> Deportation withheld <input type="checkbox"/> Granted conditional entry	<input type="checkbox"/> Parolee 1 year+ <input type="checkbox"/> Battered child <input type="checkbox"/> Other: _____
	Race or Ethnicity (select all that apply):	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White
	Child's primary language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese Chinese <input type="checkbox"/> Mandarin Chinese	<input type="checkbox"/> Amharic <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
Child 2	Full Name:	Date of Birth:		
	Gender:	SSN (optional):		
	Second Parent's Name (If different from #2 above):	Address (If different from applicant):		
	Does this child need child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child care provider (If already selected):		
	Select hours of care requested (Select all that apply):	<input type="checkbox"/> Monday through Friday, 7 a.m. – 6 p.m. <input type="checkbox"/> Weekend <input type="checkbox"/> Monday through Friday, 6 – 9 a.m. <input type="checkbox"/> Other: <input type="checkbox"/> Full-time (6 hours or more/day) <input type="checkbox"/> Monday through Friday, 3- 6 p.m. <input type="checkbox"/> Part-time (less than 6 hours/day)		
	Does this child have a physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does this child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is this child in kinship care, foster care, or under court supervision? <input type="checkbox"/> Kinship care <input type="checkbox"/> Foster care <input type="checkbox"/> Under court supervision <input type="checkbox"/> N/A			
	Is this child enrolled in Head Start, Early Head Start, or the QIN? <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> QIN <input type="checkbox"/> N/A			
	Child's citizenship/immigration status:	<input type="checkbox"/> US citizen <input type="checkbox"/> Refugee	<input type="checkbox"/> Permanent resident <input type="checkbox"/> Deportation withheld <input type="checkbox"/> Granted conditional entry	<input type="checkbox"/> Parolee 1 year+ <input type="checkbox"/> Battered child <input type="checkbox"/> Other _____

	Race or Ethnicity (select all that apply): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	
	Child's primary language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese Chinese <input type="checkbox"/> Amharic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin Chinese <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Child 3	Full Name: _____	Date of Birth: _____
	Gender: _____	SSN (optional): _____
	Second Parent's Name (If different from #2 above): _____	Address (If different from applicant): _____
	Does this child need child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child care provider (If already selected): _____
	Select hours of care requested (Select all that apply): <input type="checkbox"/> Monday through Friday, 7 a.m. - 6 p.m. <input type="checkbox"/> Weekend <input type="checkbox"/> Monday through Friday, 6 - 9 a.m. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Full-time (6 hours or more/day) <input type="checkbox"/> Monday through Friday, 3 - 6 p.m. <input type="checkbox"/> Part-time (less than 6 hours/day)	
	Does this child have a physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, does this child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is this child in kinship care, foster care, or under court supervision? <input type="checkbox"/> Kinship care <input type="checkbox"/> Foster care <input type="checkbox"/> Under court supervision <input type="checkbox"/> N/A	
	Is this child enrolled in Head Start, Early Head Start, or the QIN? <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> QIN <input type="checkbox"/> N/A	
	Child's citizenship/immigration status: <input type="checkbox"/> US citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Parolee 1 year+ <input type="checkbox"/> Refugee <input type="checkbox"/> Deportation withheld <input type="checkbox"/> Battered child <input type="checkbox"/> Granted conditional entry <input type="checkbox"/> Other: _____	
Race or Ethnicity (select all that apply): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		
Child's primary language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese Chinese <input type="checkbox"/> Amharic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin Chinese <input type="checkbox"/> French <input type="checkbox"/> Other: _____		

Child 4

Full Name:	Date of Birth:
Gender:	SSN (optional):
Second Parent's Name (If different from #2):	Address (If different from applicant):
Does this child need child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of child care provider (If already selected):
Select hours of care requested (Select all that apply): <input type="checkbox"/> Monday through Friday, 7 a.m. - 6 p.m. <input type="checkbox"/> Weekend <input type="checkbox"/> Full-time (6 hours or more/day) <input type="checkbox"/> Monday through Friday, 6 - 9 a.m. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Part-time (less than 6 hours/day) <input type="checkbox"/> Monday through Friday, 3 - 6 p.m.	
Does this child have a physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does this child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child in kinship care, foster care, or under court supervision? <input type="checkbox"/> Kinship care <input type="checkbox"/> Foster care <input type="checkbox"/> Under court supervision <input type="checkbox"/> N/A	
Is this child enrolled in Head Start, Early Head Start, or the QIN? <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> QIN <input type="checkbox"/> N/A	
Child's citizenship/immigration status: <input type="checkbox"/> US citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Parolee 1 year+ <input type="checkbox"/> Refugee <input type="checkbox"/> Deportation withheld <input type="checkbox"/> Battered child <input type="checkbox"/> Granted conditional entry <input type="checkbox"/> Other: _____	
Race or Ethnicity (select all that apply): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	
Child's primary language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese Chinese <input type="checkbox"/> Amharic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin Chinese <input type="checkbox"/> French <input type="checkbox"/> Other: _____	

If you have additional children under age 18, please print additional pages of Section 3 that all children are listed and attach all applications together.

4. What is your reason for requesting child care subsidies (required)? (Check all that apply. For more information on each category, please refer to the DC Child Care Subsidy Program Policy Manual osse.dc.gov/subsidy.)

<input type="checkbox"/> I am working	<input type="checkbox"/> My child is under protective services (child under protective supervision, a child in foster care, a child whose parent(s) are in the custody of the DC Child and Family Services Agency [CFSA])
<input type="checkbox"/> I am in a job training program	<input type="checkbox"/> My child has a disability
<input type="checkbox"/> I am in an education program	<input type="checkbox"/> My child is enrolled in Head Start, Early Head Start, or the Quality Improvement Network (QIN)
<input type="checkbox"/> I am looking for work	<input type="checkbox"/> I am a teen parent
<input type="checkbox"/> I am a Temporary Assistance for Needy Families (TANF) recipient or TANF payee	<input type="checkbox"/> I have a physical or mental disability
<input type="checkbox"/> I am a participant in the Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) program	<input type="checkbox"/> I am/my child is experiencing homelessness
	<input type="checkbox"/> I am an elder guardian/caregiver
	<input type="checkbox"/> I am/my child is experiencing domestic/family violence
	<input type="checkbox"/> I am participating in an addiction recovery program

5. Tell us about your work, education, or job training program (if applicable).

Name of employer or name of education or training program:		Phone:		Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work in a child development facility licensed by the Office of the State Superintendent of Education (OSSE): <input type="checkbox"/> Yes <input type="checkbox"/> No		Facility License Number:			
Address:	Apt:	City:	State:	ZIP:	
Name of additional employer or program:		Phone:		Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Apt:	City:	State:	ZIP:	

6. Tell us about the SECOND parent/spouse's work/education living in your household (if applicable).

Name of employer or program:		Phone:		Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the SECOND parent/spouse work in a child development facility licensed by OSSE: <input type="checkbox"/> Yes <input type="checkbox"/> No		Facility License Number:			
Address:	Apt:	City:	State:	ZIP:	

7. Tell us about your family income and assets (required).

Does your family have assets (i.e., real estate, bank accounts) of more than one million dollars (\$1,000,000)?

Yes No

Do you or anyone in your family receive the following: SNAP TANF Housing voucher Other federal cash income program (such as Supplemental Security Income [SSI]) Unemployment Insurance N/A

The following information is NOT needed when a child in need of child care services is under protective services, the child of teen parents, experiencing homelessness, enrolled in Head Start/Early Head Start/QIN, in a family experiencing domestic violence, or has a parent(s)/guardian(s) with a disability.

Type of Income (provide all that apply)	Employment Period	Frequency of Pay Periods	Gross Amount Per Pay Period
Parent/Guardian Income (including salaries or wages, regularly received commissions and tips, and net income from self-employment)	<input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	\$
Second Parent/Guardian Income	<input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	\$
Regular cash income received from dividends, interest, net rental income, estates, trusts, and royalties		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	\$
The portion of educational grants that are specifically designated for living expenses		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	\$
Pension and retirement benefits		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	\$
Alimony		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	\$

Do you certify that your family is not receiving income from any sources stated above? Yes N/A

8. Do you have any other dependents living in your household not listed above (if applicable)?

Full name of dependent 1:	Date of Birth:
Relationship:	
Full name of dependent 2:	Date of Birth:
Relationship:	

Full name of dependent 3:	Date of Birth:
Relationship:	
9. In-Home Caregiver Information (if requesting in-home services only).	
Full Legal Name:	Date of Birth:
Address:	Phone Number:
Certifications (required). <i>Please initial next to each item.</i>	
By signing this certification section, I affirm that I understand the rights and responsibilities below:	
<input type="checkbox"/>	I will complete the eligibility determination/redetermination process including completing the application and providing appropriate documentation to confirm the information reported above within the required timeframes.
<input type="checkbox"/>	I authorize eligibility workers to obtain any verification necessary to determine and review financial eligibility and child care needs. This authorization includes the release of information regarding my employment or education/job training program, income, and residence.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I have been informed of the absence policy and understand that I must provide documentation of excused absences to the child care provider.
<input type="checkbox"/>	I understand I am required to have an eligibility review completed every 12 months (unless otherwise noted) to determine if the child(ren) is still eligible to receive subsidized child care.
<input type="checkbox"/>	I will report to my eligibility worker any changes to information submitted within 10 calendar days of any change in residency outside of DC; any non-temporary change in participation in work, education, or training, as defined program policy; or if my household income exceeds 85 percent of the State Median Income (SMI) for longer than 90 days.
<input type="checkbox"/>	I will notify the child care provider in writing of plans for my child(ren) to no longer attend the facility.
<input type="checkbox"/>	I understand that I must report to DHS or OSSE within three days when my child no longer attends a facility.
<input type="checkbox"/>	I certify that the information in this application is correct to the best of my knowledge.
<input type="checkbox"/>	I am aware that knowingly making a false or misleading statement on this application may result in a fine of up to \$1,000, imprisonment of up to 180 days, or both.
Applying Parent/Guardian Signature: _____ Date: _____	

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

1. Gather supporting documentation to prove your eligibility. A complete list of acceptable documents can be found on the OSSE website at: www.osse.dc.gov/childcaresubsidyfaq
2. Submit this form and supporting documents to a Level II provider of your choice or a DHS location below. A list of Level II providers can be found at: www.osse.dc.gov/publication/child-care-intake-eligibility-sites

DHS Congress Heights Service Center

4049 South Capitol St. SW
 Mon-Fri: 7:30 a.m. - 4:45 p.m.
 Walk-in Mon/Tues/Wed
 Appointments Thurs & Fri
 Last appt at 3:30 p.m.
 (202) 727-0284 to schedule

DHS Taylor St Service Center

1207 Taylor St. NW
 Mon-Fri: 7:30 a.m. - 4:45 p.m.
 By appointment only
 (202) 576-8776 to schedule

Virginia Williams Service Center

64 New York Ave. NE
 Mon & Wed: 8:30 a.m. - 4:30 p.m.
 Families experiencing homelessness
 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 DHS. The DC Child Care Subsidy Program will make payments directly to your child care provider.

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Annual Gross Income: \$		Family Size:		Number of Dependents:	
Child 1	Co-payment: \$	Other Fee: \$	Is the co-payment waived? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child 2	Co-payment: \$	Other Fee: \$			
Total Parent Co-payment	Daily: \$	Weekly: \$			

Initial Determination: Eligible Ineligible: (Reason)

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

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

If a family disputes the decision made related to a child care subsidy determination, they are entitled to appeal the decision as outlined below:

- **First Level of Resolution Attempt:** The family may request an appeal by submitting a written request within 15 calendar days of an adverse decision. The request should be made to DHS CCSD or a Level II child care provider, which will result in an in-person or virtual meeting.
- **Second Level of Resolution Attempt:** If the family is dissatisfied with the outcome of the meeting, they may request that the appeal be escalated to OSSE for review within five days of the appeal decision.
- **Third Level of Resolution Attempt:** If the family is dissatisfied with the outcome of OSSE's review, the family may submit an appeal request to the Office of Administrative Hearings (OAH) within five days of the decision. Information on how to file an appeal can be found on the OAH website (oah.dc.gov). During the fair hearing, (1) you have the right to be represented by legal counsel or by a lay person who is not an employee of the District; (2) you may bring witnesses on your behalf; (3) reasonable expenses related to the hearing, such as transportation costs for you or your witnesses, will be paid by the DC Government; and (4) legal services are available to you.

Termination of services may be issued for failure to comply with the following laws and regulations governing child care services including The Day Care Policy Act of 1979, effective Sept.19, 1979 (D.C. law 3-16; D.C. code, sec. 3-301, et. Seq.), as amended; The Child Care Services Assistance Fund Act of 1988, effective January 6, 1989 (D.C. Law 7-220); current Child Care Development Fund State Plan; Child Care Subsidy Eligibility Manual.