



## Instructions for Applying for The Child Care Subsidy Program

The Child Care Subsidy Program helps qualified families who meet income eligibility requirements pay for child care programs such as *Rocket Booster!* The subsidy that a family receives is determined based on financial need, income, and family size. Families will generally be responsible for paying a copay, which is determined using a sliding scale.

Families who do not meet the income eligibility requirements may still qualify for a subsidy if:

- they receive Temporary Assistance for Needy Families (TANF) benefits and participate in education and training in accordance with their Individual Responsibility Plans.
- they are teen parents seeking a high school degree or its equivalent.
- they are pursuing additional education to improve employment opportunities and prospects (even when not receiving TANF benefits).

To apply for a Child Care Subsidy Voucher, complete the following steps.

1. Complete the attached OSSE Child Care Subsidy Application.
2. Gather the necessary documentation. Refer to the attached form and the table on the following page for detailed information.
3. Submit the application and documentation in one of the following ways.
  - a. Drop them off at the Department of Human Services, Economic Security Administration, Child Care Services Division Congress Heights Service Center (4049 South Capitol Street SW, Washington, DC 20032).
    - i. The Congress Heights Service Center is open Monday through Friday, from 7:30am until 4:45pm.
  - b. Email the required items to [Linda.Logan@dc.gov](mailto:Linda.Logan@dc.gov) AND [Eric.Calhoun@dc.gov](mailto:Eric.Calhoun@dc.gov).
4. After submitting a completed Subsidized Child Care Service Application, families will schedule an interview with an Eligibility Worker. During the interview the family will present their eligibility factors.
5. Provide documentation of your assigned co-pay to the Site Manager for Extended Learning at your Rocketeer's campus. Your invoice will then reflect the portion of the *Rocket Booster!* Fees for which your family is responsible.

### Documentation Required for Subsidy Application

Families must provide at least one document from each category.

Identification	Proof of Citizenship/Legal Status	Income Verification	Verification of Other Income
<ul style="list-style-type: none"> <li>● Unexpired DC Driver's License</li> <li>● Unexpired Government ID</li> <li>● US Passport</li> </ul>	<ul style="list-style-type: none"> <li>● Legal Permanent Resident Card</li> <li>● Unexpired I-94 or other immigrant registration card</li> <li>● Unexpired Visa</li> </ul>	<ul style="list-style-type: none"> <li>● (2) Consecutive dated pay statements, the last statement dated within 30 days of your appointment, that show your name, date of pay, and income before deductions</li> <li>● If newly employed or if your pay statements do not contain all necessary information: statement from your employer dated within 30 days</li> <li>● If self-employed: copy of prior year's tax return</li> </ul>	<ul style="list-style-type: none"> <li>● Current benefit check or award letter dated within 30 days of intake</li> <li>● Copies of child support or alimony payments</li> <li>● Court order showing benefit amount</li> </ul>
Need for Child Care	Verification of Relationship between Applicant and Child	Verification of Residency	
<ul style="list-style-type: none"> <li>● Work, training and/or school schedule for the child's parent(s) or guardian(s) living in the home. (if schedules vary, the documentation should reflect this)</li> <li>● Proof of Child or Applicant's Disability,</li> </ul>	<ul style="list-style-type: none"> <li>● Documentation to verify Child to Natural Parent, court-appointed guardian, document of payment from TANF, or the Department of Corrections or another penal system assigning temporary custody of a child.</li> <li>● Birth Certificate-Includes name of parent applying for services</li> <li>● Referral from an authorized DC Government agency or its vendor.</li> </ul>	<ul style="list-style-type: none"> <li>● Official rent receipt - on company form or letterhead</li> <li>● Evidence of home ownership - current mortgage payment</li> <li>● Lease or housing subsidy document</li> <li>● Utility bill - PEPCO, gas, water, home phone (cell phone or cable bill alone are not acceptable)</li> <li>● E-bills for utilities showing applicant name and current address along with two pieces of current mail</li> <li>● Notarized statement plus two pieces of mail;</li> <li>● Referral from a D.C. agency</li> <li>● Documentation no more than 30 days old of active TANF, Food Stamp or Medicaid benefits received by the applicant</li> </ul>	



# Child Care Subsidy Application

Use this form to apply for a subsidy towards the cost of child care for your 6 week to 12 year-old, and/or your child with special needs who is under 19 years-old. This application allows you to apply for ALL of your eligible children. Eligibility is needs based and determined by household income and family size, among other factors, including the citizenship and immigration status of only the child and not the parent.

## 1. What is your reason for requesting a child care subsidy?

- Working     Training/Education     Child with documented special need     Child is homeless     Child is a ward of the District
- Seeking employment or engaging in job search     Other: \_\_\_\_\_

## 2. Who is the applying parent/guardian?

Full Name:		Email:			
Relationship to child:		Other: _____			
Address:		Apt:	City:	State:	ZIP:
Date of Birth:	SSN (optional)	Marital Status:		Phone:	
Military Status:		None    Active Duty US Military    National Guard or Military Reserve			
Ethnic Designation:		Hispanic/Latino    Non-Hispanic/ Non-Latino			
Race:		Black/African American    American Indian/Alaska Native    Native Hawaiian/Pacific Islander    Asian    White			
Where do you live:		Permanent house    Hotel or motel because I have no alternative accommodation    I do not have housing Homeless shelter    I share housing with others because I have no alternative accommodation			
Primary language you speak:		English    Cantonese Chinese    Amharic    Vietnamese Spanish    Mandarin Chinese    French    Other:			

## 3. Tell us about your work/education.

Name of school or employer 1:			Phone:		
Address:		Suite:	City:	State:	ZIP:
Start date:	End date:	Days and hours of school/employment:			
Name of school or employer 2:			Phone:		
Address:		Suite:	City:	State:	ZIP:
Start date:	End date:	Days and hours of school/employment:			

## 4. Who is the OTHER parent/guardian/spouse

Full Name:		Email:			
Relationship to child:		Other: _____			
Address:		Apt:	City:	State:	ZIP:
Date of Birth:	SSN (optional)	Marital Status:		Phone:	
Military Status:		None    Active Duty US Military    National Guard or Military Reserve			
Ethnic Designation:		Hispanic/Latino    Non-Hispanic/ Non-Latino			
Race:		Black/African American    American Indian/Alaska Native    Native Hawaiian/Pacific Islander    Asian    White			
Primary language they speak:		English    Cantonese Chinese    Amharic    Vietnamese Spanish    Mandarin Chinese    French    Other:			

**5. Tell us about the OTHER parent's/spouse work/education living in your household?**

Name of activity 1:			Phone:		
Address:		Apt:	City:	State:	ZIP:
Start date:	End date:	Days and hours of school/employment:			
Name of activity 2:			Phone:		
Address:		Apt:	City:	State:	ZIP:
Start date:	End date:	Days and hours of school/employment:			

**6. Tell us about your household's income.**

Are you receiving child support for all children in your household who are eligible for child support?  Yes  No

Have you applied for child support for all children in your household eligible to receive child support?  Yes  No

Does your household have assets (i.e. real estate, bank accounts) in excess of one million dollars (\$1,000,000)?  Yes  No

TYPE OF INCOME	EMPLOYMENT PERIOD	FREQUENCY OF PAY PERIODS				GROSS AMOUNT PER PAY PERIOD
Applying Parent/Guardian Income	<input type="checkbox"/> 10 month <input type="checkbox"/> 12 month	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	\$
Other Parent/Guardian Income	<input type="checkbox"/> 10 month <input type="checkbox"/> 12 month	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	\$
Child Support		<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	\$
Alimony		<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	\$
Unemployment Benefits		<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	\$
Other _____		<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Monthly	\$
Social Security/Veteran Benefits						\$
Temporary Assistance for Needy Families						\$
Supplemental Nutrition Assistance Program						\$
Supplemental Security Income (SSI)						\$

**7. Tell us about ALL your child(ren).** Provide details about ALL your dependent children under 18, not just those who need child care.

<b>Child 1</b>	<b>Full Name:</b>	<b>Sex:</b>	<b>Date of Birth:</b>	<b>SSN (optional):</b>	
	<b>Other Parent's Name: (If different from #4)</b>				
	<b>Address:</b>				
	<b>Special Needs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No Other Parent's Name/Address (If this person is different from #4)		
	<b>Ethnic Designation:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino		
	<b>Citizenship/Immigration Status:</b>	<input type="checkbox"/> US citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Granted conditional entry	<input type="checkbox"/> Parolee 1 year+
	<b>Race:</b>	<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
<b>Child's primary language:</b>	<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: _____	

<b>Child 2</b>	<b>Full Name:</b>	<b>Sex:</b>	<b>Date of Birth:</b>	<b>SSN (optional):</b>	
	<b>Other Parent's Name: (If different from #4)</b>				
	<b>Address:</b>				
	<b>Special Needs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Ethnic Designation:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino		
	<b>Citizenship/ Immigration Status:</b>	<input type="checkbox"/> US citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Granted conditional entry	<input type="checkbox"/> Parolee 1 year+
		<input type="checkbox"/> Refugee	<input type="checkbox"/> Deportation withheld	<input type="checkbox"/> Battered spouse, child, or parent of child(ren)	
<b>Race:</b>	<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	
<b>Child's primary language:</b>	<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: _____	

<b>Child 3</b>	<b>Full Name:</b>	<b>Sex:</b>	<b>Date of Birth:</b>	<b>SSN (optional):</b>	
	<b>Other Parent's Name: (If different from #4)</b>				
	<b>Address:</b>				
	<b>Special Needs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Parent's Name/Address(If this person is different from #4)	
	<b>Ethnic Designation:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino		
	<b>Citizenship/ Immigration Status:</b>	<input type="checkbox"/> US citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Granted conditional entry	<input type="checkbox"/> Parolee 1 year+
		<input type="checkbox"/> Refugee	<input type="checkbox"/> Deportation withheld	<input type="checkbox"/> Battered spouse, child, or parent of child(ren)	
<b>Race:</b>	<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	
<b>Child's primary language:</b>	<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: _____	

<b>Child 4</b>	<b>Full Name:</b>	<b>Sex:</b>	<b>Date of Birth:</b>	<b>SSN (optional):</b>	
	<b>Other Parent's Name: (If different from #4)</b>				
	<b>Address:</b>				
	<b>Special Needs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Parent's Name/Address(If this person is different from #4)	
	<b>Ethnic Designation:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino		
	<b>Citizenship/ Immigration Status:</b>	<input type="checkbox"/> US citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Granted conditional entry	<input type="checkbox"/> Parolee 1 year+
		<input type="checkbox"/> Refugee	<input type="checkbox"/> Deportation withheld	<input type="checkbox"/> Battered spouse, child, or parent of child(ren)	
<b>Race:</b>	<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	
<b>Child's primary language:</b>	<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: _____	

**OFFICE USE ONLY**

<b>Annual Gross Income: \$</b>		<b>Family Size:</b>		<b># of Dependent Children:</b>	
<b>Child 1</b>	<b>Parent Fee: \$</b>	<b>Other Fee: \$</b>	<b>View DCAS/TANF verification?</b>		
<b>Child 2</b>	<b>Parent Fee: \$</b>	<b>Other Fee: \$</b>			
<b>Total Parent Copayment</b>		<b>Daily: \$</b>	<b>Weekly: \$</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Initial Determination:</b> <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible: (Reason) _____					
I hereby certify that the rights and responsibility have been discussed with the applicant and they have signed to verify their understanding.					
<b>Eligibility Worker Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____					

**Certifications.** *Please initial next to each item.*

By signing this certification section, I affirm that I understand the provisions below:

\_\_\_\_\_ I understand that I must:

- Fully and accurately report circumstances affecting my eligibility and relating to family relationships, employment, training status, income, place of residence, and telephone numbers;
- Provide original documentation to substantiate information I have submitted;
- Report to the DHS case worker or the Level 2 Child Care Provider any changes to submitted information within ten (10) calendar days; and
- Cooperate with all agency efforts to verify the eligibility information with your employer, school, and/or landlord.

\_\_\_\_\_ I have been informed of the absence policy and I understand that I must provide documentation of excused absences to the child care provider. Children may have 5 unexcused absences and 15 excused absences per month.

\_\_\_\_\_ I understand that I must report within 3 days when my child no longer attends a facility.

\_\_\_\_\_ I understand I am required to have an eligibility review completed on \_\_\_\_\_ (date) and every 12 months thereafter, to determine if I am eligible to continue receiving subsidized child care.

\_\_\_\_\_ 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.

\_\_\_\_\_ I am aware that knowingly making a false or misleading statement on this application may result in a fine up to \$1,000, imprisonment up to 180 days, or both.

\_\_\_\_\_ I authorized the Subsidized Child Care Program to obtain any verification necessary from employers and/or schools to both determine and review financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, and /or training/ school schedule and residence.

\_\_\_\_\_ I certify that the information in this application is a correct to the best of my belief.

\_\_\_\_\_ I authorize the Subsidized Child Care Program to obtain any verification necessary to determine and review my financial eligibility and child care needs. This authorization includes the release of information regarding my employment, salary, work schedule, training, school schedule, and residence to the Office of the State Superintendent of Education.

**Applying Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Once you've completed this form, follow these next steps.**

1. Gather supporting, original documentation to prove the following:

A complete list of acceptable documents can be found on the OSSE website at:

<https://osse.dc.gov/page/child-care-subsidy-program-faq-parents-learn-more-about-eligibility-your-family>

- DC residency
- Need for subsidy
- Household income
- Child(ren)'s age and relationship to you (the applicant)
- Child(ren)'s US citizenship

2. Submit this form and supporting documents to a location below.

**DHS Congress Heights Service Center**

4049 South Capitol Street, SW

Mon-Fri: 7:30am - 4:45pm

Walk-in Mon/Tues/Wed | Appointments Thurs &amp; Fri

Last appt at 3:30pm; call 202.727-0284 to schedule

**DHS Taylor St Service Center**

1207 Taylor Street NW

Mon-Fri: 7:30am - 4:45pm

By appointment only; call

202.576.8776 to schedule

**Virginia Williams Service Center**

920 Rhode Island Ave NE

Mon &amp; Wed: 8:30am - 4:30pm

Homeless families 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 District Government. The District will make payments directly to your child care provider.

Government of the District of Columbia ♦ Department of Human Services

Economic Security Administration  
Child Care Services Division/ Checklist

Main Office - 202-727-0284  
Section Chief - 202-645-4554  
Supervisor 202-645-4557

Taylor Street Office (202) 576-8776  
1207 Taylor Street, NW RM# 4  
Washington, D.C. 20011



4049 South Capitol Street,  
SW – 1<sup>st</sup> Floor  
Washington, D.C. 20032

CHECKLIST/FOLLOW-UP FOR SUBSIDIZED CHILD CARE

**By appointment only: Monday thru Friday from 7:30am to 3:30pm.**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number: \_\_\_\_\_

MUST FOLLOW UP WITH DOCUMENT(S) BY \_\_\_\_\_ Parent initials \_\_\_\_\_

Appointment day and time: \_\_\_\_\_ ( ) Pre-screening – documents NOT copied

To apply for services, all Applicants must provide qualifying: - ♦ Need for care (activity) – ♦ Income - ♦ Legal Custody – ♦ DC Residency  
– ♦ Child's Health certificate – ♦ Photo ID – ♦ Citizenship /Legal Status

[ ] **Please Note: All documents provided by you must be original and must be dated (within the last 30 days of your ELIGIBILITY). In addition, your dated documents will expire 30 days from the date of your ELIGIBILITY.**

[ ] Remain active in the Subsidy Program [ ] Enroll in the Subsidy Program [ ] Enroll new child(ren)

**Traditional** services provides child care for Monday thru Friday between 7am and 6pm to parents that work a minimum of 20 hours a week between Mondays thru Friday, between 7am to 6pm.

**Non-Traditional** services provides child care for parents that work the minimum 20 hours a week; however their work days and hours are outside of the traditional schedule as stated above. Verifying proof of work schedule is required, and child care is tailored to meet the parent's working days and hours. (Depending on the parent's situation, additional information may be required)

[ ] **Verification of employment** -- 2 most recent, consecutive pay stubs – for self \_\_\_\_\_, for spouse \_\_\_\_\_, and/or other parent \_\_\_\_\_

Pay stubs must show that the applicant(s) is consistently working a minimum of 20 hours a week and should show proof of paying DC taxes.

**need pay stub(s) dated:** \_\_\_\_\_

**WE DO NOT ACCEPT THE "WORK NUMBER" FOR EMPLOYMENT VERIFICATION**

[ ] **New employment** -- *When you have not worked long enough to have received 2 pay stubs:*

- You must submit an official employment letter along with any pay stubs that you have received.
- Verification of Employment form (VOE) -- along with any pay stubs that you have received.

[ ] **An Official Employment Letter** -- **Must be original** ♦ Letter should explain/state who is responsible for paying DC taxes

♦ Verify your start and your 1<sup>st</sup> pay date. ♦ Letter should state the total number of hours you work per week.

♦ It should state your scheduled work days and times, per week. ♦ Your frequency of pay, hourly rate of pay or annual gross income.

♦ **Must be on company letterhead, signed and dated by manager/supervisor,** ♦ **Must have customer's and employer's address.**

♦ **Must include the employer's title and contact number.**

♦ Must state that the parent is returning from maternity leave (*or any other leave status*) along with actual return date and first pay date.

♦ Must state proof of schedule for Non-Traditional services \_\_\_\_\_

[ ] **Paid by personal check or cash** (*If paid by Check*) \_\_\_\_\_ Need to provide copies of 2 most recent, consecutive checks and **employment letter**; letter must state who is responsible for paying your DC Taxes. (*If paid by Cash*) \_\_\_\_\_ **Need employment letter.** Letter should also state that you are paid in cash and should state who is responsible for paying your DC taxes. Please note -- Tax information may be requested.

[ ] **Self-employment** – Child care is provided for employment outside of the home; provide documents used to maintain income and tax purposes, included but not limited to daily manifests/records of daily sales for a minimum of 4 weeks; tax information may be requested. (business licenses may be required)



[ ] **Verification of other YEARLY income:** SSI - Social Security benefits - Child support \_\_\_\_\_ - Survival benefits - Unemployment benefits - etc. (documents must be dated with 30 days of application). \_\_\_\_\_

[ ] **Proof of DC tax withholdings:** \_\_\_\_\_

◆ Letter from employer, on company letterhead, stating that they do not pay into DC taxes and that the parent is responsible for paying DC taxes. Letter must be signed and dated by employer.

[ ] **Child Care Referral:** - Office of Work Opportunity 202-698-1860 - **Referral and the Individual Responsibility Plan (IRP)**

◆ TANF Vendor \_\_\_\_\_ ◆ Virginia Williams \_\_\_\_\_

◆ FSET Program, Food Stamp participants – 2100 MLK Jr., Ave. S.E. Suite 310 (202) 535-1178 ◆ UDC Paths Program 202-274-5483

[ ] **Official Letter from Training/School verifying attendance** \_\_\_\_\_ self \_\_\_\_\_ spouse \_\_\_\_\_ other parent

◆ Letter should be officially prepared on company letter head— identifying type of program, the duration/length of program (start date and end date), the applicant’s schedule (days of attendance per week as well as the daily time of attendance, and total number of hours per week). Letter must be signed and dated. **[A Minimum of 20 hours is required weekly]**

◆ (School) letter from school including student’s name, address, SS # or student ID with date of enrollment and end date. Letter must be signed and dated by appropriate official, and must be original. School schedule is also needed. \_\_\_\_\_

[ ] **Post Secondary Education:** Must be attending full-time [minimum 12 hrs per semester]. Official proof of enrollment from school; an official school schedule of classes currently attending (**online classes are not acceptable**) and verifying proof of tuition payment.

[ ] **Photo ID** for self \_\_\_\_\_ for spouse \_\_\_\_\_ for other parent \_\_\_\_\_

[ ] **Child Care Provider** \_\_\_\_\_ (the provider selected should be approved by the District Government to receive subsidized child care payments, call Child Care Connections for further assistance at (202) 829-2500 or log onto [childcareconnections.osse.dc.gov](http://childcareconnections.osse.dc.gov))

[ ] **Proof of : Legal Guardianship / Citizenship / Legal Status** ◆ For \_\_\_\_\_

[ ] **Birth Certificate(s)** - full size for child(ren) \_\_\_\_\_

◆ For all children under the age of 18, living with parent.

[ ] **Social Security Card:** \_\_\_ Self \_\_\_ Spouse \_\_\_ Each member of the family Child(ren) \_\_\_\_\_

◆ For all children under the age of 18, living with parent.

[ ] **Verification of Residence:** (*Documents must be dated within 30 days of application (or) review date*)

◆ Original Home telephone, Pepco, Gas, or Water bill – billing statement must show date, client's name, and address.

◆ Official rent receipt or letter from rental office – must be on company letterhead including the name of the applicant and children, current address. Must be signed and dated.

◆ **Notarized letter from landlord** including the name of the applicant and children, current address, must be signed and dated along with two current pieces of mail showing your name, address, and dated within the last 30 days of application or review date..

◆ **If you live with someone** — a **notarized** letter from the person you live with – stating that **you (Your Name) and your child(ren) (Their Names) live with them** at the address you are claiming, along with two current pieces of mail showing your name, address, and dated within the last 30 days of application or review date. (Envelopes not accepted).

◆ **E-bill for utilities (telephone, electric, water, gas)** showing applicant’s name and current address along with two pieces of mail as described above.

◆ Mortgage statement or housing subsidy document. ◆ Department of Housing verification of Residency letter (dated within last 30 days)

[ ] **Updated Health Certificate for child (no shot records)** \_\_\_\_\_ Universal Health Certificate is accessible on the Department of Health website ([www.doh.dc.gov](http://www.doh.dc.gov)). Children one year and older should have **Lead test** with results as well as **Varicella** vaccination. (Must have hospital stamp or doctor’s signature)

[ ] **Non-Traditional** services requires validated proof from employer and proof of schedules to confirm work/school/training hours

◆ If schedule varies - 4 consecutive weeks of schedules \_\_\_\_\_

[ ] **Disabled Child:** IEP or IFSP (no more than 1 year old / Referral / Written documentation from a licensed therapist or licensed health practitioner certifying disability (must be signed and dated). Letter should also specifically recommend child care for the parent.

[ ] **Disabled Adult:** A physician’s written statement on official letterhead that specifically recommends child care for the adult due to the adult’s the disability (must be dated, and signed by the doctor with doctor’s credentials). / Referral from DDS.

[ ] Proof that you are no longer working for former employer \_\_\_\_\_

[ ] other \_\_\_\_\_

Consumer’s Signature \_\_\_\_\_ DATE \_\_\_\_\_

CCSD Staff Name \_\_\_\_\_ Phone number \_\_\_\_\_