

Continuity of Care Request for Funds Guidance (Guidance in BLUE)

	PSESD Use: Number:																																												
Child:	Date of Enrollment:																																												
DOB:																																													
Current Age:	Center/Home:																																												
Parent(s): Parent's Monthly co-pay amount: \$_____ Parent is expected to continue to pay the monthly co-pay. COC funds cannot be used to pay current or past co-pays amounts.	Provider/Center Director:																																												
1. Describe situation: <i>Be specific! Current funding source is _____. Describe how and why the funding source has been interrupted.</i>																																													
2. Describe efforts made to find other resource(s) to support child care during this period: <i>Who has the parent contacted for help? How have you and the parent sought support from DSHS?</i>																																													
3. List other sources and amounts of funding that will be used to support continued child care, in addition to parent's co-pay (i.e., other agencies, parent contribution): <i>List any and all sources and amounts that the parent has been able to generate to help cover childcare costs.</i>																																													
4 Describe plans and timeline for restoring subsidy or family's ability to pay for child care: <i>The timeline must be specific. For example: parent has completed paperwork at DSHS and is awaiting approval. Current wait time is one week.</i>																																													
5. Will part day or part week child care meet the child/family needs during this interim period? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide interim child care schedule approved by Center Director:																																													
6. *CCSP rate <input type="checkbox"/> or private rate <input type="checkbox"/> of _____, total number of days for this request ____* from ___/___/___ to ___/___/___																																													
*Max: 10 school days per request. You can contact ESD to extend the request 10 days at a time, if needed.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">Child care in a licensed or certified child care center</th> <th colspan="3">Child care in a licensed or certified family home child care</th> </tr> <tr> <th>Infant (1 - 11 months)</th> <th>Toddler (12 - 29 months)</th> <th>Preschool (30 months - 5 years)</th> <th>Infant/Toddler (1 - 17 months)</th> <th>Toddlers (18 - 29 months)</th> <th>Preschool (30 months - 5 years)</th> </tr> </thead> <tbody> <tr> <td>Region 4/ King County</td> <td>full-day</td> <td>\$47.08</td> <td>\$39.31</td> <td>\$32.98</td> <td>\$42.47</td> <td>\$36.93</td> <td>\$31.12</td> </tr> <tr> <td></td> <td>half-day</td> <td>\$23.54</td> <td>\$19.66</td> <td>\$16.49</td> <td>\$21.24</td> <td>\$18.47</td> <td>\$15.56</td> </tr> <tr> <td>Region 5/ Pierce County</td> <td>full-day</td> <td>\$34.52</td> <td>\$29.70</td> <td>\$26.15</td> <td>\$28.63</td> <td>\$24.89</td> <td>\$23.66</td> </tr> <tr> <td></td> <td>half-day</td> <td>\$16.97</td> <td>\$14.85</td> <td>\$13.08</td> <td>\$14.32</td> <td>\$12.45</td> <td>\$11.83</td> </tr> </tbody> </table>	Child care in a licensed or certified child care center			Child care in a licensed or certified family home child care			Infant (1 - 11 months)	Toddler (12 - 29 months)	Preschool (30 months - 5 years)	Infant/Toddler (1 - 17 months)	Toddlers (18 - 29 months)	Preschool (30 months - 5 years)	Region 4/ King County	full-day	\$47.08	\$39.31	\$32.98	\$42.47	\$36.93	\$31.12		half-day	\$23.54	\$19.66	\$16.49	\$21.24	\$18.47	\$15.56	Region 5/ Pierce County	full-day	\$34.52	\$29.70	\$26.15	\$28.63	\$24.89	\$23.66		half-day	\$16.97	\$14.85	\$13.08	\$14.32	\$12.45	\$11.83
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PSESD use only:			
<input type="checkbox"/> Request Approved PSESD will reimburse <u>name of center</u> _____ _____ for the following: Rate \$ <u>see chart</u> per day x # of _____ days = _____ - _____ = \$ _____ <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center; font-size: small;">other resources</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></div> </div>			
<p>NOTE: 45 days of care is the maximum number of days that can be paid for one child in a program year.</p> <p>Maximum Reimbursement: \$ _____ Approved dates: ____/____/____ to ____/____/____</p>			
<input type="checkbox"/> Request Not Approved – Family Support staff will proceed with alternative plan.			
Family Support Coordinator Signature		Date	
Family Support Director Signature		Date	
Operations Director Initial	Date	Logged in by Fiscal	Date