

Continuity of Care Request for Funds

	PSESD Use Number:																																																		
Child:	Date of Enrollment:																																																		
DOB:																																																			
Current Age:	Center/Home:																																																		
Parent(s):	Provider/Center Director:																																																		
Parent's Monthly co-pay amount:																																																			
1. Describe situation:																																																			
2. Describe efforts made to find other resource(s) to support child care during this period:																																																			
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):																																																			
4. Describe plans and timeline for restoring subsidy or family's ability to pay for child care:																																																			
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. *WCCC 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;"> <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</th> <th>Toddler</th> <th>Preschool</th> <th>Infant/Toddler</th> <th>Toddlers</th> <th>Preschool</th> </tr> <tr> <th>(1 - 11 months)</th> <th>(12 - 29 months)</th> <th>(30 months - 5 years)</th> <th>(1 - 17 months)</th> <th>(18 - 29 months)</th> <th>(30 months - 5 years)</th> </tr> </thead> <tbody> <tr> <td>King County</td> <td>full-day</td> <td>\$52.94</td> <td>\$44.20</td> <td>\$37.10</td> <td>\$54.37</td> <td>\$45.31</td> <td>\$40.78</td> </tr> <tr> <td></td> <td>half-day</td> <td>\$26.47</td> <td>\$22.10</td> <td>\$18.55</td> <td>\$27.19</td> <td>\$22.66</td> <td>\$20.39</td> </tr> <tr> <td>Pierce County</td> <td>full-day</td> <td>\$38.82</td> <td>\$33.41</td> <td>\$29.40</td> <td>\$37.07</td> <td>\$32.23</td> <td>\$27.19</td> </tr> <tr> <td></td> <td>half-day</td> <td>\$19.41</td> <td>\$16.71</td> <td>\$14.70</td> <td>\$18.54</td> <td>\$16.12</td> <td>\$13.60</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	Toddler	Preschool	Infant/Toddler	Toddlers	Preschool	(1 - 11 months)	(12 - 29 months)	(30 months - 5 years)	(1 - 17 months)	(18 - 29 months)	(30 months - 5 years)	King County	full-day	\$52.94	\$44.20	\$37.10	\$54.37	\$45.31	\$40.78		half-day	\$26.47	\$22.10	\$18.55	\$27.19	\$22.66	\$20.39	Pierce County	full-day	\$38.82	\$33.41	\$29.40	\$37.07	\$32.23	\$27.19		half-day	\$19.41	\$16.71	\$14.70	\$18.54	\$16.12	\$13.60
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Family Support Staff Signature	Date																																																		

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PSESD use only:			
<input type="checkbox"/> Request Approved: PSESD will reimburse _____ _____ Rate \$ _____ per day x # of _____ days = _____ - _____ = \$ _____ <i>(other resources)</i>			
NOTE: 45 days is the maximum number of days of continuity of care will be approved and funded for one child in program year.			<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Number of days previously requested
Maximum Reimbursement: \$ _____ Approved dates: _____ / _____ / _____ to _____ / _____ / _____			
<input type="checkbox"/> Request Not Approved – Family Support or Provider will proceed with alternative plan.			
Family Engagement Coach Signature		Date	
Team Manager or ERSEA Coordinator Signature		Date	
Program Director Initial	Date	Logged in by HS Fiscal	Date