

APPLICATION QUESTIONS for 6 MONTH REAUTHORIZATION 2025

Introduction

Welcome to the Spring 2025 Reauthorization Application for families whose Best Starts for Kids Subsidy authorization ends May 31, 2025. To be considered for enrollment beyond May 31, 2025, a completed submission of this application and a Working Connections (WCCC) denial letter is required.

The due date for these materials is no later than **5:00 PM (PST) on April 3, 2025**.

For support, questions, or concerns, families are encouraged to work with a member of the Best Starts Subsidy Family Access and Support (FAS) team of Navigators. They can be reached at support@bskchildcare.org or **(206) 208-6865**.

Translated questions are available on the Reauthorization Hub website and through FAS Navigators. Families can also request interpreter services by phone.

Application Questions:

*PLEASE NOTE: Any questions marked with "(CONDITIONAL)" are based on previous answers and will only appear if applicable, and questions in **RED** font must be answered before submitting the application.*

- 1. What is the Full Name of the parent/ guardian listed as Head of Household (Adult #1) in your records with the Best Starts Subsidy Program?**
- 2. What is the best phone number to reach Adult #1?**
- 3. What email address is best to contact Adult #1?**
(Please note, we primarily use email to contact and share information with families.)

4. **Which of the following describes yourself (Adult #1)?**

(Please select all that apply.)

- Working full-time (more than 20 hours per week)
- Working part-time (less than 20 hours per week)
- Working hours that are unpredictable
- Working evenings, nights, or weekends
- Looking for a job
- Not working
- Disabled and receiving SSI/SSDI benefits
- Attending school for a bachelor's or graduate degree
- Attending school to receive a high school, associate, or vocational diploma/degree
- Enrolled in a language course required for training/employment
- Other

5. **(CONDITIONAL) You selected "Other." Please describe your situation as clearly as possible.**

(This question only appears if "Other" was selected in the previous question.)

6. **What is your street address?**

Please give street numbers, street name, and city name.

If you are experiencing homelessness, please identify the closest address to your nighttime residence.

7. **What is your zip code?**

8. **Is your family currently experiencing homelessness?**

- YES
- NO
- PREFER NOT TO SAY

9. **Do you live with another adult you would describe as:**

- A spouse
- A domestic partner
- A significant other with whom you have a child

Please note: for the purposes of this program, the following people are not counted in your household size:

- Boyfriend, girlfriend, or significant other with whom you do NOT have a child
- Grandparents or other adult family members who live with you
- Children age 18 years and older who are no longer in high school
- Adult dependents
- Roommates

YES / NO options

10. (CONDITIONAL) If YES, What is Adult #2's First Name?

(Questions #10-15 only appear if you answered YES above that you live with another adult.)

11. What is Adult #2's Last Name?

12. What is Adult #2's Phone Number?

13. What is Adult #2's Email Address?

14. Which of the following best describes Adult #2?

(Please select all that apply.)

- Working full-time (more than 20 hours per week)
- Working part-time (less than 20 hours per week)
- Working hours that are unpredictable
- Working evenings, nights, or weekends
- Looking for a job
- Not working
- Disabled and receiving SSI/SSDI benefits
- Attending school for a bachelor's or graduate degree
- Attending school to receive a high school, associate, or vocational diploma/degree

- Enrolled in a language course required for training/employment
- Other

15. **(CONDITIONAL)** You selected “Other.” **Please describe Adult #2’s situation as clearly as possible.**

(This question only appears if "Other" was selected for Adult #2 in the previous question.)

16. **How many children are members of your household?**

(Please only include children you are the parent/guardian or otherwise have primary responsibility for. Count only children who live with you more than 50% of the time, including 18-year-olds still in high school.)

Of these children, please list the name, birthdate, and number of hours of care needed for each child you would like to enroll in the Best Starts Subsidy (enrollment for any new children will be available, if reauthorized, beginning June 1, 2025).

Please contact your FAS navigator for additional information, including under which circumstances it is permissible to add a new child during the current authorization period.

(This is not a question. No response is needed for this item.)

17. Child #1: First Name

18. Child #1: Last Name

19. Child #1: Date of Birth

(please include month, date, and year)

20. Child #1: Is this child in school and 5 years or older?

(Is this child attending Kindergarten or a school setting?)

21. Child #1: How many hours of child care per week, on average, are needed for this child?

(Please note: Some amounts of care require completion of a request form and additional documentation. You will receive an email from us with more information if you select 20-50 hours or 51+ hours per week.)

- 0-19 hours per week
- 20-50 hours per week
- 51 or more hours per week

22. Is child #1 currently enrolled in the Best Starts for Kids Subsidy Program?

- YES / NO options

23. (CONDITIONAL) If NO, Have you already selected a child care provider for this child?

(This question only appears if NO was selected in the previous question.)

- YES / NO options

24. (CONDITIONAL) If YES, What is the LICENSE name of the child care program?

(This question only appears if YES was selected in question #23.)

25. (CONDITIONAL) What is the Provider ID of the program?

(This question only appears if YES was selected in question #23.)

26. (CONDITIONAL) What is the address of this program?

(This question only appears if YES was selected in question #23.)

27. (CONDITIONAL) What is the email address for this program?

(This question only appears if YES was selected in question #23.)

28. Do you have a second child who you want to enroll or continue enrollment in the Best Starts Subsidy Program?

- YES / NO options

29. If YES, repeat the same set of questions (#17-27) for Child #2.

30. Do you have a third child who you want to enroll or continue enrollment in the Best Starts Subsidy Program?

YES / NO options

31. If YES, repeat the same set of questions (#17-27) for Child #3.

32. Do you have a fourth child who you want to enroll or continue enrollment in the Best Starts Subsidy Program?

YES / NO options

33. If YES, repeat the same set of questions (#17-27) for Child #4.

34. Do you have a fifth child who you want to enroll or continue enrollment in the Best Starts Subsidy Program?

YES / NO options

35. If YES, repeat the same set of questions (#17-27) for Child #5.

36. If you have more than 5 children that you want to enroll or continue enrollment in the Best Starts Subsidy Program, please write their names below and/or reach out to an FAS Navigator who can assist you in collecting the additional information for those children.

FAS Navigators can be reached at support@bskchildcare.org or (206) 208-6865.

37. Regarding your household GROSS income (before taxes and other withholdings), please select the response which best describes your family:

- Our monthly income is the SAME as when I completed the fall 2024 reauthorization.
- Our monthly income is LESS THAN it was when I completed the fall 2024 reauthorization.
- Our monthly income is MORE THAN it was when I completed the fall 2024 reauthorization.

38. (CONDITIONAL) If LESS THAN or MORE THAN - What is your family's GROSS monthly income now (before taxes and other withholdings)?

This should be the total for both adults if applicable.

(This question only appears if either LESS THAN or MORE THAN options were selected in the previous question.)

39. (CONDITIONAL) If LESS THAN or MORE THAN - Please upload all income records for money received/paid to you in February 2025.

Note that income includes: Employment income (W-2 / 1099), Self-employment income, capital gains income, dividend income (from stocks), interest income, royalty income, Disability insurance- SSI/SSDI, Student financial aid, TANF or other cash benefits (such as unemployment insurance), Rental income, Child Support (received), jobs worked for cash, possible other income.

Note that income needs to be for both Adult #1, and if applicable, Adult #2. Please note that images need to be clear, contain the name of the recipient, list the date of the payment, and be the original document from the person/agency issuing the payment.

(This question only appears if either LESS THAN or MORE THAN options were selected in question #38.)

40. Would you like to provide additional details about your income?

YES / NO options

41. (CONDITIONAL) If YES, Please share any details about your income that would help us understand your financial situation.

(This question only appears if YES was selected.)

42. All families are required to submit a WCCC denial letter, regardless of income or work/school activities. You may request that DCYF fax a copy to (253) 295-2643 or you may upload a copy here [Monday Form].

Please check the box for each of the following statements. It is required that families mark that they are aware of, and agree to, each of these attestations.

(This is not a question. No response is needed for this item.)

43. I am the parent or legal guardian of the children listed as members of my household and each child listed for subsidy supports.

YES / NO options

44. (CONDITIONAL) If NO, Please explain your situation so we can review eligibility.
(This question only appears if NO was selected.)

45. If I am, or become a licensed child care provider, I understand that I cannot receive Best Starts Subsidy for my children or children I am the guardian of, if they attend my child care program.

[Checkbox] I agree

46. I have accurately represented my family size, ages of the children, and household income on this Best Starts Subsidy Reauthorization application.

[Checkbox] I agree

47. I reside in King County.

Note: For families who are experiencing homelessness, the place(s) where you are staying are located within King County.

[Checkbox] I agree

48. Under penalty of perjury, I certify that the information presented on this reauthorization application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of Best Starts for Kids Child Care Subsidy eligibility.

(Signature field)

SUBMIT