Olympic Peninsula YMCA

Childcare Voucher Program

Employment Support Program Overview

The Olympic Peninsula YMCA's Employment Support Program removes barriers to gainful employment by providing the resources you may need to obtain a good job — including tuition for short-term training programs, transportation assistance, childcare assistance, and basic needs funds.

The Childcare Voucher Program is available to Olympic Connect clients who:
- Are currently between the ages of 25–54
- Live and are actively seeking a good job in Clallam or Jefferson County
- Are currently unemployed or underemployed (making less than $26/hour and/or not working full-time/receiving employer benefits)

Funds are limited, and applications are processed on a first-come, first-served basis.

Form Instructions:

Please complete all sections before submission. Incomplete forms may delay processing.

CBWs: Please upload completed document and save in the attachments section of the client profile. Please upload any pertinent childcare facility information with the application. Send the electronic referral to Olympic Peninsula YMCA via Connect 2 Coordinator.

Email questions to childcarev@olympicpeninsulaymca.org.

Thank you!

Childcare Voucher Program Application

Section 1: Applicant Information

Applicant's Name: _____

Client ID #: _____

Community-Based Worker's Name: _____

CBW Email: _____ CBW Phone: _____

Licensed Childcare Facility Name: _____

Facility Address: _____

Registration paperwork completed or children already enrolled? ☐ Yes ☐ No

Childcare Program Contact Name: _____

Phone: _____ Email/Website: _____

Section 2: Children to Enroll

Child Name	Age	Monthly Cost	Registration Fee
_____	___	$_____	$_____
_____	___	$_____	$_____
_____	___	$_____	$_____
_____	___	$_____	$_____

Receiving DCYF Working Connections subsidy? ☐ Yes ☐ No Amount: $_____

Receiving discount or support from facility? ☐ Yes ☐ No Amount: $_____

Desired start date: _____

Section 3: Household Information

Household Size: _____

Total Household Income (monthly or annual: $_____

Preferred Contact Method: ☐Phone ☐Email ☐Text

Client Phone #: _____ Client Email Address: _____

Section 4: Employment Goals

1. How will the childcare voucher program support your employment goals? (2–3 sentences)

_____

_____

2. What challenges might you face in finding full-time employment at $26+/hour with benefits?

_____

_____

Section 5: Consent & Verification

By signing below, I confirm that:

- I am between 25–54 years old and live in Clallam or Jefferson County.
- I am currently unemployed or underemployed (earning less than $26/hour or not full-time with benefits).
- I understand the YMCA may verify information with childcare providers or other relevant agencies.
- I will apply for Washington DCYF's Working Connections program while participating in this program.
- Processing may take up to 2–3 weeks; delays may occur depending on circumstances.
- Vouchers are limited to a single 6-month period.
- I commit to seeking and securing employment during this period.
- I may request reasonable accommodations if I have a disability or need assistance completing this application.

Applicant's Name: _____ Signature: _____ Date: _____

CBW's Name: _____ Signature: _____ Date: _____

Thank you for applying!

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