



Employment Support Program Overview

The Olympic Peninsula YMCA's **Employment Support Program** helps people overcome barriers to **employment**. The program provides support that may help you get or keep a **full-time job**. This support includes help with basic needs like transportation, childcare and hygiene.

The Childcare Voucher Program is available to applicants who meet **ALL** five requirements below:

1	Be between 25 and 54 years of age
2	Be currently unemployed or underemployed (earning less than \$26 per hour, working part-time or without employer benefits)
3	Looking for a full-time job in Clallam or Jefferson County that pays at least \$26 per hour with employer benefits
4	Live in Clallam or Jefferson County
5	Able to reasonably get the job in #3 within six-months

Payment of Childcare Vouchers:

- Vouchers are paid directly to approved childcare facilities for the client.
- Funds will not be provided directly to the client.
- The YMCA cannot reimburse clients for payments made with their own money.
- Funds are limited. Applications are reviewed & processed in the order they are received.
- Voucher payments are reviewed and approved by the YMCA Voucher Coordinator.

Instructions:

Please complete all sections of the application. Missing information may delay processing.

Email questions to j.eksteen@olympicpeninsulaymca.org

Thank you!

For Community Based Worker only:

- 1) In C2C, send a new referral to: "Employment Support Program – Childcare Voucher Program."
- 2) Send a C2C message, with the completed application form and any supporting documents attached, to Kobus Eksteen and Anne Dean.
- 3) Please attach any pertinent childcare facility information to the Message.
- 4) In the referral, click the arrow on the left side to expand it.
- 5) Then select "Complete Application Process" and click on "Complete."



Olympic Peninsula YMCA – Childcare Voucher Program

Childcare Voucher Program Application

Section 1: Applicant Information

Client Name: _____ Client ID #: _____

Community-Based Worker's Name: _____

CBW Email: _____ CBW Phone: _____

Licensed Childcare Facility Name: _____

Facility Address: _____

Childcare Program Contact Name: _____

Contact Person Phone: _____ Email/Website: _____

Registration paperwork completed? ☐ Yes ☐ No

Child(ren) already enrolled? ☐ Yes ☐ No

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 call ☐ Text ☐ Email

Client Phone #: _____ Client Email Address: _____



Olympic Peninsula YMCA – Childcare Voucher Program

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 a full-time employment that pays at least \$26 per hour with benefits?

Section 5: Consent & Verification

By signing below, I confirm that:

- I am currently unemployed or underemployed (earning less than \$26 per hour, working part-time or without employer benefits).
- I commit to looking for a full-time job in Clallam or Jefferson County that pays at least \$26 per hour with employer benefits over the next 6 months.
- I am between 25 and 54 years of age and live in Clallam or Jefferson County.
- Vouchers are limited to a single 6-month period.
- I will apply for Washington DCYF's Working Connections program while participating in this program.
- I understand the YMCA may verify information with childcare providers or other relevant agencies.
- Processing normally takes 7-10 business days; delays may occur depending on circumstances. You will be contacted once a decision is made.
- I may request reasonable accommodations if I have a disability or need assistance completing this application.

By typing my name below, I understand and agree that this form of electronic signature has the same effect as a manual signature.

Client's Printed Name: _____ Signature: _____ Date: _____

By typing my name below, I understand and agree that this form of electronic signature has the same effect as a manual signature.

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

Thank you for applying!

Email questions to: j.eksteen@olympicpeninsulaymca.org

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