

APPLICATION INSTRUCTIONS

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH ELIGIBLE CHILD.

1. List the name, birth date, and age of your dependent child receiving childcare paid for by you and for whom you are requesting reimbursement. The child listed must be no older than 14 years of age with completion of 8th grade. Children older than 14 with special needs or requests are eligible for reimbursement.
2. Be sure to include **all of the following**: phone number, email address, mailing address. We will be contacting you with the status of your application, so it is critically important that we have your contact information on file.
3. Attach a copy of the most recent federal tax returns for all contributing adults in the household. **All materials will be kept strictly confidential.**
4. Submit your application to the SLOCEA office **NO LATER THAN JUNE 30, 2024**, via USPS at 1035 Walnut St. San Luis Obispo 93401, fax at 805-543-4039, or email to bdickey@slocea.org.

If your application is approved, you may submit a claim form along with your receipt for the childcare provided. **YOU DO NOT NEED TO SUBMIT ANOTHER APPLICATION FOR THE SAME CHILD.**

CLAIM FORM INSTRUCTIONS

Complete all sections of the form. Attach the **original receipt** for the care provided.

Submit only those expenses that are reimbursable under this program. **Expenses for summer childcare services that make it possible for you to work for the County of San Luis Obispo (i.e., during your hours of work) are the only reimbursable expenses authorized.**

You may submit more than one claim form if necessary.

1. Provider's Name – enter the name of the program or the name of the individual who provided care.
2. Provider's SS or Tax ID# - Enter the program's Tax Identification Number (TIN) or the individual's Social Security number.
3. Date Care Began – Enter the date care started. Expenses for care which was provided before June 1, 2024 will not be accepted and are not eligible for reimbursement.
4. Date Care Ended – Enter the end-of-care date.
5. Amount Paid Per Week – Enter the out-of-pocket expense **for 1 week of care** with the provider.
6. Total Amount Paid – Enter your **TOTAL** out-of-pocket expense for the time period provided in columns 3 and 4.

Attach the original receipt that covers the dates you entered. The receipt must clearly show the name of the program or the individual providing care; name of the child receiving care; dates the care was provided; and total charge for care.

**Submit all documents to the SLOCEA office via email, fax, USPS, or in-person delivery:
1035 Walnut St. San Luis Obispo, 93401 | FAX: 805-543-4039 | bdickey@slocea.org**

**County of San Luis Obispo Summer Childcare Reimbursement Program
Administered by San Luis Obispo County Employees Association, Inc.**

Application Form

Instructions: **PLEASE PREPARE A SEPARATE APPLICATION FOR EACH ELIGIBLE CHILD.** List the name, birth date, and age of your dependent child receiving childcare paid by you and for whom you are requesting reimbursement. The child listed must be no older than age 14 with completion of 8th grade or may be an older child with special needs or requests. A copy of your most recent federal tax return must be attached. **All materials will be kept strictly confidential.**

Employee Name: _____ <i>Please Print Clearly</i>	
Mailing Address:	
Social Security #	Bargaining Unit (if known)
Department:	
Job Title:	
Cell Phone:	Employee ID:
Home Phone:	
Personal email address:	
Work email address (optional):	
Child's Full Name:	
Child's Age: _____	Child's School District:
Date of Birth: (____) (____) (____) Month Day Year	Total # of dependent children:
Childcare Provider:	
# Weeks of childcare needed:	
Cost per week: \$	
List any public financial assistance you receive (e.g., CalWorks, etc.) for childcare expenses:	
Please complete this section if your family gross income has significantly changed from last year's tax return. Briefly describe the circumstances below:	

PLEASE NOTE: These reimbursements, along with any other employer provided dependent care assistance, are reportable by the County to the IRS.

Attach your most recent Federal Tax Return and submit completed application to the SLOCEA office:
Fax: 805-543-4039 Email: bdickey@slocea.org or U.S. Mail: 1035 Walnut Street, San Luis Obispo CA 93401.

DEADLINE FOR APPLICATIONS: JUNE 30, 2024.