# CCCAP APPLICATION

**Who May Be Eligible:**

- Employed single or two parent households (adult caretakers) **(30 days income verification)**
- Caretaker relatives currently receiving Temporary Assistance for Needy Families (TANF)
- Adult caretaker(s) who are currently searching for a job **(limitations apply)**
- Adult caretaker(s) in postsecondary education (1st Bachelor's degree or less) **(limitations apply)** OR in GED, high school, ESL and ABE **(limited to 12 months)**

## Please read the application carefully for the required verification.

- ☐ Citizenship of children required for all children requiring child care.
- ☐ Verification of address, i.e. current lease (within 12 months), utility bill (within last 30 days), etc.
- ☐ Unexpired ID for caretakers.
- ☐ Students' class schedules and financial assistance verification.
- ☐ Previous 30 days of income verification and any other unearned income, i.e. child support. Work schedule for non-traditional work hours require verification from employer.
- ☐ All parents' and/or caretakers' school schedules are required to be completed and verified by your school administration.
- ☐ Your choice of child care provider and their license number. United Way @211 can provide a list of available providers, Childcare referral line: 1-877-338-2273 or website: coloradoshines.com
- ☐ Provide your e-mail address on the application.
- ☐ Interview, a Technician will contact you to schedule this.

All child care applicants must apply for and cooperate with Child Support Services for all children requesting care within thirty (30) calendar-days of initial date of approval for child care.

**Contact Information:**

**CCCAP**
**Phone:** (970)400-6017
**Email:** HS-CCCAP@weldgov.com
**Fax:** (970)346-7981
**Website:** weldgov.com

**Weld Child Care and REACH**
**Phone:** (970)400-6594
**Website:** weldchildcare.com
**Office:** 315 N. 11th Ave. Bldg. B, Greeley, CO 80631

**Households must not exceed gross income guidelines:**

| Family Size | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| Gross Monthly Income | $2,657.83 | $3,348.50 | $4,039.17 | 4,729.83 | $5,420.50 | $6,111.17 | $6,801.83 | $7,492.50 |

| Application Received Date: | Pre-Eligibility: Yes ☐ No ☐<br>Determined by: Provider ☐ County ☐ | Case Number: |
|---|---|---|

# Application for Colorado Child Care Assistance Program. (CCCAP)

- **Completion of this application does not guarantee you will receive child care assistance.**
- All eligibility criteria must be met for you to qualify and receive assistance.
- Please provide all requested information
- Missing information will delay your application.
- **Teen Parents:** Do not include information about your parents even if you live with them.

## Section 1: Household Information

| Today's Date: ____/____/_____ | If you are not the parent of child(ren) for whom you are applying, are you the Primary Adult Caretaker?<br>Are there other Adult Caretaker(s) in the household? | ☐ Yes ☐ No<br>☐ Yes ☐ No |
|---|---|---|

| Primary Adult Caretaker's Last Name: | Primary Adult Caretaker's First Name: | Middle Initial: |
|---|---|---|
| | | |

| Do any of the following apply to your current living situation? **Please complete if applicable.** | ☐ Living in hotel or motel | ☐Living in campground | ☐ Living in shelter | ☐ Living in substandard housing such as car, park, etc. |
|---|---|---|---|---|
| | ☐ Other irregular living situation (please explain) | | Date living situation began: ____/_____/_____<br>Anticipated end date: ____/_____/_____ | |

| Residence Address: | | | Mailing Address: ☐ Same as residence? | | |
|---|---|---|---|---|---|
| City: | State: | Zip: | City: | State: | Zip: |
| County: | | | Primary language spoken in the home: | | |

| Contact Information: *Complete at least one* | Primary Phone:<br>( )<br>Type:☐ Home ☐Cell<br>☐ Voice Msg.☐ Work | Secondary Phone:<br>( )<br>Type:☐ Home ☐Cell<br>☐ Voice Msg.☐ Work | Email Address: |
|---|---|---|---|

| **Do you or anyone else in your household receive benefits from or participate in any of the following programs?** | | **If no, would you like to receive more information?** |
|---|---|---|
| Colorado Works/TANF cash assistance | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Head Start/Early Head Start | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Low-Income Energy Assistance (LEAP) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Food Assistance (SNAP) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Women, Infants and Children (WIC) Program | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Child and Adult Care Food Program | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Medicaid/CHP+ Assistance | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Housing voucher or cash assistance | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Refugee Medical Assistance | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Individuals with Disabilities Education (IDEA) Services Part B (3-5yrs) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Individuals with Disabilities Education (IDEA) Services Part C (0-3yrs) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Old Age Pension | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Other (please explain):_____ | ☐ Yes ☐ No | ☐ Yes ☐ No |

## Section 2: Primary Caretaker Information

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| Social Security Number: _____-____-_____ (Optional) | Date of Birth (MM/DD/YYYY): ____/____/_____ | Gender: □ Male □Female |

| Race (optional, mark all that apply): | □ American Indian or Alaskan Native | □ Native Hawaiian or Pacific Islander | Ethnicity (optional): □ Hispanic □ Non-Hispanic |
|---|---|---|---|
| | □ Asian □ Black | □ White □ Other | |

| Highest Grade Completed: | □ Less Than High School/High School Equivalency | □ High School/High School Equivalency | □ Associate Degree | □ Bachelor Degree |
|---|---|---|---|---|
| | □ Graduate Degree | □ PhD/Doctorate | □ Unknown | □ Other _____ |

| Marital Status: | □ Married, Living w/Spouse | □ Married, Not Living w/Spouse (voluntarily) | □ Married, Not Living w/Spouse (involuntarily) | |
|---|---|---|---|---|
| | □ Significant Other | □ Single – Never Married | □ Widowed/Widower | □ Divorced |

| ACTIVITY: Check all that apply to this individual | | | |
|---|---|---|---|
| □ Employed | □ Self-Employed | □ Job Search | □ Post-Secondary School |
| □ Training/Education | □ English as a second language | □ GED/High School Equivalency | □ Middle / Jr. High |
| □ Disabled | □ National Guard | □ Military Reserves | □ Active Military (serving full time) |

## Section 3: Additional Adult Caretaker/Spouse

**An additional adult caretaker in the household is one who provides financial assistance and helps care for your child**

| Last Name: | First Name: | Middle Initial: |
|---|---|---|

| Social Security Number: _____-____-_____ (Optional) | Date of Birth (MM/DD/YYYY): ____/____/_____ | Gender: □ Male □Female | Relationship to the Primary Adult Caretaker: |
|---|---|---|---|

| Race (optional, mark all that apply): | □ American Indian or Alaskan Native | □ Native Hawaiian or Pacific Islander | Ethnicity (optional): □ Hispanic □ Non-Hispanic |
|---|---|---|---|
| | □ Asian □ Black | □ White □ Other | |

| Highest Grade Completed: | □ Less Than High School/High School Equivalency | □ High School/High School Equivalency | □ Associate Degree | □ Bachelor Degree |
|---|---|---|---|---|
| | □ Graduate Degree | □ PhD/Doctorate | □ Unknown | □ Other _____ |

| Marital Status: | □ Married, Living w/Spouse | □ Married, Not Living w/Spouse (voluntarily) | □ Married, Not Living w/Spouse (involuntarily) | |
|---|---|---|---|---|
| | □ Significant Other | □ Single – Never Married | □ Widowed/Widower | □ Divorced |

| ACTIVITY: Check all that apply to this individual | | | |
|---|---|---|---|
| □ Employed | □ Self-Employed | □ Job Search | □ Post-Secondary School |
| □ Training/Education | □ English as a second language | □ GED/High School Equivalency | □ Middle / Jr. High |
| □ Disabled | □ National Guard | □ Military Reserves | □ Active Military (serving full time) |

## Section 4: Child Information Complete this section for each child in your home

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| | | |

| Social Security Number (Optional): | Date of Birth (MM/DD/YYYY): | Gender: | Relationship to the Primary Adult Caretaker: |
|---|---|---|---|
| _____-____-_____ | ____/____/_____ | □ Male<br>□ Female | |

| Citizenship Status: | Race (optional, mark all that apply): | | | | Ethnicity (optional): |
|---|---|---|---|---|---|
| □Citizen □Non-citizen<br>□ Qualified Alien | □ American Indian or Alaskan Native | | □ Native Hawaiian or Pacific Islander | | □ Hispanic<br>□ Non-Hispanic |
| | □ Asian | □ Black | □ White | □ Other | |

| | | | |
|---|---|---|---|
| Is this a child who is part of a Joint Custody agreement or another case? | □ Yes □ No | Are you requesting care for this child? | □ Yes<br>□ No |
| Is this child part of a foster custody arrangement? | □ Yes □ No | | |

Immunization status: □ Yes, Immunized □ No, In Process □ No, Religious Exemption □ No, Medical Exemption

| | | |
|---|---|---|
| Is this child enrolled in a Head Start/Early Head Start Program? □ Yes □ No<br><br>If yes, what is their enrollment start date and end date?<br>Start:___/____/_____ End: ___/____/_____ | Does this child have a disability or have additional care needs? | □ Yes<br>□ No |

| | |
|---|---|
| If your child is receiving Medicaid, are you interested in a referral to a developmental screening for this child through Early and Periodic Screening Diagnosis and Treatment? | □Yes □ No |
| If your child is <u>not</u> receiving Medicaid, are you interested in a referral to a developmental screening for this child through Part B or C of the Individuals with Disabilities Education Act? | □Yes □ No |

## Section 4 Cont'd Complete this section for each child in your home

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| | | |

| Social Security Number (Optional): | Date of Birth (MM/DD/YYYY): | Gender: | Relationship to the Primary Adult Caretaker: |
|---|---|---|---|
| _____-____-_____ | ____/____/_____ | □ Male<br>□ Female | |

| Citizenship Status: | Race (optional, mark all that apply): | | | | Ethnicity (optional): |
|---|---|---|---|---|---|
| □Citizen □Non-citizen<br>□ Qualified Alien | □ American Indian or Alaskan Native | | □ Native Hawaiian or Pacific Islander | | □ Hispanic<br>□ Non-Hispanic |
| | □ Asian | □ Black | □ White | □ Other | |

| | | | |
|---|---|---|---|
| Is this a child who is part of a Joint Custody agreement or another case? | □ Yes □ No | Are you requesting care for this child? | □ Yes<br>□ No |
| Is this child part of a foster custody arrangement? | □ Yes □ No | | |

Immunization status: □ Yes, Immunized □ No, In Process □ No, Religious Exemption □ No, Medical Exemption

| | | |
|---|---|---|
| Is this child enrolled in a Head Start/Early Head Start Program? □ Yes □ No<br><br>If yes, what is their enrollment start date and end date?<br>Start:___/____/_____ End: ___/____/_____ | Does this child have a disability or have additional care needs? | □ Yes<br>□ No |

| | |
|---|---|
| If your child is receiving Medicaid, are you interested in a referral to a developmental screening for this child through Early and Periodic Screening Diagnosis and Treatment? | □Yes □ No |
| If your child is <u>not</u> receiving Medicaid, are you interested in a referral to a developmental screening for this child through Part B or C of the Individuals with Disabilities Education Act? | □Yes □ No |

## Section 4 Cont'd Complete this section for <u>each</u> child in your home

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| | | |

| Social Security Number (Optional): _____-____-_____ | Date of Birth (MM/DD/YYYY): ____/____/_____ | Gender: □ Male □Female | Relationship to the Primary Adult Caretaker: |
|---|---|---|---|
| | | | |

| Citizenship Status: □Citizen □Non-citizen □ Qualified Alien | Race (optional, mark all that apply): | □ American Indian or Alaskan Native | □ Native Hawaiian or Pacific Islander | Ethnicity (optional): □ Hispanic □ Non-Hispanic |
|---|---|---|---|---|
| | | □ Asian □ Black | □ White □ Other | |

| Is this a child who is part of a Joint Custody agreement or another case? | □ Yes □ No | Are you requesting care for this child? | □ Yes □ No |
|---|---|---|---|
| Is this child part of a foster custody arrangement? | □ Yes □ No | | |

Immunization status: □ Yes, Immunized □ No, In Process □ No, Religious Exemption □ No, Medical Exemption

| Is this child enrolled in a Head Start/Early Head Start Program? □ Yes □ No<br>If yes, what is their enrollment start date and end date?<br>Start:___/____/_____ End: ___/____/_____ | Does this child have a disability or have additional care needs? | □ Yes □ No |
|---|---|---|

| If your child is receiving Medicaid, are you interested in a referral to a developmental screening for this child through Early and Periodic Screening Diagnosis and Treatment? | □Yes □ No |
|---|---|
| If your child is <u>not</u> receiving Medicaid, are you interested in a referral to a developmental screening for this child through Part B or C of the Individuals with Disabilities Education Act? | □Yes □ No |

## Section 4 Cont'd Complete this section for <u>each</u> child in your home

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| | | |

| Social Security Number (Optional): _____-____-_____ | Date of Birth: ____/____/_____ | Gender: □ Male □Female | Relationship to the Primary Adult Caretaker: |
|---|---|---|---|
| | | | |

| Citizenship Status: □Citizen □Non-citizen □ Qualified Alien | Race (optional, mark all that apply): | □ American Indian or Alaskan Native | □ Native Hawaiian or Pacific Islander | Ethnicity (optional): □ Hispanic □ Non-Hispanic |
|---|---|---|---|---|
| | | □ Asian □ Black | □ White □ Other | |

| Is this a child who is part of a Joint Custody agreement or another case? | □ Yes □ No | Are you requesting care for this child? | □ Yes □ No |
|---|---|---|---|
| Is this child part of a foster custody arrangement? | □ Yes □ No | | |

Immunization status: □ Yes, Immunized □ No, In Process □ No, Religious Exemption □ No, Medical Exemption

| Is this child enrolled in a Head Start/Early Head Start Program? □ Yes □ No<br>If yes, what is their enrollment start date and end date?<br>Start:___/____/_____ End: ___/____/_____ | Does this child have a disability or have additional care needs? | □ Yes □ No |
|---|---|---|

| If your child is receiving Medicaid, are you interested in a referral to a developmental screening for this child through Early and Periodic Screening Diagnosis and Treatment? | □Yes □ No |
|---|---|
| If your child is <u>not</u> receiving Medicaid, are you interested in a referral to a developmental screening for this child through Part B or C of the Individuals with Disabilities Education Act? | □Yes □ No |

COPY THIS PAGE AS NEEDED FOR ADDITIONAL CHILDREN

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## Section 5: Primary Caretaker Work/Self-Employment Income

**Do you have Work or Self-Employment income?** ☐ **Yes** ☐ **No**

**If YES complete the following: Please list all employment. (VERIFICATION IS REQUIRED.)**

| Name of caretaker | Employer or Business Name and Telephone Number | Work/Self-Employment Start Date | Self-Employed | LLC or S-Corp? | # of hours per week | How often paid | Total earnings per pay period (including tips & commissions) |
|---|---|---|---|---|---|---|---|
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | | | $ |
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | | | $ |

## Section 6: Additional Adult Caretaker/Spouse Work/Self-Employment Income

**Do you have Work or Self-Employment income?** ☐ **Yes** ☐ **No**

**If YES complete the following: Please list all employment. (VERIFICATION IS REQUIRED.)**

| Name of caretaker | Employer or Business Name and Telephone Number | Work/Self-Employment Start Date | Self-Employed | LLC or S-Corp? | # of hours per week | How Often paid | Total earnings per pay period (including tips & commissions) |
|---|---|---|---|---|---|---|---|
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | | | $ |
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | | | $ |

## Section 7: Court Ordered Child Support Paid Out

**Do you make child support payments for any child(ren)?** ☐ **Yes** ☐ **No**

**If YES complete the following: (VERIFICATION OF COURT ORDER AND PAYMENT IS REQUIRED.)**

| Name of person making payment | Child(ren) out to | Amount paid | How often paid |
|---|---|---|---|
| | | $ | |
| | | $ | |

## Section 8: Child Support Ordered and/or Received

**Has child support been ordered and/or has it been received?** ☐ **Yes** ☐ **No**

| Child Name(s) | Is child support ordered? | Is child support received? | Amount of Child Support Paid | How often paid | Name of non-custodial parent |
|---|---|---|---|---|---|
| | ☐ Yes ☐ No | ☐ Yes ☐ No | | | |
| | ☐ Yes ☐ No | ☐ Yes ☐ No | | | |

| **Section 9: Other Income** **Complete information in Section 9 for <u>each person</u> in your household.** | | | |
|---|---|---|---|
| **Individual Name:** | Effective Begin Date: | Effective End Date: | Docket/Court Case # (if applicable) |
| | Income Source (from below): | Gross Amount | How Often is this income received? |
| **Other Income Types:**<br>Refugee Cash Assistance<br>Social Security (Survivor's, Disability, Retirement)<br>Unemployment Compensation<br>Retirement or Pension (Not SS)<br>Insurance/Lawsuit Settlement Proceeds<br>Interest on savings, CDs, IRAs, 401Ks<br>Railroad Retirement Benefits<br>Veteran's Benefits<br>Supplemental Security Income (SSI)<br>TANF/Colorado Works Cash Assistance<br>Other (Describe under Individual) | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No | Annuity<br>Cash Contributions<br>Alimony/Maintenance<br>Lease bonus/royalties<br>Military Allotment<br>Strike Benefits<br>Trust Income<br>AmeriCorps Income<br>Worker's Compensation<br>Old Age Pension | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No |
| **Assets:**<br>Liquid Resources (cash on hand, money in checking or savings accounts, saving certificates, stocks or bonds, or nonrecurring lump sum payments, etc.) | ☐ Yes ☐ No<br>If yes, list amount:<br>$_____ | Non-Liquid Resources (licensed/unlicensed automobile, RVs, real property, etc.) | ☐ Yes ☐ No<br>If yes, list amount:<br>$_____ |
| **Individual Name:** | Effective Begin Date: | Effective End Date: | Docket/Court Case # (if applicable) |
| | Income Source (from below): | Gross Amount | How Often is this income received? |
| **Other Income Types:**<br>Refugee Cash Assistance<br>Social Security (Survivor's, Disability, Retirement)<br>Unemployment Compensation<br>Retirement or Pension (Not SS)<br>Insurance/Lawsuit Settlement Proceeds<br>Interest on savings, CDs, IRAs, 401Ks<br>Railroad Retirement Benefits<br>Veteran's Benefits<br>Supplemental Security Income (SSI)<br>TANF/Colorado Works Cash Assistance<br>Other (Describe under Individual) | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No | Annuity<br>Cash Contributions<br>Alimony/Maintenance<br>Lease bonus/royalties<br>Military Allotment<br>Strike Benefits<br>Trust Income<br>AmeriCorps Income<br>Worker's Compensation<br>Old Age Pension | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No |
| Assets:<br>Liquid Resources (cash on hand, money in checking or savings accounts, saving certificates, stocks or bonds, or nonrecurring lump sum payments) | ☐ Yes ☐ No<br>If yes, list amount:<br>$_____ | Non-Liquid Resources (licensed/unlicensed automobile, RVs, real property, etc.) | ☐ Yes ☐ No<br>If yes, list amount:<br>$_____ |

COPY THIS PAGE AS NEEDED FOR ADDITIONAL HOUSEHOLD MEMBERS

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## Section 10: Adult Caretaker Training/Education/Teen Education Detail

**Are you or another household member participating in a training/education activity?** ☐ **Yes** ☐ **No**

**If YES, complete the following:** **(VERIFICATION IS REQUIRED)**

| Name: | Effective Begin Date: | Effective End Date: |
|---|---|---|

| Number of Credits: | Training Institution: | Type of Training:<br>☐Adult Basic Education<br>☐English As A Second Language (ESL)<br>☐Post-Secondary Education<br>☐GED/High School Equivalency<br>☐High School/Jr. High<br>☐Job Skills Training<br>☐Certificate Program | Anticipated Completion Date: |
|---|---|---|---|

| Name: | Effective Begin Date: | Effective End Date: |
|---|---|---|

| Number of Credits: | Training Institution: | Type of Training:<br>☐Adult Basic Education<br>☐English As A Second Language (ESL)<br>☐Post-Secondary Education<br>☐GED/High School Equivalency<br>☐High School/Jr. High<br>☐Job Skills Training<br>☐Certificate Program | Anticipated Completion Date: |
|---|---|---|---|

## Section 11: Adult Caretaker Disability Detail

**Are you or another Adult Caretaker disabled?** ☐ **Yes** ☐ **No**

**If YES, complete the following:** **(VERIFICATION IS REQUIRED)**

| Name: | Disability Begin Date: | Disability End Date: |
|---|---|---|

| Disability Type:<br>☐ Permanent<br>☐Temporary | Is this Individual able to take care of the child(ren)?<br>☐ Yes ☐ No | Physician Review Due Date, if applicable: |
|---|---|---|

| Name: | Disability Begin Date: | Disability End Date: |
|---|---|---|

| Disability Type:<br>☐ Permanent<br>☐Temporary | Is this Individual able to take care of the child(ren)?<br>☐ Yes ☐ No | Physician Review Due Date, if applicable: |
|---|---|---|

## Section 12: Adult Caretaker(s) Employment/Training/School/Job Search Schedule

**Please fill in your expected schedule. If there are two adult caretakers, fill in schedules for both. If you have more than one job please list your work schedule for both jobs. (VERIFICATION IS REQUIRED.)**

| **Example** | Mon.<br>8:00a - 5:00p | Tues.<br>8:00a - 5:00p | Weds.<br>8:00a - 5:00p | Thurs.<br>8:00a - 3:00p | Fri.<br>8:00a - 5:00p | Sat.<br>8:00a-12:00p | Sun.<br>8:00a - 5:00p |
|---|---|---|---|---|---|---|---|
| **MY SCHEDULE** | | | | | | | |
| Work/Job Search | | | | | | | |
| Training/School | | | | | | | |
| **2ND ADULT CARETAKER** | Mon. | Tues. | Weds. | Thurs. | Fri. | Sat. | Sun |
| Work/Job Search | | | | | | | |
| Training/School | | | | | | | |

## Section 13: Children's Schedule for children needing care

**(Do not complete for children who do not need care.)**

| Child Name | Child In School | Grade and School Of Attendance | Child's Schedule: Please indicate times you plan to have your child in care each day for each provider used<br>Provider License #, Name, Address and Phone # (If known) | Mon. *8:00a – 5:00p* | Tues. *8:00a – 5:00p* | Wed. *8:00a – 5:00p* | Thurs. *8:00a – 5:00p* | Fri. *8:00a – 5:00p* | Sat. *8:00a – 5:00p* | Sun. *8:00a – 5:00p* |
|---|---|---|---|---|---|---|---|---|---|---|
| | ☐Yes<br>☐No | | | | | | | | | |
| | ☐Yes<br>☐No | | | | | | | | | |
| | ☐Yes<br>☐No | | | | | | | | | |
| | ☐Yes<br>☐No | | | | | | | | | |

## Authorization to Supply Information

Authorization to Supply Information

I hereby authorize the County Department of Social/Human Services, in the course of administering the social services program, to supply information to any of the entities listed below. I release the county department from any and all liability for supplying such information.

- Any child care provider I may choose to use,
- any employer for whom I currently work or have worked,
- any school or training institution I may be attending
- any housing authority
- and/or any other information that may be pertinent to my application for or receipt of public assistance programs including Head Start and Early Head Start.

## Authorization to Release Information

I authorize the persons, agencies, or institutions entered below to supply information to the County Department of Social/Human Services concerning my application for or receipt of social services. I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the county department. I release the person, agency, or institution from any and all liability for supplying such information.

- Any child care provider I may choose to use,
- any employer for whom I currently work or have worked,
- any documentation submitted for self-employment,
- any school or training institution I may be attending,
- any housing authority,
- and/or any other information that may be pertinent to my application for or receipt of public assistance programs including Head Start and Early Head Start.

☒Signature of Client: _____ Date: _____

☒Signature of Spouse and/or Other Adult Caretaker:_____Date:_____

# LOW-INCOME CHILD CARE CLIENT RESPONSIBILITIES AGREEMENT

As a recipient of Colorado Child Care Assistance Program (CCCAP) Benefits, I agree to the following:

1. To notify my child care worker in writing within ten (10) calendar-days if my total household income exceeds 85% of the State Median Income (SMI) and report within four (4) weeks if my qualifying eligible activity changes. I understand that I must also verify these changes and that I will have to repay any benefits I received for which I was not eligible. Income amounts by household size can be found at www.coloradoofficeofearlychildhood.com.

2. To complete the re-determination process, including providing a complete re-determination packet and all required verification, when it is due, in order to maintain my CCCAP benefits.

3. To provide my child care worker with a copy of my un-expired picture ID that has been taken in the past ten (10) years issued by a school or U.S. federal or state governmental agency if I am declaring the identity of my child(ren) due to the child(ren) not having identification as part of the application or at re-determination if it was not previously received by my child care worker.

4. I agree to provide my child care worker with immunization records for my child(ren) if they are not yet school-age and care is provided outside of my home by an unrelated, Qualified Exempt Child Care Provider.

5. To notify my child care worker prior to changing child care providers otherwise the county may not pay for my child care.

6. To cooperate with the Child Support Services office for any child that is receiving care and has an absent parent if my county requires cooperation with Child Support Services.

7. To use the State approved Attendance Tracking System (ATS) as designed to check my child(ren) in and out of child care on the days that my child(ren) attends child care. If my child care provider has a state approved ATS waiver, I will check my child(ren) in and out as instructed by my child care worker and/or provider.

8. To not share my Attendance Tracking System Personal Identification Number (PIN) with my child care provider or any other individual and to notify my child care worker if my child care provider asks for this information.

9. To pay the parent fee listed on my child care authorization notice to my child care provider in the month that care is received.

10. If my CCCAP case closes and less than thirty (30) days have passed from date of closure before I have provided the verification needed to correct the reason for closure, services may resume as of the date the verification was received by the county. I also understand that I would be responsible for payment during the gap in service.

As a recipient of CCCAP benefits, I acknowledge the following:

1. If myself or any teen parent or adult caretaker on my child care case is self-employed I/we must maintain an average income that exceeds business expenses and I agree to track and verify income, expenses, work schedule and need for care to assist in my eligibility determination.

2. If child care is provided for an employment or self-employment activity then the taxable gross wages divided by the number of hours worked must equal at least the current federal minimum wage in order to continue receiving child care. If a self-employment endeavor is less than twelve (12) months old and I am not making minimum wage, I will communicate this to my child care worker so that I may utilize the Self-Employment Launch Period.

3. My parent fee is based on countable household income, household size and number of children in care and is subject to change. I will be noticed of my new parent fee at the time of application or re-determination; or, when a reduction/increase of household parent fee occurs.

4. If I do not pay my parent fee or make acceptable payment arrangements with my child care provider, I will lose my child care benefits at re-determination and will not be able to receive child care assistance with another child care provider and/or through any other county.

5. If myself or another caretaker on my child care case is found to have intentionally given false information by deed or omission, my child care household cannot get child care assistance for twelve (12) months for the first offense, twenty-four (24) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws.

I/WE certify that the information on this form is correct, to the best of my knowledge. I/WE understand that failure to report required changes or misreporting information may result in the recovery and/or discontinuance of my child care benefits. I have read and agree to the conditions above for receiving assistance with my child care costs

☒Signature of Primary Adult Caretaker: _____ Date: _____

☒Signature of Other Adult Caretaker: _____ Date: _____

Thank you for completing this form. If you have any questions call the Child Care Assistance Program (CCAP) at your County Department of Social/Human Services.

# RIGHT OF APPEAL AND FAIR HEARING

If you disagree with any action taken in regards to child care benefits, you have a right to appeal.

- If your child care benefits are denied, you must call your child care assistance worker within fifteen (15) days of the date of that denial to say that you want to appeal.
- If your child care benefits are changed, you must call your child care assistance worker within fifteen (15) days of the date of the notice of the change to say that you want to appeal.
- If your child care benefits are terminated, you must call your child care assistance worker before the effective date of the termination to say that you want to appeal.

A hearing will be scheduled by the county department. At the hearing, you will be given an opportunity to present your case. If you appeal the decision or change, the person who officiates at the hearing shall not be the originator of the change or decision.

Before you decide to request a county hearing, we encourage you to talk with your county department child care worker first, and then the worker's supervisor. Often your questions and concerns can be settled by talking to the county staff responsible for making the change in your child care subsidy.

If after you completed a county hearing you still disagree with the decision, you may appeal the decision to the State by following these steps:

1. Write a letter to:

   Office of Administrative Courts
   1525 Sherman Street
   4th Floor
   Denver, CO 80203

2. You must appeal the county decision within 15 days of the mail date on the Notice of County Hearing Decision.

3. In the letter you need to state that you want to appeal the county hearing decision and why you want to appeal the decision. If you need help doing this you can ask anyone to help you, or talk to a legal aid office, or ask your County Social/Human Services representative to help you.

4. The Office of Administrative Courts will schedule a date for the appeal hearing if it is determined the request was filed timely. You will receive a letter from the Office of Administrative Courts explaining the next steps, who may come with you, who may present testimony and other information about the hearing.

You should be aware that the state and county are required to attempt to collect all benefits provided for which you were not eligible.

Discrimination

If you believe that you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin, or handicap, you have a right to file a complaint with:

Office for Civil Rights

U.S. Department of Health & Human Services

1961 Stout Street – Room 1426

Denver, Colorado 80294

(303) 844-2024 or (303) 844-3439 (TDD)

Keep this page for your reference

# Colorado Voter Registration Form

Fill out all fields marked with an asterisk (*)

## Eligibility — 1

* Are you a citizen of the United States? ☐ Yes ☐ No **If you answered "No", do not complete this form.**

## Name — 2

* Last Name | * First Name | Middle Name | Suffix

## Identification — 3

Provide your birth date and your identification information.

Remember to write your birth date below.

*MM - *DD - *YYYY

☐ I have a valid CO Driver's License or ID card.
**Write that number here:** ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

☐ I do not have a CO Driver's License or ID card.
**Write the last four digits of your SSN here:** X X X - X X - ___ ___ ___ ___

☐ I do not have a Colorado Driver's License, ID card, or a Social Security Number.

## The address where you live — 4

* Address (no P.O. Boxes) | Unit Number | * City or Town

CO

State | * Zip Code | Colorado County

☐ I am homeless. This is a location I regularly return to. I have also provided a mailing address in Section 5.

## The address where you receive mail — 5

☐ Same as above

Address

City or Town | State | Zip Code

## The address to mail your ballot — 6

The County will mail your ballot here until you say otherwise.

☐ Same as above

Address

City or Town | State | Zip Code

## Political affiliation — 7a or 7b

Choose only **7a** or **7b**

**7a**

I would like to be a member of the following political party:

☐ American Constitution ☐ Approval Voting ☐ Democratic ☐ Green ☐ Libertarian ☐ Republican ☐ Unity

or

**7b**

☐ I would like to be Unaffiliated, but I want to receive the following party's ballot in the next primary election:

☐ All Major Parties' Ballots ☐ American Constitution ☐ Approval Voting ☐ Democratic ☐ Green ☐ Libertarian ☐ Republican ☐ Unity

## Updating a current record? — 8

If so, you must provide the applicable changes here.

☐ I am not updating a current record ☐ I am no longer overseas ☐ I am no longer absent from Colorado due to military service

Previous home address | Previous legal name

Previous mailing address | Previous party affiliation

## Declaration — 9

**Warning:** It is a Class 1 misdemeanor to swear or affirm falsely as to your qualifications to register to vote.

**Self-Affirmation:** I affirm that I am a **citizen of the United States**; I have been a **resident of Colorado for at least twenty-two days** immediately before an election I intend to vote in; I am at least sixteen years old; and I understand that I must be at least seventeen and turning eighteen on or before the date of the next general election to be eligible to vote in a primary election, and at least eighteen to be eligible to vote in any other election. I further affirm that the residence address I provided is **my sole legal place of residence**. I certify under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief; and that I have not, nor will I, cast more than one ballot in any election.

* Signature or mark | * Date | Witness Signature | Date

If you are unable to sign, you must make a mark and have the mark witnessed by another person.

## Optional information — 10

Phone number with area code | Gender Identity | ☐ I would like to be an election judge

I want to receive election information by email:
(You will not receive a ballot by email)

Email address

## Information about this registration

### How do I turn in this form?

Sign the form. Then mail, deliver, or scan the signed form and email it to your county clerk and recorder. You may find a list with contact information at www.govotecolorado.gov.

You may also mail it to:

Colorado Department of State
Elections Division
1700 Broadway, Suite 200
Denver, CO 80290

### Am I eligible to register to vote?

You are eligible to register to vote if you:

- Are a United States citizen
- Are 16 years old, but you must be at least 17 to vote in a primary election if you will be 18 on or before the next general election
- Are 16 years old, but you must be at least 18 to vote in any other election
- Are a Colorado resident for at least 22 days immediately before the election you intend to vote in
- Are not currently serving a term of imprisonment for a felony conviction

### If I don't know my Colorado driver's license or Colorado ID card number may I provide my Social Security Number instead?

No. If you have a Colorado Driver's License or ID card issued by the Colorado Department of Revenue, you must provide that number.

### If I don't have a Colorado driver's license, Colorado ID card, or social security number, may I still register to vote?

Yes. An applicant who is qualified to vote in this state but does not have a driver's license, state-issued identification card, or social security number may still register to vote. In such cases, the person may be required to provide an acceptable form of identification. A list of acceptable forms of identification can be found at www.govotecolorado.gov.

### How will I know if my registration was processed?

If you are registering to vote for the first time in the state of Colorado, your application will be processed within 2 weeks. Approximately 20 days after your county clerk and recorder receives your registration form, you will receive an official information card by mail.

If you are using this form to update an existing Colorado voter registration, you can check your status by visiting www.govotecolorado.gov and clicking on “Find My Registration”.

If you are pre-registering to vote, you will receive an official information card by mail and may check your status once you become eligible to vote.

## Other frequently asked questions about registering and voting

### Will I need identification to vote?

If you vote in person, yes. If you are voting by mail for the first time, you may need to provide a photocopy of your ID.

A complete list of acceptable forms of identification can be found at www.govotecolorado.gov.

### How do I get a mail ballot?

If you register to vote at least eight days before an election conducted by your county clerk and recorder, the clerk will automatically mail you a ballot. If you register after the eighth day before Election Day, you must visit one of the Voter Service and Polling Centers in your county to get a ballot.

### May I register to vote if I was arrested for or convicted of a crime?

Yes, if you

- Are on probation for either a misdemeanor or felony;
- Are a pretrial detainee awaiting trial;
- Are currently in jail serving a misdemeanor sentence only; OR
- Are no longer serving a term of imprisonment due to a felony conviction.

If you were previously registered and were incarcerated due to a felony conviction, that registration will have been canceled and you must re-register if you wish to vote.

### What information will I receive by email?

By choosing to receive election information by email, you may receive information about upcoming election activities and other election correspondence by email from your county clerk and recorder. But ballots and some mailings will still be sent by regular mail. Under Colorado law, your email address is protected. It will not be shared with anyone.

### Will my information be publicly available?

Some of the information you provide on this form is public information as required by law. Your social security number, driver's license number, month and day of birth, signature, and email are confidential. You may be eligible to keep more of your voter information private. For details contact your county clerk and recorder.

### Who should I contact if I have more questions?

Contact your county clerk and recorder. You can find a list with contact information at www.govotecolorado.gov.

You may also contact the Secretary of State's office

Phone: 303-894-2200
Fax: 303-869-4861
Email: State.ElectionDivision@sos.state.co.us

### Information for unaffiliated voters

*I am registered as unaffiliated. Will I be able to vote in the primary election?*

Yes. Unaffiliated voters are eligible to vote in the primary election, but you may only vote one party's ballot.

*Do I have to choose in advance which party's ballot I want to vote?*

No, but you can if you want to. You have several options:

1. You may choose which party's ballot you want to get in the mail for the next primary election by checking the box next to that party in Section 7b of this form; or
2. If you would rather receive a packet containing the Democratic and Republican party ballots, check "All Major Parties' Ballots" in Section 7b of this form. If you check "All Major Parties' Ballots" in section 7b of this form, remember that you must choose which ballot to vote. Only vote and return one party's ballot.
3. You can also appear in person at any Voter Service and Polling Center in your county and choose the party's ballot you want to vote.

*Does selecting a preference in Section 7b mean that I am joining that party?*

No. An unaffiliated voter who selects a ballot preference will remain unaffiliated.

*Can I participate in a party's caucus meeting if I am unaffiliated?*

No. To participate in a party caucus meeting you must join that party before the party's caucus. However, you are still eligible to vote in any participating party's primary election.