



Child Care Assistance Program Change of Eligibility Form

Client Name: _____ CCAP Caseworker: _____

Please notify your caseworker in writing 15 days in advance of changes. **Please include written verification of the changes with this form if needed.** If you do not report changes, you may owe a recovery of child care benefits received or no longer be able to receive assistance with your child care.

Check the box in the left-hand column for those changes that have occurred and complete the blanks on the right with the specific information.

Employment:

Verification of Employment, Termination, or Leave form completed by employer must be turned in to CCAP.

Me Second Parent

- Work hours increased/decreased (circle one) to _____ per week.
- Salary/Income has changed to \$ _____ per month (before taxes).
- New Job: _____

Employer Name
Address
Phone Number
- Work Schedule change (Enter new schedule)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours per week

School/Training

Letter from school or program with changes must be turned in to CCAP.

Me Second Parent

- School/training hours increased/decreased (circle one) to _____ hours per week.

Family Income (other than wages)

Me Second Parent

		Previous	Current
<input type="checkbox"/>	<input type="checkbox"/>	Type of Income _____ \$ _____	\$ _____

Provider

- Provider Change (Please notify your case worker 15 days before changing providers):

Name and License # of new provider: _____ Phone: _____

For Child(ren): _____ Start date for new provider: _____

- Child care schedule change (Enter new schedule on next page. **Schedule cannot exceed the maximum number of hours of care for which you are eligible.**)



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours per week

Family Size Changes

Proof of Citizenship (birth certificate, etc.) for new children must be turned in to CCAP.

My family is larger/smaller (circle one).

Name of new/leaving member: _____

Relationship to me: _____ Date of birth: _____

Changes in Address/Phone

Proof of residency (copy of current lease or utility bill) must be turned in to CCAP.

New address: _____

Unit Number and Street City, State Zip Code

New Phone Number: _____

Other Comments/Changes

Thank you for completing this form. If you have any questions, contact your Child Care Assistance Program at the Denver County Department of Human Services at 720-944-5437 or by email at denverccap@denvergov.org.

I certify that the information I have filled in on this form is correct.

 Client Signature Social Security Number Date