Dear Denver CCAP Applicant,

Thank you for your interest in the Child Care Assistance Program (CCAP). We look forward to working with you. Before you review the enclosed application packet, please take a moment to read the following IMPORTANT information:

- **You must apply in your county of residence.** Denver county cannot approve CCAP applications for applicants who live in other counties. Failure to apply in the correct county will result in delays in processing your application.
- **You must be in an eligible activity** (employed, job searching, or attending school/training) to be eligible for CCAP. The application will be denied if you do not list an eligible activity on your application.
- **If you are currently receiving cash assistance through Colorado Works/TANF, please do not complete this application.** Your Colorado Works case manager can assist you with meeting your child care needs, so please contact your Talent Development Specialist for further assistance.
- **You must comply with Child Support Services** for all children who have a parent outside of the home and for whom you are requesting child care. Once you are approved for CCAP, Child Support Services will be contacting you to schedule an appointment with their office.
- **You can also apply online for CCAP through Colorado PEAK at www.colorado.gov/PEAK**. You will still need to provide the documents listed on the checklist included with this application, so please review the checklist and provide those documents to us via one of the methods listed below.

Enclosed is your **application packet** and a **checklist** detailing the documents needed for a complete application. **Please review the checklist carefully and ensure that you are attaching all necessary documents.** If your application is incomplete or missing required documents, it will result in processing delays and/or a denial. If you need help completing your application, please call the KIDS line (720-944-5437) and leave your name and contact information. You can also email the CCAP team at denverccap@denvergov.org, and a CCAP representative will contact you.

To return this information to us, you may:

- Scan and email application and documents to denverccap@denvergov.org.
- Drop the documents in a CCAP drop box at:
  - Denver Human Services Richard T. Castro Center at 1200 Federal Blvd. You will find drop boxes near the security desk on the first floor, in the Self-Service Center (room 1026) on the first floor, and on the second floor near the top of the stairs.
  - Arie P. Taylor Municipal Center (DHS Montbello office) at 4685 Peoria St. The drop box is in the lobby.
  - Denver Human Services East Office at 3815 Steele St. The drop box is in the lobby.
- Mail your application to Denver Human Services at 1200 Federal Blvd., Denver, Colorado 80204. Attention: CCAP.
- Fax the documents to: 720-944-3330. Attention: CCAP.

Sincerely,

Your Denver CCAP Team

DENVER
HUMAN SERVICES

Check List For New Denver CCAP Applications

Complete Enclosed Forms

- ☐ **CCAP Application**: Please complete **all sections**. If a section does not apply to you, mark it "N/A"
- ☐ **Email Address**: CCAP requires an email address to use our attendance tracking system. You MUST supply an email address on your application, or your case will not be approved.
- ☐ **Authorization to Supply/Release Information**
- ☐ **Client Responsibility Agreement**
- ☐ **Non-school Days Care Request** (for school-age children)
- ☐ Voter Registration (Optional)

INCLUDE COPIES OF THE FOLLOWING DOCUMENTS

- ☐ **Birth certificates and Parent(s) Photo ID**: for all children in the household for whom you are requesting care.
- ☐ **Verification of County Residency**: current utility bill or lease/mortgage statement. If you live with someone else and do not receive bills in your name, a Verification of Residency form is attached for your convenience. If you do not live in Denver County, **you MUST submit your application in the county in which you reside.**
- ☐ **Income Verification**: verification of all household income for the last 30 days: this includes pay stubs, self-employment ledgers, child support, SSI, unemployment, bonuses, money received from other people, in-kind income such as meals or rent in exchange for work, etc.
- ☐ **Verification of Custody Schedule**: for children needing care who are part of a joint custody arrangement.
- ☐ **Provider Choice**: select a child care provider(s) and list in Section 13 of the application. Please ensure that you have contacted the potential child care provider and that they have a vacancy for your child. You can dial 2-1-1 or visit www.coloradoshines.com for help locating quality child care providers in your area.

INCLUDE DOCUMENTATION OF YOUR ELIGIBLE ACTIVITY

- ☐ **Employment**: If your eligible activity is employment, please include the following information:
  - ☐ **Verification of Employment**: 30 days of paystubs. If you have been at your job for less than 60 days and do not have 30 days of paystubs, please have your employer complete the attached Verification of Employment form or write a letter on company letterhead including the information requested on the form.
  - ☐ **Work Schedule**: a schedule is only needed if you are requesting child care outside of traditional hours (Monday-Friday, 6am-6:30pm) as declared on Section 13 of the application. This can be two weeks of posted work schedules, or letter from employer verifying schedule. Verification of Employment form is attached for your convenience.
- ☐ **Self-employment**: If your eligible activity is self-employment, please include the following information:
  - ☐ **One Month of Ledgers**: including income and expenses with invoices and receipts.
  - ☐ **Declared Work Schedule**: your schedule for the hours that you are in your self-employment activity.
- ☐ **Education/Training**: If your eligible activity is education/training, please include the following information:
  - ☐ **Verification of Current School Enrollment**: Letter from the school verifying your enrollment.
  - ☐ **School Schedule**: a schedule is only needed if you are requesting child care outside of traditional hours (Monday-Friday, 6am-6:30pm) as declared on Section 13 of the application. The schedule should include dates and times of classes.
- ☐ **Job Search**: If your eligible activity is job search, please include the following information:
  - ☐ **Job Search Agreement**: please complete the attached Job Search Agreement.

Application Received Date:	Pre-Eligibility: Yes ☐ No ☐ 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*? Are there other Adult Caretaker(s) in the household*?	☐ Yes ☐ No ☐ 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.
	☐ Living situation (please explain)		Date living situation began: ____/_____/_____ 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*: ( ) Type:☐ Home ☐Cell ☐ Voice Msg.☐ Work	Secondary Phone*: ( ) Type:☐ Home ☐Cell ☐ 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

All Items Marked with (*) on this application MUST be completed

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 ☐ Female	

Citizenship Status*:	Race (optional, mark all that apply):					Ethnicity (optional):
☐Citizen ☐Non-citizen ☐ Qualified Alien		☐ American Indian or Alaskan Native		☐ Native Hawaiian or Pacific Islander		☐ 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 If yes, what is their enrollment start date and end date? 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 not 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 ☐ Female	

Citizenship Status*:	Race (optional, mark all that apply):					Ethnicity (optional):
☐Citizen ☐Non-citizen ☐ Qualified Alien		☐ American Indian or Alaskan Native		☐ Native Hawaiian or Pacific Islander		☐ 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 If yes, what is their enrollment start date and end date? 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 not 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*: ☐ 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 If yes, what is their enrollment start date and end date? 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 not 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*: ____/____/_____	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 If yes, what is their enrollment start date and end date? 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 not 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

Page _____of _____

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 each person 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: Refugee Cash Assistance Social Security (Survivor's, Disability, Retirement) Unemployment Compensation Retirement or Pension (Not SS) Insurance/Lawsuit Settlement Proceeds Interest on savings, CDs, IRAs, 401Ks Railroad Retirement Benefits Veteran's Benefits Supplemental Security Income (SSI) TANF/Colorado Works Cash Assistance Other (Describe under Individual)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Annuity Cash Contributions Alimony/Maintenance Lease bonus/royalties Military Allotment Strike Benefits Trust Income AmeriCorps Income Worker's Compensation Old Age Pension	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Assets: Liquid Resources (cash on hand, money in checking or savings accounts, saving certificates, stocks or bonds, or nonrecurring lump sum payments, etc.)	☐ Yes ☐ No If yes, list amount: $_____	Non-Liquid Resources (licensed/unlicensed automobile, RVs, real property, etc.)	☐ Yes ☐ No If yes, list amount: $_____
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: Refugee Cash Assistance Social Security (Survivor's, Disability, Retirement) Unemployment Compensation Retirement or Pension (Not SS) Insurance/Lawsuit Settlement Proceeds Interest on savings, CDs, IRAs, 401Ks Railroad Retirement Benefits Veteran's Benefits Supplemental Security Income (SSI) TANF/Colorado Works Cash Assistance Other (Describe under Individual)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Annuity Cash Contributions Alimony/Maintenance Lease bonus/royalties Military Allotment Strike Benefits Trust Income AmeriCorps Income Worker's Compensation Old Age Pension	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Assets: Liquid Resources (cash on hand, money in checking or savings accounts, saving certificates, stocks or bonds, or nonrecurring lump sum payments)	☐ Yes ☐ No If yes, list amount: $_____	Non-Liquid Resources (licensed/unlicensed automobile, RVs, real property, etc.)	☐ Yes ☐ No If yes, list amount: $_____

COPY THIS PAGE AS NEEDED FOR ADDITIONAL HOUSEHOLD MEMBERS

Page _____of _____

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*: ☐Adult Basic Education ☐English As A Second Language (ESL) ☐Post-Secondary Education ☐GED/High School Equivalency ☐High School/Jr. High ☐Job Skills Training ☐Certificate Program	Anticipated Completion Date*:
Name*:		Effective Begin Date*:	Effective End Date:
Number of Credits*:	Training Institution*:	Type of Training*: ☐Adult Basic Education ☐English As A Second Language (ESL) ☐Post-Secondary Education ☐GED/High School Equivalency ☐High School/Jr. High ☐Job Skills Training ☐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*: ☐ Permanent ☐Temporary	Is this Individual able to take care of the child(ren)?* ☐ Yes ☐ No	Physician Review Due Date, if applicable:	
Name*:		Disability Begin Date*:	Disability End Date:
Disability Type*: ☐ Permanent ☐Temporary	Is this Individual able to take care of the child(ren)?* ☐ 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. 8 a.m. - 5 p.m.	Tues. 8 a.m. - 5 p.m.	Weds. 8 a.m. - 5 p.m.	Thurs. 8 a.m. - 5 p.m.	Fri. 8 a.m. - 5 p.m.	Sat. 8 a.m. - 12 p.m.	Sun. 8 a.m. - 5 p.m.
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							
			Provider License #, Name, Address and Phone # (If known)	Mon. *8 a.m. – 5 p.m.*	Tues. *8 a.m. – 5 p.m.*	Wed. *8 a.m. – 5 p.m.*	Thurs. *8 a.m. – 5 p.m.*	Fri. *8 a.m. – 5 p.m.*	Sat. *8 a.m. – 5 p.m.*	Sun. *8 a.m. – 5 p.m.*
	☐Yes ☐No									
	☐Yes ☐No									
	☐Yes ☐No									
	☐Yes ☐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:_____

CLIENT RESPONSIBILITIES AGREEMENT

1. I agree to notify my child care worker in writing within ten (10) days if my total household income exceeds 85% of the State Median Income (found on www.coloradoofficeofearlychildhood.com) 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.

2. I agree that I must complete the redetermination process when it is due, including all required verification.

3. I agree that I must verify my eligible activity when there is a change in my eligible activity and at re-determination. (A schedule will be required if you are self-employed or when non-traditional care such as overnight, weekend, or evening care, is needed)

4. I agree to notify my child care worker prior to changing child care providers otherwise the county may not pay for my child care.

5. I agree to be responsible for resolving any problems I might have with my child care provider.

6. I agree to notify the county department of social/human services if I have any concerns about possible abuse or neglect of a child while in child care.

7. I understand that if any parent in my household 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.

8. I understand that if child care is provided for my employment or self-employment activity then the taxable gross wages divided by the number of hours I work must equal at least the current federal minimum wage in order to continue receiving child care.

9. I agree that if my county requires child support enforcement I will cooperate with the child support enforcement office for any child that is receiving care and has an absent parent.

10. I agree that I will use the State Attendance System as designed to check my child(ren) in and out of the child care facility.

11. I understand that a person found to have intentionally given false information by deed or omission 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.

12. PARENT FEE:
    a. I agree to pay the parent fee listed on my child care authorization notice and that it is due to the provider in the month that care is received.
    b. I understand that my parent fee is based on my income, household size and number of children in care and is subject to change upon receiving prior notice from the county.
    c. I understand that if I do not pay this fee or make acceptable payment arrangements with my childcare provider, I will lose my child care benefits and will not be able to receive assistance with another child care provider and/or through any other county.

YOU MUST ALSO READ AND SIGN THIS PAGE

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

Child Support Services Good Cause Exemption Policy

If you are a custodial parent who is owed child support by a non-custodial parent to your child(ren), you are obligated to work with the Denver Human Services Child Support Services (CSS) team for establishment, modification, and enforcement of the child support payments, unless you are claiming "Good Cause" for noncooperation.

"Good Cause" includes, but is not limited to, the following:

- There is potential for physical or emotional harm to a child or children; or
- There is potential for physical or emotional harm to a parent or caretaker relative; or
- Pregnancy or birth of a child related to incest or rape; or
- The child was legally adopted in a court of law or a parent receiving pre-adoption services.

Documentation to support your request is not required, but can provide clarity and information to aid in the decision about your request. Suggested documents may include:

- Police report
- Medical report
- Restraining order
- Statement from a physician, mental health worker or social case worker

You may request a review of your case for good cause for not cooperating with Child Support Services by contacting the CCAP team. Denver Human Services will review and make a determination regarding good cause within fifteen (15) calendar days from receipt of the request.

DENVER
HUMAN SERVICES

Job Search Client Responsibility Agreement

I, _____ agree to the following conditions while receiving assistance with my childcare cost for job search activities.

1. I understand that I may receive a maximum of **13 consecutive weeks** of subsidized childcare for the job searching in a 12-month period. The 12-month time frame begins with the first day of the first week of job search activity.

2. I understand that to begin job search activities, **I must have a child care provider who has agreed to accept my child**. If my child is on a waiting list at a provider, I understand that I must inform my caseworker of this; otherwise, weeks for which I am authorized for job search but am not able to take my child to care because he or she is on a waiting list will count against my 13 weeks of job search.

3. If I have scheduled care with a childcare provider and my child is absent that day, I understand that the absence counts toward my **13-week** maximum for the year.

4. I agree to notify my caseworker within **(5) five days** of becoming employed and will supply written employment verification within **10 days.** I understand that my job search time will continue to count until CCAP receives written verification of my new employment from my employer, including my start date, rate of pay, first paycheck date, and work schedule.

5. I understand that if I do not submit a written letter of employment before the end of my job search period, my case will be set to close and any care I use after that date will be at my own expense.

Client Signature: _____ Date: _____

Caseworker Signature: _____ Date: _____

HH #: _____

DENVER
HUMAN SERVICES

CCAP Non-School Days Request Form

Please complete this form for any school-aged children in your household who normally receive part time care (before/after school) but will require full-time care on days when they are not in school. Completing this form allows the Denver CCAP team to ensure that your child care provider is paid correctly.

Child Name: _____
School Name/District: _____

Child Name: _____
School Name/District: _____

Child Name: _____
School Name/District: _____

Child Name: _____
School Name/District: _____

Child Name: _____
School Name/District: _____

Child Name: _____
School Name/District: _____

Child Name: _____
School Name/District: _____

For any school/district that does not follow the same schedule as Denver Public Schools, please attach a copy of the school's calendar that indicates the days when school is not in session.

By signing below, I indicate that I am requesting full-time care for the children listed above on days when they are not in school, as indicated by the calendar provided. I understand that I am responsible for providing a school calendar showing the days that school is not in session and for notifying Denver CCAP of any changes to the school calendar, so that Denver CCAP can correctly authorize my children for care. If my children attend care full time on days when they are not authorized to do so, I will be responsible for payment to the child care provider.

Client name (printed): _____ Case number: _____

Signature: _____ Date: _____

DENVER
HUMAN SERVICES

Verification of Employment

The following information is necessary to determine eligibility for Child Care Assistance.

Client Section

Name: _____ Social Security Number: _____ - _____ - _____

CCAP Worker: _____ Date: _____

Employer Section — TO BE COMPLETED BY EMPLOYER

The above person has indicated that s/he is employed with your business. Please complete the following information and return to the employee or directly to Denver Human Services via mail, fax, or email (denverccap@denvergov.org).

Name of Business:
_____

Business Address:
_____

First Day of Employment: _____ First Check Date: _____

Weekly Work Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours per week
Example	8 a.m.-5 p.m.	8 a.m.-5 p.m.	8 a.m.-5 p.m.	8 a.m.-5 p.m.	Off	Off	32

Please fill in above weekly schedule. If you have a flex schedule, please mark any regular days off (OFF) and fill in other days as best you can.

Rate of Pay: _____ Monthly Gross Wages: _____

How often paid: _____ Taxes Withheld: Yes/No

Additional Income: (Overtime/Commission/Bonuses/Tips): Yes/No Explain: _____

If so, how often: _____ How Much: _____

I confirm that the above information is complete and accurate.

_____ _____
Print Name Title

_____
Phone number

_____ _____
Signature Date

DENVER
HUMAN SERVICES

Verification of Residency

CCAP requires that clients verify their residency in the county in which they are applying for assistance by supplying a current lease, utility bill, or mortgage statement with their name and address. If you live with someone else and do not receive any of these forms of verification in your own name, please have the person with whom you live complete the below form.

I, _____ (name of person with whom applicant is staying) verify that

_____ (name of applicant) resides with me at

_____ (address).

Signature: _____

Phone number: _____

Please attach a current lease, mortgage statement, or utility bill with the name and address of person whose signature is above.

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

Provide your **birth date** and check one of the boxes.

3

Remember to write your birth date below.

* Birth date (MM / DD / YYYY) _____

☐ I have a valid CO Driver's License or ID card and that number is: ___ ___ - ___ ___ ___ - ___ ___ ___ ___

☐ I do not have a CO Driver's License or ID card, but the last 4 digits of my Social Security Number are: 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

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

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

CO

State _____ * Zip Code _____ Colorado County _____ *When did you move to this address? _____

The address where you receive mail

5

☐ Same as above

Address _____

City or Town _____ State _____ Zip Code _____

The address to mail your ballot

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

6

☐ Same as above

Address _____

City or Town _____ State _____ Zip Code _____

Political party

Select one.

7

☐ American Constitution ☐ Green ☐ Republican ☐ No party preference (unaffiliated)

☐ Democratic ☐ Libertarian ☐ Unity

Unaffiliated?

Choose which ballot you want in the next primary.

7a

Unaffiliated voters can choose which ballot to receive in the next primary election or select "Receive all participating party ballots".

☐ Receive all participating party ballots (see reverse for details) ☐ American Constitution ☐ Green ☐ Republican

☐ Democratic ☐ Libertarian ☐ Unity

Updating a current record?

If so, you must provide the applicable changes here.

8

Previous home address _____ Previous legal name _____

Previous mailing address _____ Previous party affiliation _____

☐ I am no longer overseas ☐ I am no longer absent from Colorado due to military service

Declaration

9

Warning: A violation of the self-affirmation you are about to make is a criminal act under the laws of this state and will subject you to the penalties provided by law. It is a Class 1 misdemeanor to swear or affirm falsely as to your qualifications to vote.

I am aware that if I register to vote in Colorado I am also considered a resident of Colorado for motor vehicle registration and operation purposes and for income tax purposes.

Self-Affirmation: I affirm that I am **a citizen of the United States**; I have been **a resident of the state of Colorado for at least twenty-two days** immediately prior to an election in which I intend to vote; and I am at least sixteen years old and understand that I must be eighteen years old to be eligible to vote. I further affirm that my present address as stated herein is **my sole legal place of residence**, that I claim no other place as my legal residence, and that I understand that I am committing a felony if I knowingly give false information regarding my place of present residence. I certify under penalty of perjury that I meet the registration qualifications; 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.com.

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 of age, but you must be 18 years of age or older on the date of the election at which you intend to vote
- Are a Colorado resident for at least 22 days immediately before the election at which you intend to vote
- Are not serving a sentence (including parole) 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 http://www.govotecolorado.com.

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.com and clicking on "Find My Registration".

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 http://www.govotecolorado.com.

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
- Have served your sentence for a felony conviction, including any period of parole

Once you have served your complete sentence, you are automatically eligible to register to vote. If you were previously registered, 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 will receive information about upcoming election activities by email. 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 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.com.

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 any party's 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 7a of this form; or
2. If you would rather receive a packet containing the ballots of all participating parties, check "Receive all participating party ballots" in Section 7a of this form.
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 7a mean that I am joining that party?
No. An unaffiliated voter who selects a ballot preference in Section 7a 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.