



P: 720-944-KIDS

F: 720-944-3330

1200 FEDERAL BOULEVARD, DENVER, CO 80204

WWW.DENVERCCAP.ORG

CCAP Card Request Form

Name: _____

CCAP Case Number: _____

Current address: _____

Number of cards requested (circle): 1 2

If only 1 card requested, last 4 digits of the card you still have: _____

Last time you were able to use cards: _____

Signature: _____

Please remember that card issues should be reported as soon as possible, but must be reported within 2 business days. If not reported timely, you may be responsible for care used when you were unable to swipe.