# Denver Child Care Assistance Program
## Request for Reduced Parent Fees

<table>
<thead>
<tr>
<th>Name:</th>
<th>Case Number:</th>
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<tbody>
<tr>
<td>Date:</td>
<td>CCAP Case Worker:</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
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**How long you have lived at this address:**

**Number of people living at this address:**

<table>
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<tr>
<th>Adults:</th>
<th>Children</th>
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| Home Phone: | Work Phone: | Cell Phone: |

**Why are you not able to pay your current parental fee?**

**How much are you able to pay?**

**For which month(s) are you requesting your parent fee be reduced?**

**What help have you requested from your family, friends, live-in partners, or agencies such as a church, Housing Authority, etc. in the last 60 days?**

**If your request is approved, how do you plan to pay your full parental fee in the future?**

**Please tell us any other information that you think will help CCAP in making a decision.**

**Have you applied for other assistance programs? (LEAP, scholarships, etc.)**

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**CONTINUED ON NEXT PAGE**
Please list your monthly Income:

WORK INCOME: Complete for all members of your household.

<table>
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<tr>
<th>NAME OF PERSON</th>
<th>EMPLOYER OR BUSINESS NAME AND PHONE NUMBER</th>
<th>SELF-EMPLOYED?</th>
<th># OR HOURS PER WEEK</th>
<th>HOW OFTEN PAID</th>
<th>TOTAL EARNINGS PER PAY PERIOD (INCLUDING TIPS AND COMMISSIONS)</th>
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Child Support $ Social Security $
Unemployment Compensation $ Worker's Compensation $
Worker's Compensation $ Alimony/Maintenance $
Annuity $ Cash Contributions $
Dividends from Stocks and Bonds $ Insurance/Settlements $
Interest $ Lease Bonus/Royalties $
Military Allotment $ Railroad Retirement Benefits $
Strike Benefits $ Trust Income $
Veteran's Benefits $ Other $

Please list your monthly expenses:

Rent/Mortgage: $ Internet: $
Lot rent/Association fees: $ Storage: $
Gas & Electric: $ Cable: $
Additional utilities (trash, water): $ Pet food/bills: $
Vehicle payments: $ Tobacco: $
Gas for vehicle(s): $ Alcohol: $
Food: $ Medical bills: $
Laundry: $ Collection Agencies: $
Household products: $ Garnishments: $
Child care: $ Credit card: $
Basic phone: $ Credit card: $
Long distance phone: $ Other/List: $
Cell phone: $ Other/List: $
Recreation (including entertainment and children's activities): $

CONTINUED ON NEXT PAGE
By signing this form, I certify under penalty of perjury that the information I have given is true and accurate to the best of my knowledge. I understand that any false or misleading information given may result in a recovery of benefits. I also understand that completion of this form does not guarantee approval for reduced parent fees.

___________________________________________________________________

CLIENT SIGNATURE  ____________________

DATE

Please provide detailed information so we can better complete the decision-making process. Please allow ten days processing time from date of receipt of this request. You will be notified of the decision outcome.

**CCAP Worker Recommendations:**

CCAP Supervisor:  APPROVED  DENIED

AMOUNT: $_____________________________  Approval Dates:_____________________________________