



Denver Child Care Assistance Program Request for Reduced Parent Fees

Name:		Case Number:	
Date:		CCAP Case Worker:	
Address:	City:	State:	Zip:
How long you have lived at this address:			
Number of people living at this address:	Adults:	Children	
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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Please list your monthly income:

WORK INCOME: Complete for all members of your household.

NAME OF PERSON	EMPLOYER OR BUSINESS NAME AND PHONE NUMBER	SELF-EMPLOYED?	# OR HOURS PER WEEK	HOW OFTEN PAID	TOTAL EARNINGS PER PAY PERIOD (INCLUDING TIPS AND COMMISSIONS)

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):	\$	Other/List:	\$

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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: _____