

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 2nd Parent
[] [] Work hours increased/decreased to _____ per week.
[] [] Salary/Income has changed to \$ _____ per month (before taxes).
[] [] New Job: _____
[] [] Work Schedule change (Enter new schedule)

Table with 8 columns: Sun, Mon, Tues, Wed, Thur, Fri, Sat, Total Hrs per week

School/Training: Letter from school or program with changes must be turned in to CCAP.

- [] [] School/training hours increased/decreased to _____ hours per week.

Family Income (other than wages):

- [] [] Type of Income _____ Previous Current \$ \$

Provider:

- [] Provider Change (Please notify your case worker 15 days before changing providers): Name & License # of new provider: Phone: For Child(ren): Start date for new provider:
[] Child care schedule change (Enter new schedule. Schedule cannot exceed the maximum number of hours of care for which you are eligible.)

Table with 8 columns: Sun, Mon, Tues, Wed, Thur, Fri, Sat, Total Hrs 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 _____ 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: # / 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