

Denver County CCAP Request for Reduced Parental Fees

Date: _____ CCAP Worker: _____

Name: _____ Social Security Number _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you 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 parental 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)

Please list your monthly income:

WORK INCOME: Complete for all members of your household.

Name of person	Employer or Business Name and Telephone Number	Self-Employed?	# or hours per week?	How often paid?	Total earnings per pay period? (Including tips & commissions)

-Please complete and sign the back side of this form-

Monthly income, continued:

NON-WORK INCOME: Complete for all members of your household.

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 & children's activities):	\$ _____	Other/List:	\$ _____

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 parental 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: _____