

Completion of this application does not guarantee that you will receive child care assistance.
All eligibility criteria must be met for you to qualify and receive assistance.

Intake Completed By: _____

Worker:

Application for

Case #;

Log #:

Child Care Services

Application Date:

- Please provide all requested information.
- Missing information will delay your application.
- Teen Parents: Do not include information about your parents even if you live with them.

Please provide your information here:

Last Name:			First name:			Middle Initial:					
Gender: (circle) Male Female		Date of Birth		Social Security Number							
Residence Address:				Mailing Address (if different):							
City:		State:		Zip:		City:		State:		Zip:	
County:		Home Phone: ()		Work Phone: ()		Message Phone: ()					
Are you or anyone in your household: (check yes or no)					Have you or anyone in your household: (check yes or no)						
Getting help paying for child care now from any other county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which county? _____					Ever received help paying for child care from this county or any other? If yes, when and which county? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you: (check yes or no)					If there is another adult (spouse/parent/other) in the household, is he/she: (check yes or no). If other explain: _____						
a biological parent of the child(ren) needing care?		<input type="checkbox"/> Yes <input type="checkbox"/> No		employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		a biological parent of the child(ren) needing care?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
looking for a job?		<input type="checkbox"/> Yes <input type="checkbox"/> No		in school or training?		<input type="checkbox"/> Yes <input type="checkbox"/> No		employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
in school or training?		<input type="checkbox"/> Yes <input type="checkbox"/> No						looking for a job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
								in school or training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Write the number of:					Write the amount of your:						
children in the home		_____		monthly household gross income		\$ _____ /month		children in the home under age 13		_____	
children with special needs		_____		monthly child support payments made for children not in your household		\$ _____ /month					
Are the children who need care: (check yes or no)					U.S. citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lawfully admitted aliens? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Your household is applying for child care that <i>may</i> be funded by the Colorado Works Program. If approved, you will become eligible for the food stamp program without having your assets (such as cars) counted in determining your eligibility. The income of your household would be used.											
You may apply for food stamps by completing another application form, but you do not have to complete the sections that are the same as you have completed for child care.											
The completion of the application and going through the interview process for food stamps may also qualify you for the free school lunch program. You must complete the food stamp application process and obtain a food stamp case number before applying for the free school lunch program. You may not be eligible for benefits from the food stamp program but you could still be eligible for the free lunch program.											
This is your choice. If you wish to go through this process, please indicate on this form (bottom of page 4) that you wish to apply for the food stamp program.											

Parent Information

Complete all sections for yourself and for the other adult (spouse/parent) in your household (if applicable)

State ID (for agency use only)	Last Name, First Name, MI	Relationship to you	Sex (M/F)	Date of Birth	Social Security Number
		self			

What is: (check all that apply for each person)

your ethnicity (optional)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino			
your race (optional, all that apply)	<input type="checkbox"/> American Indian/Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
your current marital status	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
other adult's ethnicity (optional)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino			
other adult's race (optional, all that apply)	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
other adult's current marital status	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed

- Have you ever received AFDC, TANF or Colorado Works assistance? Yes No
- Have you recently applied for TANF or Colorado Works assistance? Yes No
- Are any of your children receiving assistance but you are not? Yes No

Parent Activity Information

Complete for yourself and the other adult (parent/spouse) in you household.

For each adult in school or training, please provide the following:

Adult Name	Name of School/ Training Facility	Degree/ Certificate	Start Date	End Date	Hours per Week

Check all the activities that you are doing:	Check all the activities that the other adult is doing:
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> GED <input type="checkbox"/> Junior High/High School <input type="checkbox"/> Incapacitated <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> Job Training <input type="checkbox"/> Looking for a job <input type="checkbox"/> English as a second language	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> GED <input type="checkbox"/> Junior High/High School <input type="checkbox"/> Incapacitated <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> Job Training <input type="checkbox"/> Looking for a job <input type="checkbox"/> English as a second language
Verification:	Verification:

Children and Other Members of the Household

Complete for **all** the children & **all** other members **who live in your home.**

State ID (for agency use only)	Last Name, First Name, Middle Initial	Relation to You (use code below)	Gender (M/F)	Date of Birth	Social Security Number	Alien Reg. # (if applicable)	Race Code (choose all that apply from codes below)	Hispanic or Latino	Is care requested for this child?	Affidavit for Unrelated Child (for agency use only)	Does this child have special needs?	Will this child finish high school before his/her 19th birthday?
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No
						A		Yes No	Yes No	Yes No	Yes No	Yes No

Relationship Codes: CB - Biological child, CL - Child w/ legal guardian, CR - Child w/ caretaker relative, CU - Unrelated child, OM - Other household member

Race Codes: A-Asian, B-Black/African American, I-American Indian/Alaskan Native, H-Hispanic, P Native Hawaiian/Other Pacific Islander, W-White

Children’s Schedule and Immunization Information

Child Name	Child In School	School of Attendance	Immunization information: Please enter appropriate code for each child	Child’s Schedule: Please indicate when you plan to have your child in care each day for each provider used (if more than one). Note that care will be approved based on eligibility.							
				Name, Address and Phone # of Child Care Provider (if known)	Mon <i>Exact hours in care</i>	Tues. <i>Exact hours in care</i>	Wed. <i>Exact hours in care</i>	Thurs <i>Exact hours in care</i>	Fri. <i>Exact hours in care</i>	Sat. <i>Exact hours in care</i>	Sun. <i>Exact hours in care</i>
	Yes No										
	Yes No										
	Yes No										
	Yes No										
	Yes No										
	Yes No										
	Yes No										

IM: Child Immunized ME: Medical Exemption RE: Religious Exemption OT: Other (explain)

Parent(s) outside of household who may have duty to support: Please provide the name of any parents outside the home who may have an obligation to support the children in the household.

Child Name(s)	Parent outside the home w/ obligation to support?	First Name	Last Name	Comment
	Yes No			
	Yes No			
	Yes No			

You may reside in a county that requires child support enforcement participation in order to receive Child Care Assistance Benefits. For more details, please contact your local county Child Care Assistance Program office.

PARENT(S) EMPLOYMENT OR TRAINING/SCHOOL SCHEDULE Please fill in your employment or training/school schedule. If there are two parents, fill in schedules for both parents. If you have more than one job please be sure to list your work schedule for both jobs.

MY SCHEDULE	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun
Work							
Training/School							
2ND PARENT	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun
Work							
Training/School							

Child Support If you make child support payments for any child(ren) NOT living with you, complete the following:

Name of person making payment	Amount paid	How often paid	Verified (agency use)
	\$		
	\$		

Work Income Complete for all members of your household - VERIFICATION REQUIRED. If you have more than one job, please be sure to list here.

Name of person	Employer or Business Name and Telephone Number	Self-Employed	# of hours per week	How often paid	Total earnings per pay period (including tips & commissions)	Verified (agency use)
		Yes No			\$	
		Yes No			\$	
		Yes No			\$	
		Yes No			\$	

Non-work Income Complete for all members of your household.

Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroad retirement benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends from stocks and bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement or pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance/lawsuit settlement/ proceeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strike benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest on savings, CDs, IRAs, 401Ks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony/maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lease bonus and royalties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military allotment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Americorp Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Other (Explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of person receiving income	Type of income (From above)	How often received? (Monthly, weekly, etc.)	Amount received	Verified (agency use)
			\$	
			\$	
			\$	

Other Income Complete for all members of your household.

Housing voucher or cash assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental security income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No	Refugee cash assistance or medical assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colorado Works/ TANF cash assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		Old age pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food stamp assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low-income energy assistance (LEAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> No but I would like to apply		
Name of person receiving income	Type of income (From above)		How often received? (Monthly, weekly, etc.)	

Emergency Contact and Phone Number:

Name	Relationship	Phone
------	--------------	-------

Authorization to Supply Information

I hereby authorize the _____ County Department of Social Services, in the course of administering the social services program, to supply information obtained directly from me, or from any other person, agency, or institution which has provided information to the county department with my written consent, to the following:

The county department is authorized to release information to the following:

Any child care provider I may choose to use, any employer for whom I work, and/or any school or training institution I may be attending.

I release the county department from any and all liability for supplying such information.

Authorization to Release Information

I authorize the persons, agencies, or institutions entered below to supply information to the County Department of Social Services concerning my application for or receipt of social services. I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the county department. I release the person, agency, or institution from any and all liability for supplying such information.

- Any child care provider I may choose to use,
- any employer for whom I work,
- any documentation submitted for self-employment,
- and/or any school or training institution I may be attending,
- any other information that may be pertinent, including housing.

Signature of Client: _____ Date: _____

YOU MUST READ AND SIGN THIS PAGE!!!

You must submit the following documentation with this form:

IF YOU ARE WORKING YOU NEED TO INCLUDE:

- ➔ For self-employed persons, a business ledger and copies of your total business earnings and your business expenditures for the last three months.
- ➔ Income verification. You must attach copies of all household members' pay stubs from the last three months!!!

If you just started a new job, you must submit a letter from your employer indicating what your wages are and how many hours you are working per week. In addition, you will need to supply copies of pay stubs when you get them.

If you lose your job and need child care assistance while looking for work, Job Search is available but limited to 30 days per year. Contact your worker for prior approval to be set up on Job Search.

IF YOU ARE REQUESTING CARE FOR SCHOOL, YOU NEED TO INCLUDE: (Not all counties consider school an eligible activity. Check with child care staff when you apply to see if you are eligible for care while in school.)

- ➔ A letter from your school which includes the following for you and the second parent in your household:
 - verifies you are enrolled in school and are making satisfactory progress,
 - identifies what program you are enrolled in, and
 - identifies when you are expected to complete the school program
- ➔ An attached copy of your **class schedule which include start and end dates** of quarter, semester, or session; **including days and time of class.**

Thank you for completing this form. If you have any questions call the Colorado Child Care Assistance Program (CCCAP) at your county department of social services. We hope your child care arrangements are working out well for you and are helping you in your employment or training efforts.

Completion Checklist Did you:			
Form Complete	Required pay stubs attached	Employer letter (if new employment)	
Form signed and dated	All Training information attached	Immunization documents (if appl)	

I certify that the information on this form is correct, to the best of my knowledge. I understand that failure to report changes or misreporting information may result in the recovery and/or discontinuance of my child care benefits.

Applicant Signature
Daytime Phone
Date

Other Signature
Date

REMINDER:
Report any changes in your family's income (or loss of job), address, phone number, family size, change of employment or training status **in writing** as soon as the change occurs, but no later than 30 days.
A Change of Eligibility form can be obtained from the Colorado Child Care Assistance Program at your county department of social services.
Until you are approved for the Child Care Assistance Program you are responsible for the cost of child care. Please ask your eligibility worker for details.

Your household is receiving child care assistance that may be funded by the Colorado Works Program. If funded by the Colorado Works program and your continued eligibility is confirmed, you will become eligible for the food stamp program without having your assets (such as cars) counted in determining your eligibility. The income of your household would be used. You may apply for food stamps by completing another application form, but you do not have to complete the sections that are the same as you have completed for child care. The completion of the application and going through the interview process for food stamps may also qualify you for the free school lunch program. You must complete the food stamp application process and obtain a food stamp case number before applying for the free school lunch program. You may not be eligible for benefits from the food stamp program but you could still be eligible for the free lunch program. This is your choice and if you wish to go through this process, please indicate on this form (bottom of page 4) that you wish to apply for the food stamp program.

RIGHT OF APPEAL AND FAIR HEARING

If you disagree with any action taken in regards to child care benefits, you have a right to appeal.

- ◆ If your child care benefits are **denied**, you must call your child care assistance worker within 20 days of the date of that denial to say that you want to appeal.
- ◆ If your child care benefits are **changed**, you must call your child care assistance worker within 20 days of the date of the notice of the change to say that you want to appeal.
- ◆ If your child care benefits are **terminated**, you must call your child care assistance worker before the effective date of the termination to say that you want to appeal.

A hearing will be scheduled by the county department. At the hearing, you will be given an opportunity to present your case. The person(s) reviewing your case are not responsible for the decision or change you disagree with.

Before you decide to request a county hearing, we encourage you to talk with your county department child care worker first, and then the worker's supervisor. Often your questions and concerns can be settled by talking to county staff who are responsible for making the change in your child care subsidies.

After you have completed a county hearing, if you still disagree with the decision, you may appeal the decision to the State by following these steps:

1. Write a letter to: **Division of Administrative Hearings**
633-17th St, 13th Floor
Denver, CO 80202
2. You must get the letter in the mail not later than 15 days after the county hearing decision has been made.
3. In the letter you need to say that you want to appeal the county hearing decision and why you want to appeal the decision. If you need help doing this you can ask anyone you desire to help you, or talk to a legal aid office, or ask your County Social Services people to help you.
4. When your letter is received, you will get a letter from the Office of Appeals explaining what will be done and the date for the appeal hearing. It will also explain who can come with you, who can present testimony and other information about the hearing.

You should be aware that the state and county are required to attempt to collect or get repayment of all benefits provided you for which you were not entitled.

Discrimination

If you believe that you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin, or handicap, you have a right to file a complaint with:

The Secretary of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, DC 20447

You may detach and keep this page for your information.