

_____ County Department of Human Services
 Street Address
 City, State Zip Code

Case #000000000
 Date of Action 00/00/0000

Child Care Assistance Program Authorization Eligibility Notice (Client)

Client Name
 Address
 City, State Zip Code

Dear Client Name,

Care is authorized for the following child as described in the Child’s Schedule below. Please note that the authorization schedule is effective until you are notified by mail of a new authorization schedule.

| PROVIDER INFORMATION: | |
|-------------------------------------------------------------------|------------------------------------------------|
| PROVIDER NAME Provider Name | PROVIDER TYPE ADDRESS Mailing |
| PROVIDER ADDRESS Street Address City, State Zip Code | PROVIDER PHONE NUMBER (000) 000-0000 |
| CHILD INFORMATION: | |
| CHILD NAME Child Name | STATE ID: 0000000 |
| CASE #: 000000000 | AUTHORIZATION BEGIN DATE: 00/00/0000 |
| AUTHORIZATION STATUS: Authorized | AUTHORIZATION END DATE: 00/00/0000 |

Parent Fees are due on the first of every month and will remain as shown below unless you are notified by mail of a change to your parent fee. Failure to pay your parental fee will result in case closure.

Adult caretakers and teen parents have the responsibility to report any changes in income that cause their household income to exceed eighty-five percent of the Colorado State Median Income within ten days of the date the change occurred. Adult caretakers and teen parents have the responsibility to report any changes to their qualifying eligible activity within four weeks of the date the change occurred. A person found to have intentionally given false information by deed or omission cannot get child care assistance in Colorado for twelve (12) months for the first offense, twenty-four (24) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws.

| | |
|-----------------------|-------------------|
| PARENT FEE: | |
| EFFECTIVE DATE | PARENT FEE |
| 00/00/0000 | \$0.00 |

| Child's Schedule | | | | Standard Schedule | | | |
|----------------------------|--------|--------|---------|-------------------|----------|--------|----------|
| Effective Date: 00/00/0000 | | | | | | | |
| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| APR WEEK 5 | | FT | FT | | | | |
| MAY WEEK 1 | | | | FT | FT | FT | |
| MAY WEEK 2 | | FT | FT | FT | FT | FT | |
| MAY WEEK 3 | | FT | FT | FT | FT | FT | |

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|---------|------------------------------------|----------|--------|----------|
| MAY WEEK 4 | | FT | FT | FT | FT | FT | |
| MAY WEEK 5 | | FT | FT | FT | FT | FT | |
| JUN WEEK 1 | | | | | | | |
| JUN WEEK 2 | | FT | FT | FT | FT | FT | |
| JUN WEEK 3 | | FT | FT | FT | FT | FT | |
| JUN WEEK 4 | | FT | FT | FT | FT | FT | |
| JUN WEEK 5 | | FT | FT | FT | FT | FT | |
| JUN WEEK 6 | | | | | | | |
| PT – 00:00:01 TO 5:00:00 hours | | | | FT – 5:00:01 TO 12:00:00 hours | | | |
| FT/PT – 12:00:01 TO 17:00:00 hours | | | | FT/FT – 17:00:01 TO 24:00:00 hours | | | |
| Authorization Notes: CHILD CARE IS AUTHORIZED FOR F/T DAYS M-FRI. M,W,F 6:30-4:30 AND T, TH 7:30-4:30. THIS WILL BE IN PLACE WHILE MOM IS ATTENDING COSMETOLOGY CLASSES IN PUEBLO. | | | | | | | |

Sincerely,
SIGNATURE
(000)000-0000

RIGHT OF APPEAL AND FAIR HEARING

If you disagree with an action taken in regards to child care benefits, you have a right to:

- A local level dispute resolution conference which must be requested before the effective date of the proposed action;
- If you are dissatisfied with the outcome of the local dispute resolution conference, you may request a state level fair hearing before an administrative law judge if the written request for a hearing is mailed or delivered to the Division of Administrative Hearings no later than 10 calendar days after the local level conference decision is mailed or delivered by the county;
- If you do not want to have a local/county conference to resolve the dispute, you may request a state level hearing before an administrative law judge, if the issue is appealable, and if your written request is mailed or delivered to the Division of Administrative Hearings no later than 90 calendar days from the date of the notice of action;
- You may request judicial review of the final agency decision following the state level fair hearing in district court, after exhausting all administrative appeal rights; and
- If you have been receiving child care assistance, you may request continued assistance until the dispute is resolved or until the final agency decision is issued, if the request for a local conference and/or state level hearing is made before the effective date of the proposed action being appealed. You should be aware that the state and county are required to attempt to collect or get repayment of all benefits provided to you for which you were not eligible. If you request a local conference, the county will schedule that conference. At your conference, you will be given an opportunity to present your case. The person(s) reviewing your case will not be the same person responsible for the action in dispute. Before you decide to request a local dispute resolution conference, we encourage you to talk with your county child care worker, and then the worker's supervisor. Often your questions and concerns can be settled by talking to county staff that are responsible for making the change in your child care subsidies. If you want to request a state level fair hearing, your request must be sent or delivered to:

**Division of Administrative Hearings
633-17th St, Suite 1300
Denver, Colorado 80201.**

In the letter you need to say that you want to appeal the county's action and why you want to appeal that action. If you need help doing this you can ask anyone you like to help you, talk to a legal aid office or attorney, or ask your child care worker to help you.² When your letter is received, you will get a letter from the Division of Administrative Hearings 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. Throughout the appeal process, you have the right to be represented or assisted by legal counsel, a relative, a friend or a Spokesperson of your choosing.

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:

Office for Civil Rights
U.S. Department of Health & Human Services
1961 Stout Street – Room 1426
Denver, Colorado 80294
(303) 844-2024 or (303) 844-3439 (TDD)