

CCCAP Eligibility Information.

1. **Are you presently receiving TANF (formerly AFDC), or Diversion II?**
If yes, you must request Child Care Assistance through your Technician in that program.
2. **Are you presently receiving Child Care Assistance?**
If yes, you must contact your current Child Care Technician.
3. **To be eligible for Low Income CCCAP, you must be in an eligible activity: employment, job search, school/college. If yours is a 2 adult family, both adults must be in an eligible activity during the same days/hours, or one adult incapacitated and cannot care for the child/ren, medical verification will be required. In addition, the total family gross income must be under the maximum income guidelines for the family size as listed below.**
4. **You are within the required income guidelines to receive child care subsidies if your family's TOTAL Monthly Gross Income is within the maximum defined below:**

Number of Persons In Family	Maximum Gross Monthly Income	Effective. 4/1/2009
2	\$ 2,246	
3	\$ 2,823	To Calculate income:
4	\$ 3,400	Example
5	\$ 3,976	Weekly Gross X 4.33 =
6	\$ 4,553	Total Monthly Gross
7	\$ 5,130	
8	\$ 5,705	
9	\$ 6,283	

5. **Are the children that will use the child care under the age of 13?**
If so, the children needing child care are within the age restrictions for child care subsidies. Children who are 13 or over but under the age of 18 and meet the "special needs" criteria and have written verification from a physician or other appropriate professional, may be eligible.
6. **Is the Child Care Assistance for Job Search?**
30 days in a 12-month period is available (if all 30 days in the prior 12 months have not been used). As of 4/3/2009, Job Search may be extended on a monthly basis up to 180 days if eligibility criteria are met.
7. **Is the Child Care Assistance for GED, high school diploma, or post secondary education?**
You may receive no more than 24 months of child care benefits while in a college (bachelors degree or less) or job skills training program; and, not more than a total of 6 months of child care benefits while in an adult GED, high school diploma, English as a Second Language or other basic skills program.
8. **Are you the biological parent, a legally established guardian, a blood or adoptive relative, or unrelated individual who is taking the place of a parent and need child care for a child/ren?**
An unrelated individual who is taking the place of a parent is required to obtain an affidavit from the child's biological parent or legal guardian which identifies the unrelated individual as the child's primary caretaker.

Verification needed – specifically defined:

Use the enclosed” Eligibility checklist “for your convenience

- 1. Earned Income.** Verify the last 3 months income by copies of check stubs, wage printout, or written verification **from employer**. In addition, please have the provided Employment Verification Letter completed by **your employer**. (Be careful to have all sections of the letter completed and signed by employer.) This type of verification is important because in order to be able to accurately calculate your earned income, we need to know: **A. How** much you earn per hour, **B. Hours** worked per week, **C. How** often you are paid, i.e. **weekly, monthly, bi-weekly, bi-monthly, etc.** **D. Your** work schedule (daycare is for the period of time you are physically in your eligible activity).
- 2. Unearned Income.** Verify in writing any unearned income, such as child support, Social Security, Workmen’s Compensation, Unemployment Benefits, pensions and annuities, educational loans and grants, Financial awards letter etc.
- 3. Self-employment income.** Net income from self-employment (copies of gross receipts minus operating expenses for the prior 3 months, ongoing balance sheets or ledgers showing totals for income and expenses for prior 3 months from one’s own business, professional enterprise, or partnership; copy of all pages of prior filed Federal Tax Return showing self-employment). Expenses include costs of goods purchased, rent & utilities (business), upkeep of necessary equipment, business taxes (not personal tax). You must also verify your self employment status (tax forms, FEIN number from the IRS, business license etc.).
- 4. Immunization Records.** These are needed for all children to be in care.
- 5. Proof of Residency in El Paso County** – lease, mortgage statement, utility bill etc.
- 6. School/College verification.** Educational programs including post secondary education training for a first Bachelor’s Degree or less, vocational or technical job skills training, educational activities such as GED program, high school diploma, English as a second language, adult basic education, or other basic skills training.
Note: Verification of, class schedule, i.e. days per week, hours per day, are necessary for us to determine hours and dates of eligibility. Regular attendance and grades will be required.
- 7. Teen Parent.** A parent under 19 years of age, or under 22 years of age if attending high school, GED program, or junior/middle school.
Note: If the **teen parent** is under 18 years of age, the **teen’s parent/guardian must co-sign the application.**

IMPORTANT

Answers to questions and interpretations about rules of eligibility can always be addressed with CCCAP Staff available on duty from 8am to 4pm daily by telephone, 444-8178, or on a walk-in basis.

EL PASO

COMMISSIONERS
JIM BENSBERG (CHAIRMAN)
SALLIE CLARK (VICE CHAIR)



COUNTY

AMY LATHEN
WAYNE WILLIAMS
DENNIS HISEY

DEPARTMENT OF HUMAN SERVICES

RICHARD BENGTTSSON

ACTING DIRECTOR

IMPORTANT NOTICE TO CCCAP APPLICANTS AND ACTIVE CCCAP CUSTOMERS REQUIRING PROOF OF U.S. CITIZENSHIP

Purpose: This Letter is to advise CCCAP applicants and active CCCAP customers that verification of children's citizenship status is required at application for child care assistance.

Ref: Colorado Department of Human Service Agency Letter CC-07-03-P

Procedure or Information: Counties are required to verify the citizenship status of children receiving child care assistance at application or at redetermination, if verification had not been received previously. Children, as the primary beneficiary of benefits under the Child Care Assistance Program, must be a citizen of the United States or a qualified alien.

Original documents must be viewed by El Paso County DHS personnel and copied for your case file. Please bring original documents of citizenship verification to Child Care Connections located at 17 North Spruce Street, or 105 North Spruce Street for viewing and copying.

Cases will be denied if original verification is not provided.

United States Citizenship can be verified by:

- A birth certificate;
- Possession of a U.S. passport;
- A certificate of U.S. citizenship (Citizens and Immigration Services (CIS) form N-560 or NH-561);
- A Certificate of Naturalization (Citizens and Immigration Services (CIS) form N-550 or N-570);
- A certificate of birth abroad of a citizen of the United States (Department of State forms FS-545 or DS-1350); or Identification cards for U.S. citizens (Citizens and Immigration Services)
- (CIS) -1-179 or Citizens and Immigration Services (CIS) -1-197).

Qualified Alien Status can be verified by:

- 1-94 Arrival/Departure Record
- 1-551: Resident Alien Card (1-551)
- Forms I-688B or I-766 Employment Authorization Document
- A letter from CIS indicating a person's status.

(LH Rev. 03-20-09)

“Eligibility Check List”

Colorado Child Care Assistance Program (Low Income)

Please read the following information carefully. This form will tell you what documents are necessary to determine your eligibility for CCCAP (Low Income category of child care assistance). You must return this information within ten (10) days.

Failure to turn in the necessary information may result in the denial of your application.

Required Verification

The following information is **required** for your CCCAP application to be processed:

_____ **1. Earned Income**

You must provide verification of any income earned within the last 3 months of the date you applied for child care assistance by any member of the household. **If income is not verified within 30 days of application date, the applicant is not eligible for child care subsidies. Staff Manual III 3.904.1, C. 3.**

In addition, you must have the provided employment verification letter completed and **signed by your employer.**

Self-employed: Include prior tax forms and/or verification of self employment status (FEIN # from IRS, business license etc); Profit & Loss statement for last 3 months; balance sheets or ledgers showing ongoing totals for income and expenses from last 3 months; copies of all receipts for all income & expenses; number of hours worked each week and work schedule (days/times).

_____ **2. Employer Verified Work Schedule**

The employer may include the work schedule on the provided employment verification letter.

_____ **3. Unearned Income**

Verification of **Unearned Income:** i.e. Child Support, Worker’s Compensation, Unemployment Benefits, Social Security Survivor benefits, etc.

_____ **4. School/College**

Completed School/College letter with expected grad date; class schedule (days & times); Financial Aid Award letter; Military monies for education (GI Bill etc); work-study employer letter with work schedule and signed by employer.

- _____ **5. Medical letter (for 2 parent/adult households) when:**
A doctor's statement or other medical verification of any disability that may exist that does not allow you or your spouse to care for the children while the other parent is in an eligible activity.
- _____ **6. Child Care Provider**
Name of Child Care Provider with whom **you have verified enrollment** and started paperwork. If provider is a friend or relative that is not licensed and contracted with El Paso County, complete, and return "Selection of Exempt provider" form (EPC-FIP-19). This form must be requested from CCCAP.
- _____ **7. Signed Client Responsibility Agreement (form SS-5)**
This form must be signed by all adult caretakers in the household.
- _____ **8. CCCAP Application**
Complete all sections of the application (especially the yes/no questions under Non-work Income and Other Income) and all adult caretakers must sign the application on pages 5 & 6. If you are a **teen parent** under the age of 18, **your parent/legal guardian must co-sign the application on page 6.**
- _____ **9. Identification**
Photo I.D. for self, spouse, caretaker relative, guardian and any other adult caretaker in the household.
- _____ **10. Citizenship/Legal Alien Status**
Verification of **citizenship or legal alien status** is required for (children). ***ORIGINAL DOCUMENTS MUST BE VIEWED, COPIED AND VALIDATED BY DHS STAFF.***
- _____ **11. Current Immunization Record**
Provide a copy of a current immunization record for each child to be in care. Failure to provide these records can result in denial or termination of child care benefits. Forms must include the children's names and parent's name.
- _____ **12. Divorce or separation papers (copies of all pages)**
- _____ **13. Proof of Residency**
Proof of your address may be a lease, mortgage statement, current utility bill, voter registration card, vehicle registration etc.
- _____ **14. Proof of Shared Custody Schedule (if applicable)**

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 Child Care Services

Case #: _____

Log #: _____

Application Date: _____

You MUST answer all YES or NO questions, sign and date this form.

Any question answered with N/A will be considered incomplete and may delay application processing!

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:	
Social Security Number: ____-____-____ <small>(This information is voluntary and for informational purposes, however it will be used for verification.)</small>		Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
County:	Home Phone: ()	Work Phone: ()	Message Phone: ()		
Residence Address:		Apt/Unit	Mailing Address (if different):		
City:	State:	Zip:	City:	State:	Zip:
What is: (check all that apply to you) Optional					
Your ethnicity		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Latino	
Your race		<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/Caucasian	
Your current marital status?		<input type="checkbox"/> Divorced <input type="checkbox"/> Married		<input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	

Check all the activities that you are doing:

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Looking for a job	<input type="checkbox"/> Incapacitated	<input type="checkbox"/> Job Training	
<input type="checkbox"/> Junior High/High School	<input type="checkbox"/> GED	<input type="checkbox"/> Adult Basic Education	<input type="checkbox"/> English as a second language	<input type="checkbox"/> Post-Secondary School	
Are you attending school/Training?	<input type="checkbox"/> Yes (If yes complete the information below.)			<input type="checkbox"/> No	
What is your current education level?					
Name of School/Training Facility		Degree/Certificate	Hours per week	Start Date	End Date

Have you recently applied for or are you receiving TANF/Colorado Works?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your children receiving assistance but you are not?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You **MUST** answer all **YES or NO** questions, sign and date this form.

Any question answered with N/A will be considered incomplete and may delay application processing!

Spouse and/or Other Adult Caretaker Information

Is there a spouse/other adult caretaker in the household who provides financial assistance and helps care for your child?	<input type="checkbox"/> Yes (If yes complete the section below.)	<input type="checkbox"/> No
Last Name:	First name:	Middle Initial:
Social Security Number: ____-____-_____ (This information is voluntary and for informational purposes, however it will be used for verification.)	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
What is: (check all that apply to you) Optional		
Your ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino
Your race	<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/Caucasian	
Your current marital status?	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	

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

Are you attending school/Training?	<input type="checkbox"/> Yes (If yes complete the information below.)	<input type="checkbox"/> No		
What is your current education level?				
Name of School/Training Facility	Degree/Certificate	Hours per week	Start Date	End Date

Shared Parenting Time Schedule (Verification is required)

Child Name	√ if this child spends no time w/other parent.	Please indicate days and times child is in the other parent's home.						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

You **MUST** answer all **YES or NO** questions, sign and date this form.
Any question answered with N/A will be considered incomplete and may delay application processing!

Children and other household member information: (You must verify citizenship status for children receiving child care.)											
Last Name, First Name, Middle Initial	Relation to You (use code below)	Gender (M/F)	Date of Birth	Social Security Number (This information is voluntary, but will be used for verification.)	Is this child a U.S. Citizen?	Is this child a qualified Alien?	Ethnicity (E) Code (Optional) (Use code below)	Race (R) Code (Optional) Use code below	Is care requested for this child?	Immunization Codes. (Use code below)	Does this child have special needs?
					Yes No	Yes No			Yes No		Yes No
					Yes No	Yes No			Yes No		Yes No
					Yes No	Yes No			Yes No		Yes No
					Yes No	Yes No			Yes No		Yes No
					Yes No	Yes No			Yes No		Yes No
					Yes No	Yes No			Yes No		Yes No

Relation to You:	CB - Biological child	CL - Child w/ legal guardian	CR - Child w/ caretaker relative	CU - Unrelated child	OM - Other member
Ethnicity Code (E):	H - Hispanic/Latino		N - Non-Hispanic/Latino		
Race Codes (R):	A -Asian	B -Black/African American	I -American Indian/Alaskan Native	P Native Hawaiian/Other Pacific Islander	W -White
Immunization Codes:	IM : Child Immunized	ME : Medical Exemption	RE : Religious Exemption	OT : Other (explain)	

You **MUST** answer all **YES or NO** questions, sign and date this form.

Any question answered with N/A will be considered incomplete and may delay application processing!

Children's Schedule for children needing care. (Do not complete for children who do not need care.)

Child Name	Child In School	School Of Attendance	Child's Schedule: Please indicate times 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>Start and end time</i>	Tues. <i>Start and end time</i>	Wed. <i>Start and end time</i>	Thurs. <i>Start and end time</i>	Fri. <i>Start and end time</i>	Sat. <i>Start and end time</i>	Sun. <i>Start and end time</i>
	Yes No									
	Yes No									
	Yes No									
	Yes No									
	Yes No									

ADULT CARETAKER(S) EMPLOYMENT/TRAINING/SCHOOL OR JOB SEARCH SCHEDULE Please fill in your expected schedule. If there are two adult caretakers, fill in schedules for both. If you have more than one job please list your work schedule for both jobs. **(VERIFICATION IS REQUIRED.)**

MY SCHEDULE	Mon. Start and end time	Tues. Start and end time	Weds. Start and end time	Thurs. Start and end time	Fri. Start and end time	Sat. Start and end time	Sun. Start and end time
Work/Job Search							
Training/School							
2ND ADULT CARETAKER	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun
Work/Job Search							
Training/School							

Court Ordered Child Support Paid Out.

Do you make child support payments for any child(ren) NOT living with you? Yes No

If YES complete the following: (VERIFICATION OF COURT ORDER AND PAYMENT IS REQUIRED.)

Name of person making payment	Amount paid	How often paid
	\$	
	\$	

Applicant Work Income

Do you have work income? Yes No

If YES complete the following: Please list all employment. (VERIFICATION OF EMPLOYMENT IS REQUIRED.)

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)
		Yes No			\$
		Yes No			\$
		Yes No			\$

Spouse or Other Adult Caretaker Work Income

Do you have work income? Yes No

If YES complete the following: Please list all employment. (VERIFICATION OF EMPLOYMENT IS REQUIRED.)

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)
		Yes No			\$
		Yes No			\$
		Yes No			\$

Child Support Ordered and/or Received

Has child support been ordered and/or has it been received? Yes No

If YES complete the following: (VERIFICATION OF CHILD SUPPORT IS REQUIRED.)

Child Name(s)	Is child support ordered?	Is child support received?	Amount of Child Support Paid	How often paid	Name of absent parent
	Yes No	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. If your county requires this you must cooperate for any child with an absent parent regardless of child care eligibility unless there is good cause. For more details, please contact your local county Child Care Assistance Program office.

Non-work Income

Do you or anyone in your household have non-work income? Yes No

Refugee Cash Assistance	<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 (Includes Survivor's, Disability, and Retirement Benefits.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends from stocks and bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement or pension (Not Social Security)	<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
				Trust income	<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	Veteran's benefits	<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	Americorp Income	<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	Other (Explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES complete the following for all members of your household: (VERIFICATION IS REQUIRED.)

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

Other Income

Do you or anyone in your household have other income? Yes No

If YES complete the following: **Complete for all members of your household.**

Housing voucher or cash assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refugee 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 assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I would like to apply	Low-income energy assistance (LEAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid/CHP+ Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I would like to apply	Supplemental security income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 to any of the entities listed below. I release the county department from any and all liability for supplying such information.

- Any child care provider I may choose to use,
- any employer for whom I currently work or have worked,
- any school or training institution I may be attending
- any housing authority
- and/or any other information that may be pertinent to my application for or receipt of child care assistance.

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 currently work or have worked,
- any documentation submitted for self-employment,
- any school or training institution I may be attending,
- any housing authority,
- and/or any other information that may be pertinent to my application for or receipt of child care assistance.

Signature of Client: _____ Date: _____

Signature of Spouse and/or Other Adult Caretaker: _____ Date: _____

YOU MUST READ AND SIGN THIS PAGE!!!!

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 the denial to say that you want to appeal.

The county department will schedule a hearing. At the hearing, you will be given an opportunity to present your case. The person(s) reviewing your case is 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 responsible for making the change in your child care subsidies.

After you have completed a county hearing or if you wish to skip a county hearing, you may appeal the decision to the State by following these steps:

1. Write a letter to: **Division of Administrative Hearings
633 17th Street, Suite 1300
Denver, Colorado 80202**
2. You must get the letter in the mail no 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. Why you want to appeal the decision. If you need help doing this you can ask anyone you desire to help you, 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 collect or get repayment of all benefits provided, which you were not eligible for.

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, CO 80294
(303) 844-2024 or (303) 844-3439 (TDD)

Recipient's Copy of Right of Appeal is Page 10.

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3. In the letter you need to say that you want to appeal the county hearing decision. Why you want to appeal the decision. If you need help doing this you can ask anyone you desire to help you, talk to a legal aid office, or ask your County Social Services people to help you.
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You may detach and keep this page for your information.

CLIENT RESPONSIBILITIES AGREEMENT

I, _____, agree to the following conditions while receiving assistance with my child care costs.

1. I agree to notify my child care worker in writing within eleven (11) days if there are any changes in my child care arrangements. I understand that if I fail to report the changes as outlined **I may lose my child care benefits and may have to repay the benefits I have received.**

Examples include but are not limited to:

- Changes in the child care schedule
- Child care no longer needed
- Extended absences (such as vacation) or unexpected absences totaling more than 3 days per month
- Changes in my family income (including child support)
- Changes in my family size. (if a new adult is added to my household, they must sign all eligibility and release forms)
- Changes in employment status for any member of my household (job ended, new job, 2nd job, change in hours or income)

2. I agree that I must complete the redetermination process when it is due, including providing all required documentation.

3. I agree that I must verify my eligible activity. (By providing work or school schedules whenever my schedule changes.)

4. I agree to notify my child care worker in writing **BEFORE** changing child care providers otherwise the county may not pay for my child care.

5. I agree to be responsible for resolving any problems I might have with my child care provider.

6. I also agree to notify the county department of social services if I have any concerns about possible abuse or neglect of a child.

7. I understand that if any parent in my household is self employed I/we must maintain an average income that exceeds business expenses and I agree to track and verify income, expenses, work schedule and need for care to assist in my eligibility determination. I also understand that I must provide IRS documentation to verify my self-employment status.

8. I understand that if child care is provided for my employment activity then the taxable gross wages divided by the number of hours of child care must equal at least the current federal minimum wage in order to continue receiving child care.

9. PARENTAL FEE:

a. I agree to pay the parental fee that is listed on my child care certificate and that it is due on the first of each month.

b. I understand that my parental fee is based on my income and household size and is subject to change upon receiving notice from the county.

c. I understand that if I do not pay this fee to my child care provider **I will lose my child care benefits.**

d. I understand that if I request assistance with another child care provider or move to another county and I still owe fees to any previous provider, **I will not receive assistance until satisfactory repayment arrangements have been made with the previous provider.**

Applicant 1 signature

Date

Applicant 2 signature

Date

County staff signature

Date

SIGNATURES ON THIS FORM DO NOT REPRESENT APPROVAL OF CHILD CARE ASSISTANCE

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 do not want to have a local/county conference to resolve the dispute, a state level fair 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;
- ◆ If you are dissatisfied with the outcome of the local dispute resolution conference, 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;
- ◆ 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, 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 you for which you were not entitled.

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 first, 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:

1. **Division of Administrative Hearings**
633-17th St, 13th Floor
Denver, Colorado 80202
2. In the letter you need to say that you want to appeal the county's action and why you want to appeal that action you need help doing this you can ask anyone you desire to help you, or talk to legal aid office, or ask your child care worker to help you.
3. 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, CO 80294
(303) 844-2024 or (303) 844-3439 (TDD)

Provider

Name: _____

Address: _____

Telephone: _____

FAX #: _____

License I.D. # _____

Start date of care: _____

Is there a transportation fee in provider's Fiscal Agreement with El Paso County?

_____ Yes _____ No

Contact Person: _____

Provider's Signature: _____

Parent/Guardian

Name: _____ Address: _____

Telephone: Home () _____ - _____ Work () _____ - _____ Other Daytime # () _____ - _____

Is daycare for school _____, work _____, both _____.

Will provider transport child/ren to school or to another provider? _____ Yes _____ No

If yes, please explain: _____

		<u>Grade in School</u>	<u>School Days/hours</u>	<u>Example:</u> M-F 9am-2:30pm
Child _____	Age _____	_____	_____	_____
Child _____	Age _____	_____	_____	_____
Child _____	Age _____	_____	_____	_____
Child _____	Age _____	_____	_____	_____
Child _____	Age _____	_____	_____	_____

Comments: _____ Parent/Guardian Signature _____

_____ Date: _____

_____ Date Mailed to DHS _____

Please complete, sign, date, and enclose all required verifications. Failure to do so will delay your application process. Place in mail immediately after provider checks for completion.

LIVING ARRANGEMENT STATEMENT

HH # _____ Name _____

SS # _____ Tech _____

1. I am living at: _____

2. I live: _____ with my children _____ with other family members _____ with unrelated others

List All persons at this address (additional persons on back)

Name	Age	Relationship	*

***Please place an X next to each person with whom you consider part of your Family Household Unit**

3. Is any person above (except applicant) the biological parent of your child/ren? _____ Yes _____ No

4. Is any unrelated person above (except applicant) providing financial support to the household of your child/ren and acting as a parent? _____ Yes _____ No

5. I share cost of rent with _____ Total=\$_____ My share=\$_____
(Attach copy of lease.)

6. I share cost of utilities with _____ Total=\$_____ My share=\$_____

7. I share cost of phone with _____ Total=\$_____ My share=\$_____

Comments describing the living arrangements with the above residents. How are you supporting yourself & child/ren? _____

If separated, is this a legal separation? If so, provide documentation. If not, please explain the circumstances of separation to include his/her name, address & phone number, when the separation occurred, and amount of support being provided. _____

Applicant Declaration:

I declare the above information contained on this form to be true to the best of my knowledge.

Applicant's Printed Name: _____ Phone _____

Signature: _____ Date _____

Request for Employment and Earnings Verification

For Office Use Only: Case Name _____ Case Number _____ Technician _____	From: <p style="text-align: center;">El Paso County Department of Human Services P.O. Box 2692 Colorado Springs, CO 80901</p>
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RELEASE

I give my permission for (employer) _____
 to release this information to El Paso County Department of Human Services.

Signature: _____ Date: _____

Employee Name (Print): _____ **Social Security No.** _____

Place of Employment: _____

Address: _____

Telephone Number: _____

Effective Date of Employment: _____

Pay Periods (Mark one)

Once a month Once a week
 Every two weeks Twice a month

Day of week paid: _____

Rate of hourly pay: \$ _____

Hours worked per week: _____

Date of first check: _____

Work Schedule

Please be specific and state ALL possible shifts and/or hours and days:

Please provide wage information for the period specified on the back. Payroll records are also acceptable.

If **NOT** currently employed by your firm:

Date of termination: _____

Reason for termination: _____

Date of final pay: _____

Gross amount of final pay: \$ _____

Please complete and return this form in 5 days. Thank you for your cooperation.

Signature of employer/representative _____

Please print name of employer/representative _____

Title _____ Phone _____ Date _____

CCCAP Self-Employment Income Verification Form

Complete a separate form for each person in your house who earns income from self-employment activity.

Name	Address	Phone	SSN (optional)

Monthly Gross Income from self-employment (before expenses) Month: <small>(Verification must be attached to this completed form)</small>	1. \$
Expenses <small>(Verification must be attached to this completed form)</small>	
Business rent/mortgage expense	2. \$
Gross labor business costs (money paid out to employees)	3. \$
Cost of merchandise for business	4. \$
Business taxes paid	5. \$
Interest paid for business	6. \$
Utilities paid for business	7. \$
Business equipment costs	8. \$
Vehicle expense – mileage only while working X current IRS mileage rate =	9. \$
Other business costs (describe)	10. \$
Sub total of expenses	11. \$
Net Income (Line 1 minus line 11)	12. \$

Document your work activity for this month. I understand that if child care is provided for my employment activity then the taxable gross wages divided by the number of hours of child care provided must equal at least the current federal minimum wage in order to continue receiving child care.

Date	# of hours	Work activity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Date	# of hours	Work activity
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Total # of hours child care was provided: _____

Please explain if you anticipate a change in the hours or activities you will work in the future: _____

In addition to this form, I must provide proof of my self-employment income and expenses. Proof could be receipts, income tax returns, bookkeeping records, bank statements, letters from customers or copies of work agreements. I certify that the information presented in this Self-Certification is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. (Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.)

Applicant's Signature

Date

For County Use Only

Income verified: yes no

Schedule of care authorized: _____

Worker Name

Date

EL PASO

COMMISSIONERS
JIM BENSBERG (CHAIRMAN)
SALLIE CLARK (VICE CHAIR)



COUNTY

AMY LATHEN
WAYNE WILLIAMS
DENNIS HISEY

DEPARTMENT OF HUMAN SERVICES

RICHARD BENGTTSSON
ACTING DIRECTOR

ELAINE JOHNSEN
ACTING DEPUTY DIRECTOR

Name of School/College: _____

Address: _____

Telephone Number: _____

School is Accredited by: _____

Effective Date of Enrollment: _____

The following information is needed to verify that **(print name of student)**: _____
is eligible for Day Care Services. Please be as specific as possible. **SS#**: _____

1. Does student already hold a college degree? _____

If yes, type and from what college? _____

2. Course of Study: _____

3. **Anticipated Graduation Date** (month/year): _____

4. **State specific job skills** that will be obtained. _____

5. Upon completion, the student will receive: (Circle one)

Associates Degree
GED

Bachelor's Degree
Master's Degree

Certificate
Other _____

High School Diploma

Signature of Academic Advisor Title Date

Please Print Name of Academic Advisor

RELEASE

I give my permission for (school) _____ to
release this information to El Paso County Department of Human Services.

Signature: _____ Date: _____

- Client must attach:**
- 1) Financial Aid Award Letter
 - 2) Official class schedule for *current* semester
 - 3) Verification of Work Study Hours (if applicable)
 - 4) Satisfactory progress reports at the end of each semester.

++ **Verifications must be submitted before the beginning of each semester.** ++

For Office Use Only

Case Number: _____ Worker: _____

EPC-SVS-DC-12 CCCAP (Rev. 03/30/2009)

Cut out the mailing label below and firmly attach to a large (9 X 12) envelop with appropriate postage and mail to El Paso County Department of Human Services.

El Paso County Department of Human Services

Attn: Child Care Connections

P.O. Box 2692

Colorado Springs, CO 80901