



Colorado Child Care Assistance Program- Waitlist

Who's Eligible for the Boulder County CCAP Waitlist?

- Parents who are working, or
- Parents who are searching for a job (within State established time limits), or
- Parents who are in a Post-Secondary Education program for up to 24 months up to their first bachelor's degree.

Teen parents , 20 years and under are eligible to apply for CCAP through the application process.

Applicants must be residents of **Boulder County**.

ALL FAMILIES MUST BE IN ONE OF THE ABOVE LISTED ACTIVITIES AND INCOME MUST NOT EXCEED THE FOLLOWING GROSS MONTHLY INCOMES AT TIME OF APPROVAL:

Family size:	2	3	4	5	6	7	8
Maximum Monthly Gross Income:	\$3045.00	\$3828.75	\$4612.50	\$5396.25	\$6180.00	\$6963.75	\$7747.50

You will be notified in writing via mail or email when your case is placed on the waitlist. When space becomes available you will be contacted to complete process. Please note in order to receive CCAP:

- All parent/adult caretakers must cooperate with Child Support Enforcement services for child in care.
- All parent/adult caretakers must be in an eligible activity,
- All parent/adult caretakers must provide income verification during application process,
- Families that qualify may have a direct pay parental fee/co-pay due to their child care provider for a portion of the total cost based in household income.
- Eligibility for continued assistance is redetermined every 12 months.

These are the primary factors used to determine eligibility for this program waitlist. Eligibility will be determined by Child Care Assistance Program staff when the applicant has completed attached pre-screening form **and** receives notification of waitlist acceptance.

This acceptance is **not** authorization for care.

Once you are removed from waitlist you will be notified in writing to complete process.

Client and Provider assume financial responsibility for childcare payment if care is used before written CCAP authorization is received.

Waitlist Pre-Screening Questionnaire (PSQ)



All starred sections are (*)REQUIRED INFORMATION and must be completed or application may be denied

*Applicant Name (Last, First, MI): _____ *Date: _____ SSN (optional): _____

*Home Address: _____

*Mailing Address: _____

*Phone: Cell Home Work Message (_____) _____

*E-mail address: _____ @ _____

*Household size: _____ *Two parent household: YES NO

*Number of children requesting care: _____

Adult Information

*Please complete for all Adult Caretakers in the home

1st Adult Name: _____

SSN: _____ Date of Birth: ____/____/____ Gender: Male Female

Employed: Yes No Employer: _____

Start date: _____ Hourly wage: _____ #Hours/week: _____

How Paid: Monthly Bi-Weekly Weekly Other: _____

Self –Employed: Yes No LLC S-Corp 1099 Contractor other: _____

Student: School: _____ Credits: _____ Degree Program: _____

Job Searching Vocational Training Internship/ Work Study GED ESL Disabled

2nd Adult Name: _____

SSN: _____ Date of Birth: ____/____/____ Gender: Male Female

Employed: Yes No Employer: _____

Start date: _____ Hourly wage: _____ #Hours/week: _____

How Paid: Monthly Bi-Weekly Weekly Other: _____

Self –Employed: Yes No LLC S-Corp 1099 Contractor other: _____

Student: School: _____ Credits: _____ Degree Program: _____

Job Searching Vocational Training Internship/ Work Study GED ESL Disabled

COUNTY USE ONLY:

Date:	Tech:	Chats ID:	CBMS/Programs:	
CSS:	Unpaid PFs:	HH size:	Income:	FPL:
Priority:	Waitlist Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/> reason: _____			

Child (ren) Information

***Please complete for each child in the home**



<p>Child One: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ SSN: _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Child Two: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ SSN: _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Child Three: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ SSN: _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Child Four: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ SSN: _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Child Five: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ SSN: _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Child Six: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ SSN: _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Additional Information

*Is additional income received in home? Yes No

*Please list the MONTHLY amount received.

Child Support	\$	Retirement Benefits	\$	Worker's Compensation	\$
Alimony/Maintenance	\$	Veteran's Benefits	\$	Interest on Savings/CDs	\$
Unemployment	\$	Military Allotment	\$	Dividends on stocks/bonds	\$
SSDI	\$	Cash Contributions	\$	Annuities	\$
SSI	\$	TANF/Colorado Works	\$	Other	\$

*Is anyone in your household paying court-ordered child support for a child? Yes No

*If yes, the amount being paid per month is \$_____ and it is for current or arrears .

*Applicant signature _____ Date signed _____