



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:	\$2537.58	\$3203.58	\$3869.58	\$4535.58	\$5201.58	\$5867.58	\$6533.58

You will be notified in writing via 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 before approval,
- 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

Child (ren) Information



All children must be US Citizens or have a Lawful presence status in order to receive CCAP assistance.

<p>Child#1: Needs care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of birth ___/___/___ SSN: _____</p> <p>Citizenship status: Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Attending School: Yes <input type="checkbox"/> Grade: _____</p> <p>Does child have a disability or have additional care needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child attends Head Start/ Early Head Start: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Site: _____</p>	<p>Child#2: Needs care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of birth ___/___/___ SSN: _____</p> <p>Citizenship status: Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Attending School: Yes <input type="checkbox"/> Grade: _____</p> <p>Does child have a disability or have additional care needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child attends Head Start/ Early Head Start: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Site: _____</p>
<p>Child#3: Needs care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of birth ___/___/___ SSN: _____</p> <p>Citizenship status: Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Attending School: Yes <input type="checkbox"/> Grade: _____</p> <p>Does child have a disability or have additional care needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child attends Head Start/ Early Head Start: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Site: _____</p>	<p>Child#4: Needs care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of birth ___/___/___ SSN: _____</p> <p>Citizenship status: Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Attending School: Yes <input type="checkbox"/> Grade: _____</p> <p>Does child have a disability or have additional care needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child attends Head Start/ Early Head Start: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Site: _____</p>
<p>Child#5: Needs care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of birth ___/___/___ SSN: _____</p> <p>Citizenship status: Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Attending School: Yes <input type="checkbox"/> Grade: _____</p> <p>Does child have a disability or have additional care needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child attends Head Start/ Early Head Start: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Site: _____</p>	<p>Child#6: Needs care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: _____</p> <p>Date of birth ___/___/___ SSN: _____</p> <p>Citizenship status: Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Attending School: Yes <input type="checkbox"/> Grade: _____</p> <p>Does child have a disability or have additional care needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child attends Head Start/ Early Head Start: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Site: _____</p>
<p>Please complete additional pages for any additional children in home.</p>	

Additional Information

*Is additional income received in home? Yes No

*Please list the MONTHLY gross 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 .

Child Care Provider Information



Please list the child care provider/center information below:

I have chosen a child care provider for my child (ren)? YES NO

Name of child	Child Care Provider name/location	Actively using care at this provider
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature) _____

(date) _____

(COUNTY USE ONLY:

Date:	Tech:	Chats ID:	CBMS/Programs:	
CSS:	Unpaid PFs:	HH size:	Income:	FPL:
Priority:	Waitlist Eligible: Yes No reason:			

Authorization to Supply
Information

Authorization to Supply Information

I hereby authorize the BOULDER 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 public assistance programs including Head Start and Early Head Start.

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 public assistance programs including Head Start and Early Head Start.

Signature of Client: _____ Date: _____