

# Boulder County CCAP Wait List Redetermination

It has been twelve (12) months since your family was placed on the wait list for CCAP benefits. It is time to re-determine your case for continuation on the wait list. Once your case is re-determined as eligible for wait list you will receive via email or mail notification that your status is approved.

In order to maintain your spot on the wait list you must complete and return this form to the Boulder County CCAP office by [redacted].

Failure to do so will result in automatic removal from the wait list.

You will not receive any other notifications to complete this form.

If you are removed from the CCAP wait list, you will be notified and you may then reapply at that time.

## Who's Eligible to continue to remain on the Boulder County CCAP Wait List?

- 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 or the first bachelor's degree.
- 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 INCOME FOR HOUSEHOLD SIZE AT TIME OF APPROVAL:** *(income limits are subject to change)*

Family size:	2	3	4	5	6	7	8
Maximum Monthly Gross Income:	\$2537	\$3203	\$3869	\$4535	\$5201	\$5867	\$6533

## Please note in order to receive CCAP:

- 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.
- All parent/adult caretakers must cooperate with Child Support Enforcement services for child in care.

**Once you are removed from wait list you will be notified in writing to complete process. You will be sent a complete packet to return with verifications of all eligibility requirements. Approved wait list status is not a guarantee of approval to the CCAP program.**

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

**Boulder County CCAP Wait list Pre-Screening Questionnaire (PSQ):  
Redetermination Form – **MUST COMPLETE & RETURN to CCAP****

Date: \_\_\_\_\_ Case # \_\_\_\_\_

Case Name: \_\_\_\_\_

There are **NO CHANGES** to my wait list application at this time. By checking this box, I am stating that all previous information given to the Boulder County CCAP program is still active and accurate and no changes are needed to my case at this time.

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

I am receiving a scholarship/sliding fee pay option at my provider  YES  NO

Please **REMOVE** my name from the Boulder County CCAP Wait List: Please check reason why:

- I NO longer require care. My child is no longer in my home.
- I have moved out of county/state/country.
- My child has aged out of CCAP (13 years and older).
- I am no longer eligible for CCAP assistance due to income/activity.
- I am now on TANF/Colorado Works

I NO longer require assistance because I have found alternative source for my child care needs/costs. Please check all that apply:

- Receiving scholarship (name resource) \_\_\_\_\_
- Paying out of pocket costs (provider) \_\_\_\_\_
- Using alternative care such as a nanny-share or parent co-op
- Self, Spouse, Sibling or other relative cares for child.

(Please sign and return form)

There are **CHANGES** to my case. (**You must complete the changes form attached**)

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:

[Redacted Signature Area]

Date:

[Redacted Date Area]

**This form is to be used only to maintain your name on the wait list. By signing this form, you are requesting that your family remain on the Boulder County Child Care Assistance Program Wait List .This is not an application for care. No child care will be authorized or paid for based on this form.**



**Return forms to:**

[imaging@bouldercounty.org](mailto:imaging@bouldercounty.org)

515 Coffman Street Longmont, CO 80501

303.441.1000

# Boulder County CCAP Wait List (PSQ): CHANGES form page 1

**Please complete and return this section ONLY if you have changes to your case.**

**Please complete this form completely or your case may be denied.**

Date: \_\_\_\_\_ Case # \_\_\_\_\_  
Case Name: \_\_\_\_\_

## **Household Composition**

NO changes to this section

Has anyone entered or left your home in the last twelve months?  YES  NO

Please list names/date of birth of anyone that has left your home in last twelve months:

Please add new children in section below:

## **Child (ren) Information**

NO changes to this section

**Please complete a section for each child you are ADDING to your household regardless if care requested.**

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

Please add additional adult information below:

### **Second Adult in home:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN (optional): \_\_\_\_\_ Relationship to child (ren): \_\_\_\_\_

# Boulder County CCAP Wait List (PSQ): CHANGES form page 2

**Please complete and return this section ONLY if you have changes to your case.**

**Please complete this form completely or your case may be denied.**

## Activity/Income

NO changes to this section

**First Adult activity:** Employed/Self-employed  Job Searching  Educational Activity

**Second Adult activity:** Employed/Self-employed  Job Searching  Educational Activity

**First Adult GROSS Income:** Amount paid \_\_\_\_\_ hourly  weekly  monthly  annually

**Second Adult GROSS Income:** Amount paid \_\_\_\_\_ hourly  weekly  monthly  annually

What is your household's total monthly GROSS earned income? : \_\_\_\_\_  
Please list all monthly UNEARNED income (child support, SSI, etc.):

Is anyone in your household paying court-ordered child support for a child? YES  NO   
If yes, the amount paid per month is \$ \_\_\_\_\_ and it is for current  or arrears

**This form is to be used only to maintain your name on the wait list. By signing this form, you are requesting that your family remain on the Boulder County Child Care Assistance Program Wait List based on these changes. This is not an application for care. No child care will be authorized or paid for based on this form.**

Applicant signature \_\_\_\_\_

Date signed \_\_\_\_\_



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[imaging@bouldercounty.org](mailto:imaging@bouldercounty.org)

515 Coffman Street Longmont, CO 80501

303.441.1000