



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: _____

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 fifteen (15) days of the date of that denial to say that you want to appeal.
- ◆ If your child care benefits are changed, you must call your child care assistance worker within fifteen (15) days of the date of the notice of the change to say that you want to appeal.
- ◆ If your child care benefits are terminated, you must call your child care assistance worker before the effective date of the termination to say that you want to appeal.

A hearing will be scheduled by the county department. At the hearing, you will be given an opportunity to present your case. If you appeal the decision or change, the person who officiates at the hearing shall not be the originator of the change or decision.

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 the county staff responsible for making the change in your child care subsidy.

If after you completed a county hearing you still disagree with the decision, you may appeal the decision to the State by following these steps:

1. Write a letter to:

Office of Administrative Courts
1525 Sherman Street
4th Floor
Denver, CO 80203

2. You must appeal the county decision within 15 days of the mail date on the Notice of County Hearing Decision.
3. In the letter you need to state that you want to appeal the county hearing decision and why you want to appeal the decision. If you need help doing this you can ask anyone to help you, or talk to a legal aid office, or ask your County Social/Human Services representative to help you.
4. The Office of Administrative Courts will schedule a date for the appeal hearing if it is determined the request was filed timely. You will receive a letter from the Office of Administrative Courts explaining the next steps, who may come with you, who may present testimony and other information about the hearing.

You should be aware that the state and county are required to attempt to collect all benefits provided for which you were not eligible.

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)

Keep this page for your reference