



## Clients transitioning off of TANF (Roll Over)

Your TANF case manager has determined that your TANF case will be closing. You are eligible for a “roll-over” which means you can continue to use CCCAP and will move to the income-based program. In order to complete the roll over request for child care assistance, the State of Colorado requires that we collect some information to confirm eligibility. You must be in an eligible activity to use CCCAP. This includes, Job training, employment, and self-employment. If you do not return the completed packet, your child care authorization will end and you will have to apply for CCAP. Please complete the attached packet and return no later than \_\_\_\_\_ to continue care.

- Client responsibilities agreement (signed and dated)
- Release of information form (signed and dated)
- Past 30 days pay stubs (most recent 30 days)
- Verification of employment (with schedule and wages)
- Verification of any unearned income (child support, SSI)
- Verification of current residence (dated within past 30 days)

### Important information

It is your responsibility to notify the county of any changes. You will need to notify the county of any changes that may affect your eligibility such as change of employment, change in custody, change in work schedule, or change in income. If you move from one county to another, there is no guarantee that your low-income child care benefits will transfer. Each county may have different eligibility criteria for Low-Income child care. Before you move, you must inform your child care worker and they can contact the county you are moving into and find out if your services can be transferred to the new county. If you need to change child care providers, you must tell CCAP **before** the change. After your roll over is complete, you will be assigned a new CCCAP case worker. Child care can be authorized for up to 12 months unless there are any changes.

### Parent fee

CCAP is an income-based child care subsidy program. You may be assessed a parent fee which is based off of your income, household size, and number of children for which you are requesting care. You will be notified of the parent fee no less than 15 days in advance. The parent fee is payable directly to the provider and due on the first of each month. The parent fee is like a deductible. The parent fee is paid first and then the county pays the difference. If you do not pay your parent fee or make acceptable arrangements with the child care provider, your case will be closed and you will not be able to use CCAP at any provider in any county until the fee has been paid.

### Contact Information

You can contact the Adams County CCAP office Monday through Friday from 7:30 am – 5:00 pm via:

CCAP Main telephone: 720-523-2337

Child care TANF case manager Connie Trujillo: 720-523-2210

Fax: 720-523-2201

In person: 11860 Pecos St Westminster, CO 80234

**Colorado Child Care Assistance Program**  
11860 Pecos St  
Westminster, Co 80234

**Adams County Department of Human Services**  
Phone: 720-523-2337  
Fax: 720-523-2201



# Client Responsibilities Agreement

Please read this agreement and sign below. If you have any questions or need clarification, please ask.

- I agree to notify my child care worker in writing within ten (10) days if my income changes. Use the table below to determine household size and income.

Household Size	2	3	4	5	6	7	8	9
County Guideline 225%	\$3,086.25	\$3,896.25	\$4,706.25	\$5,516.25	\$6,326.25	\$7,136.25	\$7,946.25	\$8,756.25

- I agree to report the changes in my **qualifying eligible activity** within (10) ten days. I understand that I must also verify these changes and I may be responsible for the cost of care/benefits I received for which I was not eligible.
- I agree that I must complete the redetermination process when it is due **including all required verification**.
- I agree that I must verify my eligible activity. (By providing education/training or work schedules at re-determination **and** whenever my activity changes.)
- 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 documentation from the IRS or other government agency to verify my self-employment status.
- I understand that if child care is provided for my employment activity then the taxable gross wages divided by the number of hours I use child care for my employment must equal at least the current federal minimum wage in order to continue receiving child care assistance.
- I understand that it is recommended to cooperate with the child support enforcement office for any child needing daycare that has an absent (non-custodial) parent.
- I agree to notify my child care worker in writing at least ten (10) days **BEFORE** changing child care providers otherwise the county may not pay for my child care.
- I agree to be responsible for resolving any problems I might have with my child care provider.
- I agree to notify the county department of social/human services if I have any concerns about possible abuse or neglect of a child while in child care.
- I understand that if I sign a contract with my child care provider, the contact is between my child care provider and me.
- I agree to use Attendance Tracking System (ATS) to check my child(ren) in and out of care daily or I may be responsible for payment of child care costs.
  - I agree that I will resolve any missed, denied and/or errors for ATS check in/out within the allotted 9-day period and I will be responsible for payment to the provider if I do not do so.
  - I agree to contact CDHS via phone 1-844-447-4441 option 3 or email [CDHS\\_ATS\\_HelpDesk@state.co.us](mailto:CDHS_ATS_HelpDesk@state.co.us) with missed, denied and/or errors for ATS check in/out.
- I agree that I will **not** leave my ATS PIN in the possession of my child care provider at any time or I may be disqualified from the Colorado Child Care Assistance Program.
- I understand that a person found to have intentionally given false information, by deed or omission, cannot get child care assistance for twelve (12) months for the first offense, twenty-four (24) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws.
- I understand that I cannot receive more than forty-eight (48) months of child care benefits while in a college (Bachelor's degree or less) or job skills training program and not more than a total of twelve (12) months of child care benefits while in an adult GED, high school diploma, English as a Second Language (ESL) or other basic skills program. I understand that I must report and verify satisfactory progress of my coursework.
- PARENTAL FEE:
  - I agree to pay the parental fee listed on my child care authorization notice and that it is due to the provider on the first day of each month.

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**11860 Pecos St**  
**Westminster, Co 80234**

**Adams County Department of Human Services**  
**Phone: 720-523-2337**  
**Fax: 720-523-2201**



**ADAMS COUNTY**  
**COLORADO**



- B. I understand that my parental fee is based on my income, household size, and number of children in care and that it is subject to change upon receiving prior written notice from the county.
  - C. I understand that if I do not pay this fee or make acceptable payment arrangements with my childcare provider, I will lose my child care benefits at redetermination and will not be able to receive assistance with another child care provider and/or through any other county.
  - D. I understand that the Child Care Provider may terminate care/contracts for any unpaid fees.
17. I agree to notify my child care worker in writing with in (10) days if my total household income exceeds 85% of the State Median Income listed below.

Household Size	2	3	4	5	6	7	8	9
85% SMI	\$4,394.05	\$5,427.95	\$6,461.84	\$7,495.74	\$8,529.63	\$8,723.49	\$8,917.34	\$9,111.20

By signing below, I agree to the conditions above for receiving assistance with my child care costs. I have read and understand each of the terms outlined in this agreement. My signature(s) do not guarantee approval of CCAP.

\_\_\_\_\_  
Client Signature (Primary)

\_\_\_\_\_  
Client Signature (Secondary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client PRINTED name

\_\_\_\_\_  
Client PRINTED name

\_\_\_\_\_  
CCCAP Staff Signature

\_\_\_\_\_  
Client Email Address (mandatory)



**Authorization to Supply Information**

I hereby authorize the \_\_\_\_\_ County Department of Social/Human 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/Human 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: \_\_\_\_\_

Signature of Spouse and/or Other Adult Caretaker: \_\_\_\_\_ Date: \_\_\_\_\_



**Verification of Employment**

The person below has indicated that s/he is employed with your business. Please complete the following information and return to employee or directly to Adams County Human Services Child Care Assistance Program at the address at the bottom of the page or via facsimile. The Following information is necessary to determine eligibility for Child Care Assistance. Thank you for your time.

**TO BE COMPLETED BY EMPLOYER:**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
First day of employment: \_\_\_\_\_ First check date: \_\_\_\_\_

**EMPLOYEE'S PAY & WORK SCHEDULE:**

Last check date: \_\_\_\_\_ Wages: \_\_\_\_\_ hr/mo Taxes withheld:  Yes  No  
Pay frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly/other: \_\_\_\_\_  
Additional income (overtime/commission/bonuses/tips\*)  No  Yes \*If yes, complete the following:  
How much: \_\_\_\_\_ How often: \_\_\_\_\_ \*If tips, what percentage is reported: \_\_\_\_\_

**WEEKLY WORK SCHEDULE:**

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

Please fill in above weekly schedule. If varied schedule, please mark any regular days off "OFF." Fill in other days to the best of your ability. Include earliest time in/latest time off.

IF VARIED schedule, average hours per week: \_\_\_\_\_ (min #hrs.) \_\_\_\_\_ (max #hrs.)  
**Earliest time in:** \_\_\_\_\_ **Latest time out:** \_\_\_\_\_

**I confirm that the above information is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Printed name of Employer

\_\_\_\_\_  
Title of Employer

\_\_\_\_\_  
Phone number and email (optional) of Employer

\_\_\_\_\_  
Signature of Employer      Date

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## CUSTODY STATEMENT

**In order to be eligible, you must have physical custody of the child for the period you are requesting care.**

"Physical custody" means that a child is living with, or in the legal custody of, the adult caretaker(s) or teen parent(s) on the days/nights they receive child care assistance. Code of Colorado Regulations. Income Maintenance (Volume 3). Colorado Child Care Assistance Program. 9 CCR 2503-9 [Rev. eff. 12/1/2014]

<b>Child(ren)'s name(s):</b>
<b>Name of the non-custodial parent(s):</b>
<b>Do you receive child support? Circle one YES or NO</b>
<b>If yes, what is the amount you have received in the last 30 days?</b>
<b>Custody arrangement of the child(ren) listed above:</b>
<b>Do the child/ren go with the non-custodial parent, please specify the exact day(s) and times that the child/ren are not with you below:</b>

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



- New Provider     
  Change of Provider     
  Update/Schedule Change

***CCCAP Parents or Adults Caretaker Please Note:***

**\*\*\*You must give a minimum of 10 days' notice to your CCAP worker if you wish to change child care providers, including changes for non-school days/breaks. Contact your CCAP caseworker in case of an emergency situation.**

**\*\*\*You must contact your current child care provider directly to give notice before leaving. You may have signed a contract that specifies a required notice period (ex. "2 weeks' notice".)**

**\*You must have paid your parent fee in full or have made acceptable payment arrangements before you can change providers. Unpaid parent fees will result in the closure of your case.**

Your Name: \_\_\_\_\_ CCAP Caseworker: \_\_\_\_\_  
 Current Provider: \_\_\_\_\_ End date w/current provider: \_\_\_\_\_  
 New Provider: \_\_\_\_\_ Provider's license #: \_\_\_\_\_  
 Provider Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Start with new provider: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Name of school & district: \_\_\_\_\_ School start/end: \_\_\_\_\_

Child's Name and Age*	Grade/Is this child in half-day kindergarten?*	Care needed for: Please check all that apply*	Days and anticipated time in/out (Ex: M-F 8am-5pm)*
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	
		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Non-school days/breaks <input type="checkbox"/> Summer Break <input type="checkbox"/> All Day	

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_