



DEPARTMENT OF HUMAN SERVICES

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COLORADO CHILD CARE ASSISTANCE PROGRAM (CCCAP)

\*\* PLEASE BRING ALL PAGES OF THE ENCLOSED APPLICATION FORM COMPLETED AND SIGNED BY ALL PARENTS (ADULT CARETAKERS) IN THE HOME. ALSO BRING ORIGINALS OF THE FOLLOWING:

All information must be current. \*\*

INCOME: (for all working family members)

- Pay stubs for the last 30 days (1 month) AND verification of your WORK SCHEDULE. Or a letter signed by the employer stating your first day of employment, number of hours per week worked, the hourly wage and your work schedule.
Self employed: Most recent income tax return and you will need to fill out a CCCAP Self-Employment Income Verification form supplied by our office, and also provide self-employment tax status and business records.
Unemployed: Letter of termination from your last job.

Verification of child support amount received or paid out.

OTHER INCOME: Disability, Social Security, Unemployment, Veterans Benefits, etc.

If in SCHOOL or TRAINING: A copy of your current class schedule, registration form.

BIRTH CERTIFICATES: For all your children.

SOCIAL SECURITY NUMBER: For all your children.

PICTURE ID: For all adults in the household.

ADDRESS: To verify your residence you must supply verification form at least one of the following options with your name and address on the verification: Rent receipt/lease, mortgage statement, automobile registration, verification from school, utility bill, pay stub received within the past two months.

Failure to provide requested written information within (15) days of the date of application will result in denial of your application for child care assistance.

REQUIRED CHILD SUPPORT SERVICES (CSS) FOR RECIPIENTS OF CHILD CARE ASSISTANCE. As a condition of your Child Care Assistance Program eligibility you must cooperate with the CSS unit. Cooperating means giving information about the absent parent to the CSS unit needed to proceed. Failure to cooperate with the CSS unit may cause you not to qualify for CCCAP benefits. If cooperation could result in serious physical or emotional harm to you or the child(ren) you may apply for good cause.

You have an appointment with Lizbeth "Mili" Arana on \_\_\_\_\_ at \_\_\_\_\_. If you need to cancel or reschedule please call 970-668-9704.

You have an appointment with Ivana Barrio on \_\_\_\_\_ at \_\_\_\_\_. If you need to cancel or reschedule please call 970-668-9722.