

## Application for Child Care Subsidy (CCS) Program

Are you currently receiving subsidized child care through the Boulder County Child Care Assistance Program (CCAP)?  Yes  No  
 Length of time receiving CCAP: \_\_\_\_\_ Start and end dates of current Child Care Certificate: \_\_\_\_\_

**If you haven't applied for CCAP, please contact Boulder County before continuing this application.**  
**Applicants who are denied CCAP are eligible to apply for this CCS program.**  
**You must have a CCAP denial letter to continue.**

Parent/guardian info:  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Message telephone: \_\_\_\_\_

Do you speak English?  Yes  No If not, what language do you speak? \_\_\_\_\_

Your ethnicity:  
 Asian or Pacific Islander  Black  Eskimo  Hispanic  Native American  White  Other: \_\_\_\_\_

Your family structure:  Single Parent  Joint Custody  Two Parent  Guardian (relative)  Guardian (non-relative)

Is there another adult (spouse/parent) in your household?  Yes (complete section below)  No

Last Name, First Name, Middle Initial:	Relationship to You:	Sex:	Date of Birth:	
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Other adult's relationship to the child:  Parent  Guardian (relative)  Guardian (non-relative)  Step-Parent  Other \_\_\_\_\_

Does other adult speak English?  Yes  No If not, what language does the other adult speak? \_\_\_\_\_

Other adult's ethnicity:  
 Asian or Pacific Islander  Black  Eskimo  Hispanic  Native American  White  Other: \_\_\_\_\_

Are you looking for a job?  Yes  No Is the other adult looking for a job?  Yes  No

Are you employed?  Yes (**complete section below**)  No Is the other adult employed?  Yes (**complete section below**)  No  
 Employer Name and telephone number: \_\_\_\_\_ Employer Name and telephone number: \_\_\_\_\_

Hours per week: _____ How often paid: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly Earnings per pay period: _____ Monthly Total: _____	Hours per week: _____ How often paid: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly Earnings per pay period: _____ Monthly Total: _____
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Total number of people in your household _____	Total number of people in your household _____
Do you have a High School Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the other adult have a High School Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in school or training? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No Adult Basic Education _____ Junior High/High School _____ Post Secondary School _____ English as 2nd Language _____ GED _____ Name of school/training facility:  degree/certificate:  start date: _____ end date: _____ Hrs per week: _____	Is the other adult in school or training? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No Adult Basic Education _____ Junior High/High School _____ Post Secondary School _____ English as 2nd Language _____ GED _____ Name of school/training facility:  degree/certificate:  start date: _____ end date: _____ Hrs per week: _____

Do you (or the other adult) make any child support payments for any child(ren) not living with you?  
 Yes (\_\_\_\_\_amount paid/months)  No

Do you (or the other adult) receive any child support payments?  Yes (\_\_\_\_\_amount received/month)  No

Complete following for each child:

Last Name, First Name, Middle Initial:	Relation to you:	Sex:	Ethnicity:	Birth date:	Special Needs?	Needs Care?	US Citizen?
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No

Do any members of your household receive any non-work income?  Yes  No  
 (Examples include: alimony, dividends, interest, pension, social security, unemployment, educational grants, worker ' s compensation)  
 Type of Income: \_\_\_\_\_ Monthly Amount Received: \_\_\_\_\_

Have you ever received Aid to Families with Dependent Children (AFDC), or Temporary Assistance to Needy Families?  Yes  No  
 Last Date of AFDC/TANF eligibility: \_\_\_\_\_

Please complete the chart below with the names of each child who you are requesting payment to this provider for and the child's regular weekly schedule including the hours of care for each day.

Child's Name and Age	Date care started	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Provider's Name & Address:** \_\_\_\_\_

Please complete the chart below with the names of each child who you are requesting payment to this provider for and the child's regular schedule including the hours of care for each day.

Child's Name and Age	Date care started	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Provider's Name & Address:** \_\_\_\_\_

**Please provide the name and address of a friend or relative who could be contacted in the event the Child Care Subsidy Program is unable to reach you at the address and telephone numbers provided on your application:**

Name of relative or friend: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I certify by my signature below that the above information is correct and complete.

**Authorization to Supply Information**

I hereby authorize the City of Boulder Family Services, in the course of administering the CCS Program, to supply information obtained directly from me, or from any other person, agency, or institution which has provided information to City of Boulder, Family Services, with my consent, to the following: any child care provider I may choose to use, any employer for whom I work, any school or training institution I may be attending, and/or Boulder County Department of Housing & Human Services (BCDHHS), administering the Colorado Child Care Assistance Program (CCCAP) in Boulder County.

**Authorization to Release Information**

I authorize the following persons, agencies, or institutions to supply information to City of Boulder Family Services, concerning my application for or receipt of subsidized child care through the CCS Program: any child care provider I may choose to use, any employer for whom I work, any school or training institution I may be attending, and/or Boulder County /Department of Housing & Human Services (BCDHHS), administering the Colorado Child Care Assistance Program (CCCAP) in Boulder County.

I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of City of Boulder Family Services. I release the person, agency, or institution from any and all liability for supplying such information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_