

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

If yes, please select for how many years have you been on CCAP?

Please indicate the start and end dates of your current Child Care Certificate: START END

Parent/guardian info:

Last Name:

First Name:

Middle Initial:

Gender:

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:

Gender:

Date of Birth:

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
Employer Name and telephone number:

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

Hours per week:

How often paid:

Hours per week:

How often paid:

Hourly Weekly Bi-Weekly Twice a month

Hourly Weekly Bi-Weekly Twice a month

Monthly

Monthly

Earnings per pay period:

Monthly Total:

Earnings per pay period:

Monthly Total:

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: _____ Telephone _____

Address, City, State, Zip _____

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, Youth & 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 (CCAP) in Boulder County.

Authorization to Release Information

I authorize the following persons, agencies, or institutions to supply information to City of Boulder Youth & 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 (CCAP) 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: _____