



DEPARTMENT OF HUMAN SERVICES

Child Care Assistance Program

1501 Blue Spruce Drive
Fort Collins, CO 80524
(970) 498-6300
Fax: (970) 498-6304

Dear CCAP Participant,

It is time to complete your **12-month re-determination**. Please include the following items:

- **Updated Immunization Record** (copy is fine) for all children in childcare. (CCAP requires immunization records be submitted each year.)
- **Employment Income Verification**: copies of all adult household members' pay stubs from the past three months. Please submit the County Employer Letter enclosed or a letter from your employer, on letterhead, indicating your start date, your wages, pay periods and work schedule (including the total number of hours worked per week).
Self-employed Clients: please provide self employment packets, copies of your total business earnings and your expenses, with all receipts for the expenses, for the last three months.
- **Documentation of Other Household Income**
- **Child Support Documentation**
- **High School Students**: please include a copy of your **current class schedule**
- **Verification of the Citizenship status of the children you are requesting care for.**

Please bring the original document of one of the items listed below to be verified by a technician or front desk personnel.

Copies will not be considered valid unless they have been notarized.

- Birth Certificate
- Possession of a U.S. passport
- Certificate of Naturalization
- A certificate of U.S. citizenship
- Certificate of birth abroad of a citizen of the United States
- Identification cards of U.S. citizens

- **Verification of Identity for Parents in the Household.**

Please bring the original document to be verified by a technician or front desk personnel. Copies will not be considered valid unless they have been notarized.

- Official Picture Identification

In order to complete the 12-month redetermination, please complete, sign and return the following forms enclosed:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Individual Responsibility Contract | <input checked="" type="checkbox"/> Individual Assessment | <input checked="" type="checkbox"/> Client Responsibilities Agreement |
| <input checked="" type="checkbox"/> Unrelated Individual Questionnaire | <input checked="" type="checkbox"/> Re-determination Packet | School Out Schedule |

- **Verifications of County Residency.**

Parents must provide one proof of county residency (copy of lease or notarized letter stating the living arrangements, drivers' license, and a utility bill or legal document with current address).

If you need any additional forms please contact your child care technician.

***** All forms must be completed and returned, even if they do not apply to your household. Failure to complete and return all forms will result in case closure.**

*****PLEASE COMPLETE ALL FORMS IN BLUE OR BLACK INK *****

Thank you.

If you need help, tell us. Your worker will help you.
We provide accommodations.

Services Provided:

