

Provider Name:	Provider License Number:
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**Colorado Child Care Assistance Program
(CCCAP)
Pre-Eligibility Questionnaire**

Only licensed child care providers who have a current fiscal agreement with the applicants' county of residence may conduct a pre-eligibility determination for Low Income CCCAP. Licensed child care providers may provide services to the family prior to the final determination of eligibility by the county.

The county shall reimburse the licensed child care provider for such services as of the date the county receives the application, **ONLY** if the county has determined the family is eligible and there is not a waiting list.

Primary Adult Caretaker's Name (applicant):	Date:
Supporting Documents	Verification Provided
Complete CCCAP Application	Yes <input type="checkbox"/> No <input type="checkbox"/>
County of Residence:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible Activity(ies) *all adults* : <input type="checkbox"/> Job Search <input type="checkbox"/> School <input type="checkbox"/> Work	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Gross Household Income (monthly): <input type="checkbox"/> Earned: \$ _____ <input type="checkbox"/> Unearned: \$ _____ <input type="checkbox"/> Child Support Paid Out: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Adult Caretaker's Identity (Photo ID)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Citizenship Status for Child(ren):	Yes <input type="checkbox"/> No <input type="checkbox"/>
County of residence may request additional verification as needed	

The county must receive all supporting documentation within thirty (30) calendar days from the date the county received the application, or applicant(s) may be determined ineligible.

As a licensed child care provider, I understand that if the county determines this applicant ineligible, I will not be reimbursed by the county for child care provided during the pre-eligibility period.

Authorized Provider Representative (Printed):	Provider Signature:	Date:
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As an applicant of CCCAP, I understand that if the county determines I am ineligible, any child care utilized during the pre-eligibility period will not be reimbursed by the county.

Applicant Name (Printed):	Applicant Signature:	Date:
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