

Application for City of Boulder Child Care Subsidy (CCS) Program

Are you currently receiving subsidized child care through the Boulder County Child Care Assistance Program (CCAP)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent/guardian info: Last Name: _____ First Name: _____ Middle Initial: _____				
Gender: _____		Birth date: _____		
Residence Address: _____		City: _____	State: _____	Zip: _____
Phone number: _____		Email address: _____		
Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what language do you speak? _____				
Your ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White Not Hispanic/Latino <input type="checkbox"/> Mixed Race/Two or more races <input type="checkbox"/> Other: _____				
Your family structure: <input type="checkbox"/> Single Parent <input type="checkbox"/> Joint Custody <input type="checkbox"/> Two Parent <input type="checkbox"/> Guardian (relative) <input type="checkbox"/> Guardian (non-relative)				
Is there another adult (spouse/parent) in your household? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No				
Last Name, First Name, Middle Initial:	Relationship to You:	Gender:	Date of Birth:	Phone number:
Other adult's relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (relative) <input type="checkbox"/> Guardian (non-relative) <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____				
Does other adult speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what language does the other adult speak? _____				
Other adult's ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White Not Hispanic/Latino <input type="checkbox"/> Mixed Race/Two or more races <input type="checkbox"/> Other: _____				
Are you looking for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the other adult looking for a job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you employed? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No Employer Name: _____ 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: _____		Is the other adult employed? <input type="checkbox"/> Yes (complete section below) <input type="checkbox"/> No Employer Name: _____ 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: _____		

Total number of people in your household _____	Total number of people in your household _____			
Are you currently 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 _____	Is the other adult currently 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 _____			
Do you (or the other adult) make child support payments for any child(ren) not living with you? <input type="checkbox"/> Yes (_____ amount paid/months) <input type="checkbox"/> No				
Do you (or the other adult) receive child support payments? <input type="checkbox"/> Yes (_____ amount received/month) <input type="checkbox"/> No				
Complete the following for each child:				
Last Name, First Name, Middle Initial:	Relation to you:	Gender:	Ethnicity:	Birth date:
Do any members of your household receive any non-work income? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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 Youth & 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 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 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 Youth & Family Services. I release the person, agency, or institution from any and all liability for supplying such information.

Applicant's Signature: _____ Date: _____