For CCCAP Staff to Complete:		
Application Received Date:	Pre-Eligibility: Yes No Determined by: Provider County	Case Number:

Application for Colorado Child Care Assistance Program (CCCAP)

Definitions:

- You = The parent or primary guardian completing the application.
- **Primary Guardian** = An adult, not the parent, legally responsible for caring for a child.
- **Teen Parents** = Parent under twenty-one (21) years of age who has physical custody of their child(ren) for the period that care is requested and is in an eligible activity such as attending junior high/middle school, high school, GED program, vocational/technical training activity, employment, self-employment, or job search.
- Additional Guardian/Spouse = A person who lives in your house that cares for your children and/or provides
 financial assistance and support. This is a person who is assuming the parent obligations for a minor, including
 protecting their rights and/or a person who is standing in the role of the parent of a minor without having gone
 through the formal adoption process.

Instructions:

- This application must be submitted by the parent or primary guardian of the children needing child care.
- Completing this application does not guarantee child care assistance.
- All eligibility criteria must be met for you to qualify and receive assistance.
- Please address each section and provide all requested information.
- Missing information will delay your application.
- Teen Parents: Do not include information about your parents even if you live with them.

If you have questions about how to complete this form, please contact your county CCCAP office.

Section 1: Your Household Information (REQUIRED)									
Today's Date://		•	nt or primary gu m you are applyi		Is there an Additional Guardian/Spouse if the household?				
	□P	arent DF	Primary Guardian	∐Yes					
Your Last Name	_ast Name: Your First Name:								
<u> </u>			<u> </u>						
Do any of the	following	j describe w	here you live?	,					
Do any of the following describe where you live? Living in hotel or motel Living in campground shelter Living in someone else's home due to housing loss, economic struggles, etc. Living in substandard housing such as car, park, abandoned building, etc.									
Date living situation began:/									
Anticipated end date (if known):/									

Your Address:				Mailing Address: □Same as your address?						
City:	State:	Zip:	City:		State:	Zip:				
County:			Count	y:						
Contact Your Email Addres Information: Complete at least one	,			Primary Phone: () Type:□Home □Cell □Voice Msg.□Work	Secondary F () Type: Hom	e				
Preferred Contact Method:	hone	mail	il							
Preferred language spoken in the h	nome:									
There are other programs that	can benefit	you and yo	our fan	nily						
So that we can connect you to the participate; I'd like to learn more; *If you select that you would like or application processes to see it	or I am not i to learn mor	nterested. e, you will be				_				
Head Start/Early Head Start Educ free, quality education for children 0 (not available in all communities)	to 5 years ol			☐I participate. ☐I'd like to learn more. ☐I'm not interested.						
Early Intervention Colorado: developmental supports available a years old	t no cost for c	hildren birth u	ıp to 3	☐I participate. ☐I'd like to learn more be about my birth up to 3 development. ☐I'm not interested.						
Preschool Special Education: education supports available at no o	cost for 3- to 5	-year-olds		□I participate. □I'd like to learn more b about my 3- to 5-year □I'm not interested.						
Colorado Works/Temporary Assis (TANF) Cash Assistance: cash assistance for those who quali		edy Families	S	□I participate. □I'd like to learn more. □I'm not interested.						
Food Assistance (SNAP): assistance buying food				□I participate. □I'd like to learn more. □I'm not interested.						
Women, Infants and Children (WI food, nutrition, and breastfeeding su old child(ren)				☐I participate. ☐I'd like to learn more. ☐I'm not interested.						
Medicaid/CHP+ Health Insurance health coverage for those who quali				□I participate. □I'd like to learn more. □I'm not interested.						
Housing Choice Voucher or cash assistance paying my rent or utilities				□I participate. □I'd like to learn more. □I'm not interested.						
Low-Income Energy Assistance (LEAP): assistance paying my heating bill				☐I participate. ☐I'd like to learn more. ☐I'm not interested.						
Refugee Medical Assistance: medical assistance for refugees				□I participate. □I'd like to learn more. □I'm not interested.						

Child Support Services □I participate. Services that make sure that children receive regular financial support from both parents. □I'd like to learn more. □I'm not interested.												
Section 2: Y	our Informa	tion (RE	QUIR	RED	unless	otherwise ii	ndi	icated)				
Your Social Sec (optional)	curity Number:	-				Your Date of//_	Bir	th (MM/DD/` 	YYYY):		Your Gender:	
Race (optional, mark	call that annly	Alas	kan N	lative	lian or	□Native Haw Islander			;		Ethnicity (optional):	
(Optional, mair	/)·	ian		Black	□White		_Other		□Non	-Hispanic		
Highest Grade	□Less Than School Equiv		l/High		High Sch		_	Associate's egree	3	□Bache	elor's Degree	
Completed:	☐Master's D	egree			Ph.D./Do	ctorate]Unknown		□Other		
Marital Status:	□Married, Li	ving w/Spou	ise		arried, No ouse (vol			☐Married, (involuntar	ily)		ouse	
Otatus.	□Significant	Other		□Sir	ngle – Ne	ver Married		□Widowe	d/Wido	wer	□Divorced	
QUALIFYING ACTIVITY: Check all that apply to you												
□Employed		□Self-Em	ploye	d		□Job Searcl	Stud			Post-Seco Ident	ondary School	
☐Training/Educ	cation	□English Language			nd	☐GED/High School ☐M Equivalency Student			//Iiddle / Jr	r. High Student		
□Disabled		□Nationa	Gua	rd					Active Mili rving full t			
ш.									•			
Section 3: A	dditional G	uardian/S	pou	se's	Inform	ation						
REQUIRED: Do	you have an	additional	guard	dian/s	spouse?]	∃Ye	es		□No		
If YES, you're r indicated. If NO			follo	wing	table un	less otherwise)					
Guardian/Spous	se Last Name:				Guardia	an/Spouse Firs	t N	ame:		Guardia Initial:	an/Spouse Middle	
Social Security	Social Security Number (optional):								You:			
*Guardian/Spou	*Guardian/Spouse Email Address (optional):											
		T — .							ı			
Race	call that	☐America Alaskan N		ıan or	ſ		/aiia	an or Pacific		nnicity (op	otional):	
(optional, mark all that							☐Hispanic ☐Non-Hispanic					

	Highest Grade	□Less School			chool/Hig			School/High Equivalency		_	Assoc egree	iate's		Bache	elor's C	Degree	
	Completed:	□Mast	er's D	egree		□PI	n.D./l	Doctorate			Jnkno	wn		Other	Other		
		•				•							•				
	Marital	□Marr	ied, Li	ving w/	Spouse			Not Living voluntarily)			arried, N	Not Living	g w/Sp	pouse		_
	Status:	□Sign	ificant	Other		□Sing	le – 1	Never Marri	ed		□Wi	dowed	ed/Widower				
		•			•												
QUALIFYING ACTIVITY: Check all that apply to your Additional Guardian/Spouse							_										
	□Employed □Self-Employed					□Job \$	-					-Seco	ndary	School	_		
	□Training/Educ	cation			lish as a lage Stud			□GED Equival					□Midd	lle / Jr	. High	Student	
	□Disabled			□Nat	ional Gua	rd		□Milita	ary Re	eserv	es		□Activ (servin				
	Section 4: C	:hild(re	n)'s l	nform	nation –	(REQ	IIIR	FD unles	s of	hen	wise	indica	ited)				
	Section 4: Child(ren)'s Information – (REQUIRED unless otherwise indicated)																
	Complete this section for <u>every</u> child in your home *Please include all children in your home regardless of whether or not you are requesting care for them.																
	riease include an children in your nome regardless of whether of not you are requesting care for them.																
	Child Last Nam	e:						Child First	: Nam	ie:					hild Mi iitial:	iddle	
	Social Security	Number	(Optio	onal):	Date of	Birth (N	IM/D	D/YYYY):	C	Send	er:	Relati	onship to	You:		-	
					/_	1]Mal							
]Fen	naie						=
						1				ı							
	Citizenship Sta	ıtus:	Rac			_		an Indian or	•	_		Hawaii	an or		•	(optional):	
	☐Citizen				mark all	Alask		· ·	le.	+		lander 	Othor		Hispar Non-H	าเc ispanic	
	□ Non-citizen	. n 1	tnat	apply)		□Asi	an	□Black	Κ	יש	White		Other				
	☐Qualified Alie	;H .															
	Is this a child w			Joint Cu	ıstody			Yes	1	Are y	ou req	uesting	care for	this		□Yes	
	agreement or a	nother ca	ase?					No	C	child?	?					□No	
	Immunization st	tatus (in	accord	lance w	ith Color	ado		Does this	child	have	a disa	ahility o	r have a	 dditior	nal car	e needs?	1
Immunization status (in accordance with Colorado Department of Public Health and Environment (CDPHE) Does this child have a disability or have additional care needs?							C HOOGS:										
	guidelines):							□No									
	☐Yes, Immuniz			Proces		o, Non-	hor	_									
	medical Exemp	11011 <u></u>	J1 NO, 1V	iculcal	Exemption	<u> </u>	ııcı										1
	Section 4 Co	ont'd:	Child	l(ren)	s Inforn	nation	- C	omplete t	this	sec	tion 1	or <u>ev</u>	<u>ery</u> chi	ld in	your	home	
	*Please inclu	de all c	hildre	n in y	our hom	e rega	rdle	ss of whe	ther	you	are r	eques	ting car	e for	them	l.	
																	4

 $^{^1}$ "Qualified Alien" is a required federal term with a legal meaning that goes beyond lawful permanent resident. It includes other categories, such as asylees, refugees, and Cuban and Haitian entrees, among others. 8 U.S.C. § 1641.

	Child Last Name:				C	child First Na	ame	e:			Child M Initial:	iddle
	Social Security Number	`		Birth (MM		YYYY):		ender:]Male]Female	Rel	ationship to `	You:	
•												
	Citizenship Status: Citizen Non-citizen	Race (optional, r that apply)		□Ameı Alaskar □Asiar	n Nati	n Indian or					Ethnicity (optional) : ☐Hispanic ☐Non-Hispanic	
	□Qualified Alien ²											
Is this a child who is part of a Joint Custody agreement or another case? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							re you req hild?	uesti	ing care for t	his	□Yes □No	
Immunization status (in accordance with Colorado Department of Public Health and Environment (CDPHE) guidelines): Does this child have a disability or have additional care needs? □Yes, Immunized □No, In Process □No, Nonmedical Exemption □No, Medical Exemption □Other □No							care					
	Section 4 Cont'd: Child(ren)'s Information - Complete this section for every child in your home *Please include all children in your home regardless of whether you are requesting care for them. Child Last Name: Child First Name: Child First Name:											
		` '			dless	of whether	er y	ou are re	_		for them	1.
	*Please include all ch Child Last Name:	hildren in yo	our home	e regard	dless	of whethe	e r y ame	ou are re	eque	esting care	Child M Initial:	1.
	*Please include all ch	hildren in yo	our home		dless	of whethe	er y	ou are re	eque		Child M Initial:	1.
	*Please include all ch Child Last Name:	hildren in yo	our home	e regard	dless	of whethe	er y	ender:	eque	esting care	Child M Initial:	1.
	*Please include all ch Child Last Name:	hildren in yo	Date of E	e regard	dless C M/DD/\frac{1}{2} rican n Nati	of whether thild First Na	er y	ender:	Rel	ationship to valian or	Child M Initial:	iddle (optional):
	*Please include all ch Child Last Name: Social Security Number of the characteristics of t	(Optional): Race (optional, r	Date of E	Birth (MM	dless C M/DD/\frac{1}{2} rican n Nati	of whether thild First Na	er y	ender: Male Female	Rel	ationship to vaiian or	Child M Initial: You: Ethnicity Hispar	iddle (optional):
	*Please include all check the Child Last Name: Social Security Number to the Child Last Name: Citizenship Status: Citizen Non-citizen	(Optional): Race (optional, r	Date of E	Birth (MM	dless C M/DD/\frac{1}{2} rican n Nati	of whether thild First Na	er y	ender: Male Female	Rel	ationship to vaiian or	Child M Initial: You: Ethnicity Hispar	iddle (optional):
	*Please include all check the Child Last Name: Social Security Number to the Child Last Name: Citizenship Status: Citizen Non-citizen	(Optional): Race (optional, r that apply)	Date of E	Birth (MM / Americal Alaskar	dless C M/DD/\frac{1}{2} rican n Nati	of whether child First National Property of the Property of th	GG A	e: ender: Male Female Native Pacific Is	Rel	ationship to vaiian or	Child M Initial: You: Ethnicity Hispar Non-H	iddle (optional):
	*Please include all check the Child Last Name: Social Security Number of the Child Last Name: Social Security Number of the Child Last Name: Citizen Status: Citizen Status: Citizen Status: Citizen Status: Citizen Status: Citizen Status:	(Optional): Race (optional, r that apply)	Date of E	Birth (MM / Americal Alaskar	rican n Nati	of whether child First National Property of the Property of th	GG A	ender: Male Female Native Pacific Is White	Rel	ationship to vaiian or er	Child M Initial: You: Ethnicity Hispar	iddle (optional): nic ispanic
	*Please include all check the Child Last Name: Social Security Number of the Child Last Name: Social Security Number of the Child Last Name: Citizen Status:	(Optional): Race (optional, r that apply) t of a Joint Cuase?	Date of E	Birth (MM / Amel Alaskar	rican n Nati	of whether thild First Na	Ge Al Ch	ender: Male Female Native Pacific Is White re you required	Rel	ationship to vaiian or er	Child M Initial: You: Ethnicity Hispar	iddle (optional): nic ispanic Yes No

² "Qualified Alien" is a required federal term with a legal meaning that goes beyond lawful permanent resident. It includes other categories, such as asylees, refugees, and Cuban and Haitian entrees, among others. 8 U.S.C. § 1641.

³ "Qualified Alien" is a required federal term with a legal meaning that goes beyond lawful permanent resident. It includes other categories, such as asylees, refugees, and Cuban and Haitian entrees, among others. 8 U.S.C. § 1641.

	Section 4 Cont'd: *Please include all c	` '				•			"			•	
	Child Last Name:				Child	First Nam	e:				•	Child Middle Initial:	
Social Security Number (Optional): Date of Birth (MM/DD/YYYY): Gender: Male Female					ou:								
	Citizenship Status: ☐Citizen	Race (optional, ma	ark all	_	erican l an Nati			□Nativ		vaiian or Ier	□⊦	Hispan	
	☐ Non-citizen	that apply):		□Asia	an	□Black		☐White ☐Other		□Other	□Non-Hispanic		
	□Qualified Alien⁴												
	Is this a child who is par	t of a Joint Cust	tody		□Ye	3	Α	re you re	ques	ting care for t	this		□Yes
	agreement or another ca	ase?			□No			hild?	•	J			□No
							•					•	
	Immunization status (in accordance with Colorado Department of Public Health and Environment (CDPHE) guidelines): Does this child have a disability or have additional care needs? TYes												
		No, In Process]No, Medical Ex	_	, Non- n □O	ther	□No							
_													

COPY THIS PAGE AS NEEDED FOR ADDITIONAL CHILDREN Page ______of _____

⁴ "Qualified Alien" is a required federal term with a legal meaning that goes beyond lawful permanent resident. It includes other categories, such as asylees, refugees, and Cuban and Haitian entrees, among others. 8 U.S.C. § 1641.

Section 5: Your Work/Self-Employment Income								
REQUIRED: Do you h	ave work or self-emplo	yment income	? □Yes □No					
If YES, you're required to complete the following table: Please list all employment. (VERIFICATION IS REQUIRED.) If NO, skip to Section 6. Include the last thirty (30) days of pay stubs for verification; If the last 30 days does not represent your regular income, please submit additional pay stubs for an accurate eligibility determination. Note: If any of your jobs started within the last 60 days, you may instead provide an employer letter that includes a start date, hourly wage or gross salary amount, hours worked per week, pay frequency, and employer contact information.								
Employer or Business Name	Employer or Business Address and Telephone Number	Work/Self- Employment Start Date	Self-Employed (or 1099)	# of hours per week	How often paid	Total earnings per pay period (including tips & commissions) before taxes		
			□No □Yes, as an LLC □Yes, as an S corp			\$		
			□No □Yes, as an LLC □Yes, as an S corp			\$		
	nal Guardian/Spou							
-	ır additional guardian/s	-				□No		
If NO, skip to Section Include the last thirty income, please subm. Note: If any of their jo	d to complete the follow 7. (30) days of pay stubs it additional pay stubs bbs started within the la	for verification for an accurate est 60 days, yo	n; If the last 30 days d e eligibility determinat u may instead provide	oes not r tion. e an emp	represent yo	our regular that includes a		
Name of additional guardian/spouse								
Employer or Business Name	Employer or Business Address and Telephone Number	Work/Self- Employment Start Date	Self-Employed	# of hours per week	How Often paid	Total earnings per pay period (including tips & commissions) before taxes		
			□No □Yes, as an LLC □Yes, as an S corp			\$		
			□No □Yes, as an LLC □Yes, as an S corp			\$		

Section 7: Cour	t Ordered C	Child Supp	ort	Paid C	ut							
REQUIRED: Do you ☐Yes ☐No	ı or your add	itional guard	dian/s	spouse	make	chil	d supp	port	payme	nts for	any o	child(ren)?
If YES, you're requ REQUIRED.) If NO, skip to Section	•	ete the follo	wing	table:	(VERI	FICA	TION (OF C	COURT	ORDEI	R AN	D PAYMENT IS
Name of person n	naking paymei	nt		Name	of chile	d			Amo	unt paic	t	How often paid
									\$			
									\$			
											•	
Section 8: Child Support Received and/or Ordered												
REQUIRED: Do you REQUIRED: Has ch	ild support b	een ordered	for	any of y	our c	hildr		□Y □Y				□ Not sure
If YES to either, you're required to complete the following table: If NO to both, skip to Section 9a.												
How is it paid? (Venmo, cash, check, family support support support support often check) Child Name(s) received? ordered? Paid paid (FSR), etc.) How is it paid? (Venmo, cash, check, family support registry (FSR), etc.)												
oma rame(s)	□Yes □No	□Yes □No	\$	uiu	pu		(1 0)	11,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nume	<i>3</i> 01 11	on oustodial parent
	□Yes □No	□Yes □No	\$									
									.			
Section 9a: Othe You must report a countable when o	all income c		_		ehold	so	your (ccc	AP sp	ecialis	st car	n determine if it is
Scan the list of ' REQUIRED: Do you If you don't see you	ı or any hous	ehold meml	bers	have ot						∐Yes "space		□No the bottom.
If YES, you're requi income: If NO, skip to section	red to compl											
Your Other Income:												
Your Ot	her Income T	ype		Mark Receiv			egin Pate		pected Id Date	Amo	ount	How often is the income amount received? (weekly, monthly, annually, etc.)
Alimony/Maintenanc	е											
Cash Contributions												
Gifts										1		

"In-Kind" (a benefit received for work that is not money, i.e. work for free housing or clothes)					
Social Security (Survivor's, Disability, Retirement)					
Supplemental Security Income (SSI)					
Unemployment Compensation					
Veteran's Benefits					
Other Income (List Type):	_				
Other Income (List Type):					
Additional Guardian/Spouse's Other Income:					
Additional Guardian/Spouse Other Income Type	Mark if Receiving	Begin Date	End Date	Amount	How often is the income amount received? (weekly, monthly, annually, etc.)
Alimony/Maintenance					
Cash Contributions					
Gifts					
"In-Kind" (a benefit received for work that is not money, i.e. work for free housing or clothes)					
Social Security (Survivor's, Disability, Retirement)					
Supplemental Security Income (SSI)					
Unemployment Compensation					
Veteran's Benefits					
Other Income (List Type):					
Other Income (List Type):					
Child's Other Income (Don't include child support covered in Sec. 8)	Child's Name:			•	
Child(ren)'s Other Income Type	Mark if Receiving	Begin Date	End Date	Amount	How often is the income amount received? (weekly, monthly, annually, etc.)
Alimony/Maintenance					
Cash Contributions					
Gifts					
"In-Kind" (a benefit received for work that is not money, i.e. work for free housing or clothes)					
Social Security (Survivor's, Disability, Retirement)					
Supplemental Security Income (SSI)					
Unemployment Compensation					
Veteran's Benefits					
Other Income (List Type):					
Other Income (List Type):					
		NUODOLIOE		DEN DECE	IVING OTHER

INCOME
Page ______of ____

Section 9b: Assets (resources, If your countable assets are worth			eligible for CC	CAP.			
REQUIRED: Do you or your additional Liquid resources are cash assets that savings accounts, saving certificates, sto	t may include (but are n	ot limited to): cash on ha	nd, money in che	No cking or			
If NO, answer the next question about If YES, you're required to provide the		resources in dollars \$					
REQUIRED: Do you or your additional guardian/spouse have any non-liquid resources? Yes No Non-liquid resources are non-cash assets that may include (but are not limited to): licensed/unlicensed automobile, RVs, real property, etc.							
If NO, skip to Section 10. If YES, you're required to provide the current dollar value of your non-liquid resources \$							
Section 10: Training/Education/							
Talk to your CCCAP specialist to le REQUIRED: Are you or your additiona ☐Yes ☐No				ctivity.			
If YES, you're required to complete the If NO, skip to Section 11.	e following table: (VER	FICATION IS REQUIRED)				
Individual Name:		Effective Begin Date:					
Training/Education Institution:	Type of Training: Adult Basic Educatio English As A Second GED/High School Eq High School/Jr. High Job Skills Training Vocational or Trade S Certificate Program Post-Secondary Educedes	Language (ESL) uivalency School	Anticipated Completion Date:	Number of Credits (if applicable)			
Individual Name:		Effective Begin Date:	,				
Training/Education Institution:	Type of Training: Adult Basic Educatio English As A Second GED/High School Eq High School/Jr. High Job Skills Training Vocational or Trade S Certificate Program Post-Secondary Educedree or less)	Language (ESL) uivalency School	Anticipated Completion Date:	Number of Credits (if applicable)			
Section 11: Disability Detail							
REQUIRED: Are you or an additional g	guardian/spouse disabl	ed?	□No				
If YES, you're required to complete th If NO, skip to Section 12.	e following table: (VEF	RIFICATION IS REQUIRE	•				
Name:			Disability Begin D	ate:			

Disability Type: ☐Permanent ☐Temporary; Anticipated End Date:	Is this Individual able to take care of the child(ren)? ☐Yes ☐No	Physician Review Due Date (if applicable):
Name:		Disability Begin Date:
Disability Type: ☐Permanent ☐Temporary; Anticipated End Date:	Is this Individual able to take care of the child(ren)? ☐Yes ☐No	Physician Review Due Date (if applicable):

Section 12: Employment/Training/School/Job Search Schedule Please fill in your expected schedule. If there is an additional guardian/spouse, fill in schedules for both. If you have more than one job please list your work schedule for both jobs.								
Example	Mon. 8:00a - 5:00p	Tues. 8:00a - 5:00p	Weds. 8:00a - 5:00p	Thurs. 8:00a - 3:00p	Fri. 8:00a - 5:00p	Sat. 8:00a-12:00p	Sun. 8:00a - 5:00p	
YOUR SCHEDULE	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun	
Work/Job Search								
Training/School								
ADDITIONAL GUARDIAN/SPOUSE SCHEDULE	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun	
Work/Job Search								

If your schedule varies please explain:		

Training/School

Section 13: Children's Current Care Schedule (REQUIRED) Please complete a row for each child needing care. Do not complete for children who do not need care. If there are changes to your child's care schedule you MUST inform your CCCAP specialist. If you need assistance identifying a provider, visit www.coloradoshines.com or call 877-338-2273. Child's Schedule: Please indicate the anticipated number of hours of care needed per day. If you have a non-traditional schedule, list the exact times that care is needed. This information is necessary, so we know how many hours you need covered by CCCAP. Child In Provider License #. or Provider School (k-8th Grade and Name. Address and Phone # where the child is enrolled Wed. Child Name School Of Mon. Tues. Thu Fri. Sat. Sun. grade) Attendance rs. □Yes ∏No Yes No Is this a new provider? (REQUIRED) If yes, has the child's enrollment been confirmed with the provider? (REQUIRED) Yes No If yes, you're required to provide an anticipated Start Date: / / Yes If yes, what is their enrollment start date and end date? Start: / / End: / / Is this child enrolled in a Head Start/Early Head Start Program? No If yes, what is their enrollment start date and end date? Start: / / End: / / Is this child enrolled in the Universal Preschool Program? Child's Schedule: Please indicate the anticipated number of hours of care needed per day. If you have a non-traditional schedule, list the exact times that care is needed. This information is necessary, so we know how many hours you need covered by CCCAP. Child In Provider License #. or Provider School Grade and Name, Address and Phone # (k-8th Wed. Child Name grade) School Of where the child is enrolled Mon. Tues. Thu Fri. Sat. Sun. Attendance rs. □Yes □No ☐ Yes ☐ No Is this a new provider? (REQUIRED) If ves, has the child's enrollment been confirmed with the provider? (REQUIRED) Yes No If ves, you're required to provide an anticipated Start Date: / / ☐ Yes If yes, what is their enrollment start date and end date? Start: / / End: / / Is this child enrolled in a Head Start/Early Head Start Program? No If yes, what is their enrollment start date and end date? Start: / / End: / / Is this child enrolled in the Universal Preschool Program?

			Child's Schedule: Please indicate the <u>anticipated number of hours</u> of care needed per day. If you have a non-traditional schedule, list the exact times that care is needed. This information is necessary, so we know how many hours you need covered by CCCAP.							
Child Name	Child In School (k-8th grade)	Grade and School Of Attendance	Provider License #, or Provider Name, Address and Phone # where the child is enrolled	Mon.	Tues.	Wed.	Thu rs.	Fri.	Sat.	Sun.
	□Yes □No									
Is this a new provider	? (REQUIREI	O) Yes No								
If yes, has the child's	enrollment be	en confirmed with thep	rovider? (REQUIRED) Yes No	f yes, you're re	equired to pro	ovide an an	ticipated S	tart Date:_	<u> </u>	
Is this child enrolled in a Head Start/Early Head Start Program?							1			
Is this child enrolled in the Universal Preschool Program?							art: <u>/</u>	/End:_		
			Child's Schedule: Please indicate the <u>anticipated number of hours</u> of care needed per day. If you have a non-traditional schedule, list the exact times that care is needed. This information is necessary, so we know how many hours you need covered by CCCAP.							
	Objilat In		you have a non-traditional so	hedule, list	the exact t	imes that	care is n	eeded. Ti	nis informa	
Child Name	Child In School (k-8th grade)	Grade and School Of Attendance	you have a non-traditional so	hedule, list	the exact t	imes that	care is n	eeded. Ti	nis informa	
Child Name	School (k-8th	School Of	you have a non-traditional so is necessary, so w Provider License #, or Provider Name, Address and Phone #	chedule, list e know how	the exact t many hou	imes that rs you ne	care is n ed cover Thu	eeded. Ti ed by CC	nis informa CAP.	ation
Child Name Is this a new provider	School (k-8th grade) YesNo	School Of Attendance	you have a non-traditional so is necessary, so w Provider License #, or Provider Name, Address and Phone #	chedule, list e know how	the exact t many hou	imes that rs you ne	care is n ed cover Thu	eeded. Ti ed by CC	nis informa CAP.	ation
Is this a new provider	School (k-8th grade) YesNo	School Of Attendance	you have a non-traditional so is necessary, so we have License #, or Provider Name, Address and Phone # where the child is enrolled	chedule, list e know how	the exact t many hou Tues.	imes that rs you ne Wed.	care is n ed cover Thu rs.	eeded. TI ed by CC Fri.	Sat.	Sun.
Is this a new provider'	School (k-8th grade) Yes No R (REQUIRED	School Of Attendance O) Yes No	you have a non-traditional so is necessary, so we have License #, or Provider Name, Address and Phone # where the child is enrolled	e know how Mon.	Tues.	imes that rs you ne Wed.	Thu rs.	eeded. Ti ed by CC Fri.	Sat.	Sun.

Notice and Acknowledgement of Data Sharing

By signing this document, I acknowledge and agree that in order to participate in and receive benefits and services through the Colorado Child Care Assistance Program ("CCCAP"), that my local County Department of Human Services (the "County") and the Colorado Department of Early Childhood ("CDEC") may need to share information about me with any of the entities listed below:

- Any child care provider I may choose to use,
- Any other governmentally-administered assistance program including any entity directly involved in the administration or delivery of said governmentally-administered assistance program – including, but not limited to, Head Start, Early Head Start, and the Colorado Universal Preschool Program.

I further acknowledge and agree that the County and CDEC may require information and documentation from the entities listed below to process my CCCAP application, to redetermine my eligibility, or to otherwise manage my CCCAP-related services. By signing this document I hereby authorize the entities listed below to release information about me to the County and CDEC in order to participate in and receive benefits and services through CCCAP:

- Any child care provider I may choose to use,
- Any employer for whom I currently work or have worked,
- Any documentation submitted for self-employment,
- · Any school or training institution I may be attending,
- Any other governmentally-administered assistance program including any entity directly involved in the administration or delivery of said governmentally-administered assistance program – including, but not limited to, Head Start, Early Head Start, and the Colorado Universal Preschool Program.

LOW-INCOME CHILD CARE CLIENT RESPONSIBILITIES AGREEMENT

As a recipient of Colorado Child Care Assistance Program (CCCAP) Benefits, I agree to the following:

- 1. To notify my child care worker in writing within ten (10) calendar-days if my total household income exceeds 85% of the State Median Income (SMI) and report within four (4) weeks if my qualifying eligible activity changes. I understand that I must also verify these changes and that I will have to repay any benefits I received for which I was not eligible. Income amounts by household size can be found at cdec.colorado.gov.
- 2. To complete the re-determination process, including providing a complete re-determination packet and all required verification, when it is due, in order to maintain my CCCAP benefits.
- 3. I agree to provide my child care worker with immunization records for my child(ren) if they are not yet school-age and care is provided outside of my home by an unrelated, Qualified Exempt Child Care Provider.
- 4. To notify my child care worker prior to changing child care providers otherwise the county may not pay for my child care.
- 5. To use the State approved Attendance Tracking System (ATS) as designed to check my child(ren) in and out of child care on the days that my child(ren) attends child care. If my child care provider has a state approved ATS waiver, I will check my child(ren) in and out as instructed by my child care worker and/or provider.
- 6. To not share my Attendance Tracking System Personal Identification Number (PIN) with my child care provider or any other individual and to notify my child care worker if my child care provider asks for this information.
- 7. To pay the parent fee listed on my child care authorization notice to my child care provider in the month that care is received.
- 8. If my CCCAP case closes and less than thirty (30) days have passed from the date of closure before I have provided the verification needed to correct the reason for closure, services may resume as of the date the verification was received by the county. I also understand that I would be responsible for payment during the gap in service.

As a recipient of CCCAP benefits, I acknowledge the following:

- 1. If myself or any teen parent or additional guardian/spouse in my child care case is self-employed I/we must maintain an average income that exceeds business expenses and I agree to track and verify income, expenses, work schedule and need for care to assist in my eligibility determination.
- 2. If child care is provided for an employment or self-employment activity then the taxable gross wages divided by the number of hours worked must equal at least the current federal minimum wage in order to continue receiving child care. If a self-employment endeavor is less than twelve (12) months old and I am not making minimum wage, I will communicate this to my child care worker so that I may utilize the Self-Employment Launch Period.
- 3. My parent fee is based on countable household income, household size and number of children in care and is subject to change. I will be notified of my new parent fee at the time of application or re-determination; or, when a reduction/increase of household parent fee occurs.
- 4. If I do not pay my parent fee or make acceptable payment arrangements with my child care provider, I will lose my child care benefits at re-determination and will not be able to receive child care assistance with another child care provider and/or through any other county.
- 5. If myself or an additional guardian/spouse in my child care case is found to have intentionally given false information by deed or omission, my child care household cannot get child care assistance for twelve (12) months for the first offense, twenty-four (24) months for the second offense, and permanently for the third offense. This crime is subject to prosecution under federal and state laws.

XX Your Signature:	Date:	
☑ Signature of Additional Guardian/Spouse:	Date:	

By signing this document, I/we certify that the information on this form is correct, to the best of my knowledge. I/we understand that failure to report required changes or misreporting information may result in the recovery and/or discontinuance of my child care benefits. I have read and agree to the conditions above for receiving

assistance with my child care costs.

Thank you for completing this form. If you have any questions, call the Child Care Assistance Program (CCAP) at your County Department of Social/Human Services.

RIGHT OF APPEAL AND FAIR HEARING

If you disagree with any action taken in regards to child care benefits, you have a right to appeal.

- If your child care benefits are denied, you must call your child care assistance worker within fifteen (15) days of the date of that denial to say that you want to appeal.
- If your child care benefits are changed, you must call your child care assistance worker within fifteen (15) days of the date of the notice of the change to say that you want to appeal.
- If your child care benefits are terminated, you must call your child care assistance worker <u>before the effective date</u> of the termination to say that you want to appeal.

A hearing will be scheduled by the county department. At the hearing, you will be given an opportunity to present your case. If you appeal the decision or change, the person who officiates at the hearing shall not be the originator of the change or decision.

Before you decide to request a county hearing, we encourage you to talk with your county department child care worker first, and then the worker's supervisor. Often your questions and concerns can be settled by talking to the county staff responsible for making the change in your child care subsidy.

If after you completed a county hearing you still disagree with the decision, you may appeal the decision to the State by following these steps:

1. Write a letter to:

Office of Administrative Courts 1525 Sherman Street 4th Floor Denver, CO 80203

- 2. You must appeal the county decision within 15 days of the mail date on the Notice of County Hearing Decision.
- 3. In the letter you need to state that you want to appeal the county hearing decision and why you want to appeal the decision. If you need help doing this you can ask anyone to help you, or talk to a legal aid office, or ask your County Social/Human Services representative to help you.
- 4. The Office of Administrative Courts will schedule a date for the appeal hearing if it is determined the request was filed timely. You will receive a letter from the Office of Administrative Courts explaining the next steps, who may come with you, who may present testimony and other information about the hearing.

You should be aware that the state and county are required to attempt to collect all benefits provided for which you were not eligible.

Discrimination

If you believe that you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin, or handicap, you have a right to file a complaint with:

Office of Civil Rights
U.S. Department of Health & Human Services
1961 Stout Street
Room 08-148
Denver, CO 80294

Customer Response Center: (800) 368-1019

Fax: (202) 619-3818 TDD: (800) 537-7697

Email: ocrmail@hhs.gov

Keep this page for your reference

CCCAP Eligibility Information.

- 1. Are you presently receiving Colorado Works/TANF?
 - If yes, you must request Child Care Assistance through your technician in that program.
- 2. Are you presently receiving Child Care Assistance?

If yes, you must contact your current Child Care Technician.

To be eligible for Low Income CCCAP, you must be in an eligible activity. Employment, being a teen in high school/GED, job searching and school/college are eligible activities. If yours is a 2-adult family, both adults must be in an eligible activity or one adult incapacitated and cannot care for the child/ren (medical verification will be required). In addition, the total family gross income must be under the maximum income guidelines for the family size as listed below.

3. You are within the required income guidelines to receive childcare subsidies if your family's TOTAL Monthly Gross Income is within the maximum defined below:

Number of Persons	Maximum Gross	Effective. 10/1/2023
<u>In Family</u>	Monthly Income	
2	\$ 3286.67	
3	\$ 4143.33	To calculate income:
4	\$ 5000.00	Example
5	\$ 5856.67	Weekly Gross $X 4.33 =$
6	\$ 6713.33	Total Monthly Gross Income
7	\$ 7570.00	
8	\$ 8426.67	
9	\$ 9283.33	

5. Are the children who will use childcare under the age of 13?

If so, the children needing childcare are within the age guidelines for childcare subsidies. Children who are 13 or over but under the age of 19 and meet the "special needs" criteria, have written verification from a physician/other appropriate professional and from the childcare provider, may be eligible.

- 6. Is the Child Care Assistance for Job Searching?
 - Job Search at application is an eligible activity in El Paso County. If eligible you will be authorized for up to 13 weeks of job search. After exhausting job search time, you must be in an eligible activity of employment, paid training, school/college, or teen parent in high school/GED to remain eligible for CCCAP.
- 7. Is the Child Care Assistance for Adult GED, job training or post-secondary education? You may receive up to 104 weeks of childcare benefits while in an accredited college (Bachelors degree or less) or accredited job skills training program. You may also receive up to 52 weeks of child care benefits while in an adult GED, high school diploma, English as a Second Language or other basic skills program
- 8. Are you the biological parent, a legally established guardian, a blood or adoptive relative, or unrelated individual who is taking the place of a parent and need childcare for a child/ren? An unrelated individual who is taking the place of a parent must obtain an affidavit from the child's biological parent or legal guardian which identifies the unrelated individual as the child's primary caretaker.

Verification needed – specifically defined:

- Earned Income. 1. Verify the last thirty (30) days of income by copies of check stubs, wage printout, or written verification from employer. If, the prior thirty (30) day period does not provide an accurate indication of anticipated income, a county can require evidence of up to twelve (12) of the most recent months of income. An adult caretaker may also provide evidence of up to twelve (12) of the most recent months of income if they choose to do so if such evidence more accurately reflects the adult caretaker's current income level.
 In addition, have your employer complete and sign the Request for Employment and Earnings Verification Letter (includes work schedule, how often paid etc)
- 2. Unearned Income. Verify in writing any unearned income, such as child support, Social Security, Workmen's Compensation, Unemployment Benefits, pensions and annuities, educational loans and grants, financial awards letter, military benefits etc.
- 3. Self-employment income. 1. Net income from self-employment (copies of gross receipts minus operating expenses for the prior 30 days, ongoing balance sheets or ledgers showing totals for income and expenses for prior 30 days from one's own business, professional enterprise, or partnership). Expenses include costs of goods purchased, rent & utilities (business), upkeep of necessary equipment, business taxes (not personal tax). If, the prior thirty (30) day period does not provide an accurate indication of anticipated income, a county can require evidence of up to twelve (12) of the most recent months of income. An adult caretaker may also provide evidence of up to twelve (12) of the most recent months of income if they choose to do so if such evidence more accurately reflects the adult caretaker's current income level.

 2. You must also verify your work schedule and must be making at least minimum wage.
- **4. Proof of Residency/Address in El Paso County** lease, mortgage statement, utility bill, paycheck stub etc.
- **5. School/College verification**. School verification form, class schedule with days/times, financial aid award letter, Veterans/GI bill verification
- **6. Teen Parent.** A teen parent is someone under 19 years of age, or under 21 years of age if attending high school, GED program, or junior/middle school.
- 7. Child Care Provider: If you need help finding a provider please visit www.coloradoshines.com or call 1-877-338-2273 for an individualized referral.
- **8. Identification and Citizenship:** Picture ID is required from the applicant/parent. Proof of citizenship or legal alien status of the children requesting care is also required.

IMPORTANT

You are personally responsible for the cost of childcare until you are approved. If approved, you and your childcare provider will receive written authorization from CCCAP. If you cannot afford to privately pay your provider, please make alternate arrangements for childcare until you have been approved.

Questions about your CCCAP application?

CCCAP Staff are available by telephone from 8am to 5pm. M-F at 719-444-8178.

Where do I turn in my verifications?

Verifications can be faxed to 719-444-8108, emailed to DHSCCCAPinbox@elpasoco.com (This is a non-reply email address), mailed to or dropped off at our office located at 1675 W Garden of the Gods Rd. Colorado Springs, CO 80907

EPC-AP-ADC-4 (Rev: 09-2014) Request for Employment and Earnings Verification

For Office Use Only:	From: El Paso County
Case Name	Department of Human Services
Case Number	P.O. Box 2692
Technician (Case Manager)	Colorado Springs, CO 80901
Technician (Case Manager)	719-444-8108 FAX
	DHSCCCAPinbox@elpasoco.com
I give my permission for (employer)	
to release this information to El Paso Count	
Signature:	Date:
Employee Name (Print):	Social Security No.
Place of Employment:	Work Schedule
Job Title:	Please be specific and state ALL possible shifts and/or
Address:	hours and days:
Telephone Number:	
Effective Date of Employment:	
Pay Periods (Mark one) Once a month Every two weeks Twice a month Day of week paid: Rate of hourly pay: \$ Hours worked per week: Date of first check: Is health insurance available? yes no Is paid sick/vacation available? yes no	
☐ Please provide wage information for the acceptable.	period specified on the back. Payroll records are also
☐ If NOT currently employed by your firm:	
Date of termination:	
Date of final pay:	
Gross amount of final pay: \$	
Please complete and return this form in 5 days. Tha	nk you for your cooperation.
Signature of employer/representative	
Please print name of employer/representative	
Title Phone _	Date

Please provide wages paid du	uring the following period
through	h
Indicate in the last column any separate pay for:	Vacation Bonus
	Tips Earned Income Credit

Pay Period						
Pay Date	Beginning	Ending	Gross Amount	Hours	*Other Pay	

Please indicate if there are any non-taxable benefits s	uch as a 401K Retirement being deducted
Yes Amount per month \$	No

"Eligibility Check List" Colorado Child Care Assistance Program (Low Income)

This form will tell you what documents are necessary to determine your eligibility for CCCAP (Low Income category of childcare assistance). Please submit these verifications right away, but no later than sixty (60) days after the application date.

Failure to turn in the necessary information may result in the denial of your application.

Required Verification The following information is required for your CCCAP application to be processed:
1. Earned Income
A. Verify the last thirty (30) days of income by copies of check stubs, wage printout, or written verification from employer.
If the prior thirty (30) day period does not provide an accurate indication of anticipated income, a county can require evidence of up to twelve (12) of the most recent months of income. An adult caretaker may also provide evidence of up to twelve (12) of the most recent months of income if they choose to do so if such evidence more accurately reflects the adult caretaker's current income level.
B. In addition, you must have the provided employment verification letter completed and signed by your employer.
C. Self-employed: Profit & Loss statements; balance sheets or ledgers showing ongoing totals for income and expenses; copies of all receipts for all income & expenses; number of hours worked each week and work schedule (days/times).
2. Employer verified Work Schedule (if needing care outside of M-F 6a-6p) The employer may include the work schedule on the provided employment verification letter. This must include days and times of availability if schedule varies.
3. Unearned Income
Examples: Child Support, Worker's Compensation, Unemployment

Benefits, Social Security Survivor and Disability benefits, VA benefits, GI

bill monies etc. Verification includes award letters, check stubs etc.

4. Sch	Completed School/College letter with expected grad date; Class Schedule (days & times); Financial Aid Award letter; proof of military monies for education (GI Bill etc); Employer signed Work-Study letter with work schedule
5. Ch	ild Care Provider Name of Child Care Provider with whom <u>you have verified enrollment</u> and started paperwork. If provider is a friend or relative who is not licensed and contracted with El Paso County, complete and return "Selection of qualified unlicensed provider" form. This form must be requested from
6. CC	CCAP Application Complete <u>all</u> sections/pages of the application, complete page 3 for each child or 2 nd adult in the home (copies may be needed) and sign all 3 signature areas of the application.
7. Ide	entification Photo I.D. for self, spouse, caretaker relative, guardian and any other adult caretaker in the household.
8. Cit	izenship/Legal Alien Status Verification of <u>citizenship or legal alien status</u> is required for children. This is usually a birth certificate.
9. P	roof of Residency/Address Proof of your address may be a lease, mortgage statement, current utility bill, voter registration card, vehicle registration, current paycheck with address, etc.
10. Pr	roof of Shared Custody Schedule (if applicable) Divorce, court papers etc.
Application	ons have a 15-day processing timeframe from the date of county receipt.

Applications have a 15-day processing timeframe from the date of county receipt. Check your email and mailbox regarding your status.

Questions about your CCCAP application? CCCAP Staff are available by telephone from 8am to 4pm M-F at 444-8178.

Where do I turn in my verifications?

Verifications can be faxed to 444-8108, emailed to DHSCCCAPinbox@elpasoco.com (this is a non-reply email address), mailed to or dropped off at our office located at 1675 W Garden of the Gods Rd. Colorado Springs, CO 80907

CHILD CARE PROVIDER INFORMATION

Provider Name: Provider's License ID #:				
Address:		Telephone:		
Start date of care:				
CHILD INFORM	ATIC	N		
Child Name	Age	*What days of the week is your child in need of care? * Do they need Full time care (MORE than 5 hrs. per day) or Part time care (LESS than 5 hrs. per day)? *Is care needed for days, nights and/or weekends? Example: Mon-Fri FT Days	*What grade is the child in? *1/2 day or full day Kindergarten (if school aged)	Name of school & school district # (if school aged)
Is care needed for before	and/or	after school?Yes	sN	No.
Is care needed for days so	chool is	closed?Yes	N	O
Will provider transport y	our chil	d/children to school or to another	provider?	Yes No
PARENT/GUAR	DIAN	INFORMATION		
Parent Name:		Parent signature		
Oota Coca Number				



COMMISSIONERS: STAN VANDERWERF (CHAIR) CAMI BREMER (VICE -CHAIR) HOLLY WILLIAMS CARRIE GEITNER LONGINOS GONZALEZ, JR.

DEPARTMENT OF HUMAN SERVICES STACIE KWITEK-RUSSELL, EXECUTIVE DIRECTOR

Naı	ne of School/College:				
Ad	lress:				
Tel	ephone Number:				
Scł	ool is Accredited by:				
Eff	ective Date of Enrollment:				
	following information is needed to verify that (print name of student): ligible for Day Care Services. Please be as specific as possible. SS#:				
1.	Does student already hold a college degree?				
2. 3.	If yes, type and from what college? Course of Study: Anticipated Graduation Date (month/year):				
<i>3</i> .	State specific job skills that will be obtained.				
5.	Upon completion, the student will receive: (Circle one) Associates Degree Bachelor's Degree Certificate High School Diploma GED Master's Degree Other				
	Signature of Academic Advisor Title Date Please Print Name of Academic Advisor				
D	ELEASE				
K	I give my permission for (school)				
Cli	2) Official class schedule for <i>current</i> semester 3) Verification of Work Study Hours (if applicable) 4) Satisfactory progress reports at the end of each semester. ++ Verifications must be submitted before the beginning of each semester. ++				
Cas	For Office Use Only e Number: Worker:				
EP(C-SVS-DC-12 CCCAP (Rev. 11/29/2022)				

1675 W GARDEN OF THE GODS RD OFFICE: (719) 636-0000



COLORADO SPRINGS, CO 80907 WWW.HUMANSERVICES.ELPASOCO.COM

Voter Registration Choice Form For office use only **Instructions** Date: Please read the following information and complete and sign the form below. This agency will keep the form for its records. The applicant completed a voter registration form ☐ Yes ☐ No **Important Notice** You may file a complaint with the Colorado Secretary of State if you believe that someone has interfered with your right to: The applicant requested and was given a voter registration form for later delivery register or decline to register to vote, Yes No privacy in deciding whether to register or in applying to register to • choose your own political party or other political preference. Employee Initials: Send complaints to: Colorado Secretary of State 1700 Broadway Denver, CO 80290 Phone: (303) 894-2200 You may apply to register to vote or update your current registration today If you are not registered to vote where you live now, you may apply to register to vote here today. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. Does filling out or not filling out the registration form affect services I am applying for? No. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. How private is this process? The name and location of the agency or public office where you received the voter registration application will not appear on your records. If you decide not to use this application to register to vote, that is also confidential. Complete and sign below If you are not registered to vote where you live now, would you like to apply to register to vote here today? Please check only one of the following boxes. If you do not check either box, you will be considered to have decided not to register to vote at this time. Yes, I want to apply to register to vote today. (Please fill out the Voter Registration Form) You are eligible to register to vote if you: Are a United States citizen. Are or will be a resident of the state of Colorado for at least 22 days immediately before an election in which you intend to vote, • Are at least 16 years of age but you must be 18 years of age or older on the date of an election in which you intend to vote, • Are NOT serving a sentence for a felony conviction. No, I do not want to apply to register to vote today. Your full name (please print) Today's date (MM/DD/YY) Signature

Colorado Voter Registration Form Fill out all fields marked with an asterisk (*)				
Eligibility	1	* Are you a citizen of the United States? Yes No If	you answered "No", do not complete this form.	
Name	2	* Last Name * First Name	Middle Name Suffix	
Identification Provide your birth date	3	Remember to write your birth date below. I have a valid CO Driver's License or ID card. Write that number here: I do not have a CO Driver's License or ID card.		
and your identification information.		*MM *DD *YYYY	ere: X X X - X X	
The address where you live	4	* Address (no P.O. Boxes) CO State * Zip Code Colorado County I am homeless. This is a location I regularly return to. I have also provided a mail	it Number * City or Town ling address in Section 5.	
The address where you receive mail	5	Same as above Address City or Town State	Zip Code	
The address to mail your ballot The County will mail your ballot here until you say otherwise.	6	Same as above Address City or Town State	Zip Code	
Political affiliation Choose only 7a or 7b	7a or 7b	I would like to be a member of the following political party: American Constitution Approval Voting Center Democratic Green Libertarian No Labels Republican Unity I would like to be unaffiliated		
Updating a current record? If so, you must provide the applicable changes here.	8	I am not updating a current record I am no longer overseas Previous home address	I am no longer absent from Colorado due to military service Previous legal name	
		Previous mailing address	Previous party affiliation	
Declaration [9	Warning: It is a Class 1 misdemeanor to swear or affirm falsely as to your qualifications to register to vote. Self-Affirmation: I affirm that I am a citizen of the United States; I have been a resident of Colorado for at least twenty-two days immediately before an election I intend to vote in; I am at least sixteen years old; and I understand that I must be at least eighteen to be eligible to vote in any election. I further affirm that the residence address I provided is my sole legal place of residence. I certify under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief; and that I have not, nor will I, cast more than one ballot in any election.		
		* Signature or mark * Date If you are unable to sign, you must make a mark and have the mark witnessed by an	Witness Signature Date nother person.	
Optional information	10	Phone number with area code I want to receive election information by email: (You will not receive a ballot by email) Email address		
		election judge Gender Identity (select one): Female Male X Not Disclosed		

Information about this registration

How do I turn in this form?

Sign the form. Then mail, deliver, or scan the signed form and email it to your county clerk and recorder. You may find a list with contact information at www.govotecolorado.gov.

You may also mail it to:

Colorado Department of State Elections Division 1700 Broadway, Suite 550 Denver, CO 80290

Am I eligible to register to vote?

You are eligible to register to vote if you:

- Are a United States citizen
- Are 16 years old, but you must be at least 18 to vote in an election
- Are a Colorado resident for at least 22 days immediately before the election you intend to vote in
- Are not currently serving a term of imprisonment for a felony conviction

If I don't know my Colorado driver's license or Colorado ID card number may I provide my Social Security Number instead?

No. If you have a Colorado Driver's License or ID card issued by the Colorado Department of Revenue, you must provide that number.

If I don't have a Colorado driver's license, Colorado ID card, or social security number, may I still register to vote?

Yes. An applicant who is qualified to vote in this state but does not have a driver's license, state-issued identification card, or social security number may still register to vote. In such cases, the person may be required to provide an acceptable form of identification. A list of acceptable forms of identification can be found at www.govotecolorado.gov.

How will I know if my registration was processed?

If you are registering to vote for the first time in the state of Colorado, your application will be processed within 2 weeks. Approximately 20 days after your county clerk and recorder receives your registration form, you will receive an official information card by mail.

If you are using this form to update an existing Colorado voter registration, you can check your status by visiting www.govotecolorado.gov and clicking on "Find My Registration".

If you are pre-registering to vote, you will receive an official information card by mail and may check your status once you become eligible to vote.

Other frequently asked questions about registering and voting

Will I need identification to vote?

If you vote in person, yes. If you are voting by mail for the first time, you may need to provide a photocopy of your ID.

A complete list of acceptable forms of identification can be found at www.govotecolorado.gov.

How do I get a mail ballot?

If you register to vote at least eight days before an election conducted by your county clerk and recorder, the clerk will automatically mail you a ballot. If you register after the eighth day before Election Day, you must visit one of the Voter Service and Polling Centers in your county to get a ballot.

May I register to vote if I was arrested for or convicted of a crime?

Yes, if you

- Are on probation for either a misdemeanor or felony;
- Are a pretrial detainee awaiting trial;
- Are currently in jail serving a misdemeanor sentence only; OR
- Are no longer serving a term of imprisonment due to a felony conviction.

If you were previously registered and were incarcerated due to a felony conviction, that registration will have been canceled and you must re-register if you wish to vote.

What information will I receive by email?

By choosing to receive election information by email, you may receive information about upcoming election activities and other election correspondence by email from your county clerk and recorder. But ballots and some mailings will still be sent by regular mail. Under Colorado law, your email address is protected. It will not be shared with anyone.

Will my information be publicly available?

Some of the information you provide on this form is public information as required by law. Your social security number, driver's license number, month and day of birth, signature, and email are confidential. You may be eligible to keep more of your voter information private. For details contact your county clerk and recorder.

Who should I contact if I have more questions?

Contact your county clerk and recorder. You can find a list with contact information at www.govotecolorado.gov.

You may also contact the Secretary of State's office

Phone: 303-894-2200 Fax: 303-869-4861

Email: State.ElectionDivision@coloradosos.gov

Information for unaffiliated voters

I am registered as unaffiliated. Will I be able to vote in the primary election?

Yes. Unaffiliated voters are eligible to vote in the primary election, but you may only vote one party's ballot.

Can I participate in a party's caucus meeting if I am unaffiliated?

No. To participate in a party caucus meeting you must join that party before the party's caucus. However, you are still eligible to vote in any participating party's primary election.