

# El Paso County CCCAP Enrollment Freeze

## Pre- Eligibility Questionnaire

(to retain your freeze status)

\*Applicant Name (last, first, middle initial): \_\_\_\_\_

\*Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\*Daytime phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*How many children are in the household, including those that do not need child care? \_\_\_\_\_

\*How many of those children need child care? \_\_ How many parents/adult caretakers are in your home? \_\_

\*Do you consider yourself to be homeless? \_\_\_\_\_

### Parent Information

#### Parent/ Adult Caretaker One Information:

\*Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

Gender: Male Female

\*Are you employed? Yes No

If yes, where? \_\_\_\_\_

Employment start date: \_\_\_\_\_

\*Hourly wage: \$ \_\_\_\_\_

\*Hours worked per week \_\_\_\_\_

\*Are you in school? Yes No

\*If yes, where? \_\_\_\_\_

How many credit hours are you taking? \_\_\_\_\_

\*Have you received a Bachelor's degree? Yes  
No

#### \*Please check any other activities you do :

☐ Job Searching ☐ GED  
☐ Job Training ☐ Other: \_\_\_\_\_

#### Parent/Adult Caretaker Two Information:

\*Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

Gender: Male Female

\*Are you employed? Yes No

If yes, where? \_\_\_\_\_

Employment start date: \_\_\_\_\_

\*Hourly wage: \$ \_\_\_\_\_

\*Hours worked per week \_\_\_\_\_

\*Are you in school? Yes No

\*If yes, where? \_\_\_\_\_

How many credit hours are you taking? \_\_\_\_\_

\*Have you received a Bachelor's degree? Yes  
No

#### \*Please check any other activities you do:

☐ Job Searching ☐ GED  
☐ Job Training ☐ Other: \_\_\_\_\_

## Child Information

<b>Child One:</b> *Name: _____ Social Security #: _____ *Date of Birth: _____ Gender:                      Male                      Female *Is this Child in school? Yes      No *Citizenship _____	<b>Child Two:</b> *Name: _____ Social Security #: _____ *Date of Birth: _____ Gender:                      Male                      Female *Is this Child in school? Yes      No *Citizenship _____
<b>Child Three:</b> *Name: _____ Social Security #: _____ *Date of Birth: _____ Gender:                      Male                      Female *Is this Child in school? Yes      No *Citizenship _____	<b>Child Four:</b> Name: _____ Social Security #: _____ Date of Birth: _____ Gender:                      Male                      Female Is this Child in school? Yes      No *Citizenship _____
<b>Child Five:</b> *Name: _____ Social Security #: _____ *Date of Birth: _____ Gender:                      Male                      Female *Is this Child in school? Yes      No *Citizenship _____	<b>Child Six:</b> Name: _____ Social Security #: _____ Date of Birth: _____ Gender:                      Male                      Female Is this Child in school? Yes      No *Citizenship _____

\*Is there any unearned income in the household?      ☐ Yes      ☐ No

If YES, please write in the amount of MONTHLY income for each category:

Child Support	\$	Retirement Benefits	\$	Worker's Compensation	\$
Alimony/Maintenance	\$	Veteran's Benefits	\$	Interest on savings, CD	\$
Unemployment	\$	Military Allotment	\$	Dividends on stocks/bonds	\$
SSDI	\$	Cash contributions	\$	Annuities	\$
SSI	\$	TANF/Colorado Works	\$	Other	\$

Is anyone in your household paying court-ordered child support for children not in the home?      ☐ Yes      ☐ No

If yes, how much is being paid per month? \$ \_\_\_\_\_

\*Do you have Assets? Yes      No      Liquid \$ \_\_\_\_\_      Non-Liquid \$ \_\_\_\_\_

<b>FOR COUNTY USE ONLY</b>		HH Size	<185% FPL	HH Size	<185% FPL
Date: _____	Tech: _____	2	\$3,260.63	6	\$6,652.29
HH Size: _____	Income: _____	3	\$4,108.54	7	\$7,500.21
CSE Sanction? Yes      No	Unpaid PF's? Yes      No	4	\$4,956.46	8	\$8,348.13
Enrollment Freeze -list Eligible? Yes      No	Priority? Yes      No	5	\$5,804.38	9	\$9,196.04

HH#:

Case#: