

For CCCAP Staff to Complete:	
Form Received Date:	Case Number:

Colorado Child Care Assistance Program (CCCAP) Re-determination of Eligibility Form

**Your current certification is ending and child care benefits will stop as of _____.
Please complete and sign this re-determination form as soon as possible, or by _____.
Without a signed re-determination form and required documents, we will be unable to
determine your continued eligibility for 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 form must be submitted by the parent or primary guardian of the children needing child care.**
- **Completing this form does not guarantee continuing child care assistance past the dates identified above.**
- All eligibility criteria must be met for you to qualify and receive assistance.
- Please provide all requested information listed on page 18 and as requested from your CCCAP caseworker.
- In order to avoid a delay in processing your redetermination and any additional follow up, please address each section and ensure that all information is completed and accurate.
- **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 1a: Contact Information for You, the Parent/Primary Guardian (REQUIRED)

Your Address:			Mailing Address: <input type="checkbox"/> Same as your address?		
City:	State:	Zip:	City:	State:	Zip:
County:			County:		
Contact Information: <i>Complete at least one</i>	Your Email Address (required) *If this has changed, please notify your CCCAP worker*:		Primary Phone: () Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Voice Msg. <input type="checkbox"/> Work	Secondary Phone: () Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Voice Msg. <input type="checkbox"/> Work	
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail					

Section 1b: For re-determination purposes, do any of the following describe where you live? (REQUIRED)

<input type="checkbox"/> Living in hotel or motel	<input type="checkbox"/> Living in campground	<input type="checkbox"/> Living in shelter	<input type="checkbox"/> Living in someone else's home due to housing loss, economic struggles, etc.	<input type="checkbox"/> Living in substandard housing such as car, park, abandoned building, etc.	<input type="checkbox"/> Other temporary living situation (please explain)	<input type="checkbox"/> None apply
Date living situation began: ____ / ____ / ____						
Anticipated end date (if known): ____ / ____ / ____						

Section 2a: Household Information (REQUIRED)**Please list every person that lives in your home starting with you.**

Last Name, First Name, Middle Initial	Gender (M/F)	Date of Birth	How related to you? (self, additional guardian/spouse, child)	If this person is a child, are you requesting care for this child?
			SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Section 2b: New Adults in your Home

REQUIRED: Are any of the adults listed in Section 2a new to your household since you completed the last CCCAP application or redetermination form?

☐ Yes

☐ No

If YES, you're required to complete the following table: Use additional paper if necessary.

If NO, skip to section 2c.

Date Entered Home	Last Name, First Name	Social Security Number (Optional)	Military Status	Marital Status (see codes below)	Hispanic or Latino (Y/N)	Race(s): List all that apply (see codes below)
			<input type="checkbox"/> Active Military (serving full time) <input type="checkbox"/> Military Reserves <input type="checkbox"/> National Guard			
			<input type="checkbox"/> Active Military (serving full time) <input type="checkbox"/> Military Reserves <input type="checkbox"/> National Guard			

Race codes (use all that apply): **A**-Asian, **B**-Black/African American, **H**- Hispanic I: American Indian/Alaska Native **P**-Native Hawaiian/Other Pacific Islander, **W**-White

Marital Status Codes: **D**-Divorced, **M**-Married, **S**-Single, **P**-Separated, **W**-Widowed

Section 2c: New Children in your Home

REQUIRED: Are any of the children listed in Section 2a new to your household since you completed the last CCCAP application or redetermination form?

☐ Yes

☐ No

If YES, you're required to complete the following table: Use additional paper if necessary.

If NO, skip to section 2d.

Date Entered Home	Last Name, First Name	Social Security Number (Optional)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Does this child have a disability or special care need? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien ¹
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race(s): List all that apply (see codes below):		Immunization Status: (in accordance with Colorado Department of Public Health and Environment (CDPHE) guidelines): <input type="checkbox"/> Yes, Immunized <input type="checkbox"/> No, In Process <input type="checkbox"/> No, Non-medical Exemption <input type="checkbox"/> No, Medical Exemption <input type="checkbox"/> Other		
Name of Parent(s) outside of household who may have duty for child support: Last: _____ First: _____						
Date Entered Home	Last Name, First Name	Social Security Number (Optional)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Does this child have a disability or special care need? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien ²
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race(s): List all that apply (see codes below):		Immunization Status: (in accordance with Colorado Department of Public Health and Environment (CDPHE) guidelines): <input type="checkbox"/> Yes, Immunized <input type="checkbox"/> No, In Process <input type="checkbox"/> No, Non-medical Exemption <input type="checkbox"/> No, Medical Exemption <input type="checkbox"/> Other		
Name of Parent(s) outside of household who may have duty for child support: Last: _____ First: _____						

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.

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.

Date Entered Home	Last Name, First Name	Social Security Number (Optional)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Does this child have a disability or special care need? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien ³
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race(s): List all that apply (see codes below):		Immunization Status: (in accordance with Colorado Department of Public Health and Environment (CDPHE) guidelines): <input type="checkbox"/> Yes, Immunized <input type="checkbox"/> No, In Process <input type="checkbox"/> No, Non-medical Exemption <input type="checkbox"/> No, Medical Exemption <input type="checkbox"/> Other		
Name of Parent(s) outside of household who may have duty for child support: Last: _____ First: _____						

Race codes (use all that apply):, **A**-Asian, **B**-Black/African American, **H**- Hispanic **I**- American Indian/Alaska Native **P**-Native Hawaiian/Other Pacific Islander, **W**-White

Section 2d: Custody Arrangements		
REQUIRED: Are there any children living in your household that are part of a Joint Custody agreement or another case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, you're required to complete the following table. If NO, skip to section 3.		
Child's Name	Joint Custody or another case	Date moved into custody arrangement
	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Another custody case (please explain): _____	
	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Another custody case (please explain): _____	

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 3: There are other programs that can benefit you and your family.

So that we can connect you to those programs, please select one of the three options below for each program: I participate; I'd like to learn more; or I am not interested.

**If you select that you would like to learn more, you will be connected to those programs to complete their referral or application processes to see if you qualify.*

Head Start/Early Head Start Education Programs: free, quality education for children 0 to 5 years old <i>(not available in all communities).</i>	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Early Intervention Colorado: developmental supports available at no cost for children birth up to 3 years old	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more because I am concerned about my birth up to 3-year-old child's development. <input type="checkbox"/> I am not interested.
Preschool Special Education: education supports available at no cost for 3- to 5-year-olds	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more because I am concerned about my 3- to 5-year-old child's development. <input type="checkbox"/> I am not interested.
Colorado Works/Temporary Assistance for Needy Families (TANF) Cash Assistance: cash assistance for those who qualify	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I'm not interested.
Food Assistance (SNAP): assistance buying food	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Women, Infants and Children (WIC) Food and Nutrition Program: food, nutrition, and breastfeeding supports for you and your 0-5-year-old child(ren)	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Medicaid/CHP+ Health Insurance Assistance: health coverage for those who qualify.	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Housing Choice Voucher or cash assistance: assistance paying my rent or utilities	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Low-Income Energy Assistance (LEAP): assistance paying my heating bill	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Refugee Medical Assistance: medical assistance for refugees	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.
Child Support Services Services that make sure that children receive regular financial support from both parents.	<input type="checkbox"/> I already participate. <input type="checkbox"/> I'd like to learn more. <input type="checkbox"/> I am not interested.

Section 4: Your Qualifying Activity

To be eligible for CCCAP, we need to determine your qualifying activity. Please include all accurate information in the following section. Verification of qualifying activity will be required.

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, please provide an employer letter.

REQUIRED: Section 4a.

Select **ALL** that apply and complete all requested information for your selected activity or activities.

☐ **Employed**

Start Date: _____

Employer Name: _____

Address: _____

Phone: _____

Number of hours per week: _____

Do you have another job?

☐ **No** ☐ **Yes (If YES, answer the questions below):**

Start Date: _____

Employer Name: _____

Address: _____

Phone: _____

Number of hours per week: _____

**If you have more than these two jobs, you may complete additional pages*

☐ **Self-employed**

☐ as an LLC

☐ as an S corp

☐ Other: _____

Number of hours per week: _____

☐ **Not working**

When did you stop working? (if applicable) _____

☐ **Looking for a job**

Start date (if applicable): _____

☐ **Disabled**

Start date: _____

Is the disability:

☐ Permanent

☐ Temporary (end date: _____)

Are you able to take care of the child(ren)? ☐ Yes ☐ No

Physician Review Due Date (if applicable): _____

☐ **On maternity leave**

Start date: _____

Expected end date: _____

☐ **On strike**

Start date: _____

Expected end date: _____

☐ **On medical leave**

Start date: _____

Expected end date: _____

☐ **On a seasonal break**

Start date: _____

Expected end date: _____

REQUIRED: Section 4b. Are you currently participating in training or education?☐ Yes ☐ No**If YES, you're required to complete the table below. (VERIFICATION IS REQUIRED)****If NO, skip to Section 4c.**

Name of Training/Education Institution:

Type of Training:

- ☐ Adult Basic Education
- ☐ English As A Second Language (ESL)
- ☐ GED/High School Equivalency
- ☐ High School/Jr. High
- ☐ Job Skills Training
- ☐ Vocational or Trade School
- ☐ Certificate Program
- ☐ Post-Secondary Education (first bachelor's degree or less)

Effective Begin Date:

Anticipated
Completion Date:**Number of Credits (if
applicable):**

Number of hours per week: _____

Will this training/education result in a certificate/degree? ☐ Yes ☐ No**If YES, which type:**

- ☐ High School Diploma/GED/High School Equivalency ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree
- ☐ Ph.D./Doctorate ☐ Certificate in _____

REQUIRED: Section 4c. Have you graduated within the last 12 months?☐ Yes☐ No**If YES, you're required to complete the table below.****If NO, skip to Section 5.**

Degree obtained:

- ☐ High School Diploma/GED/High School Equivalency ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree
- ☐ Ph.D./Doctorate ☐ Certificate in _____

Section 5: Additional Guardian/Spouse Qualifying Activity

REQUIRED: Is there an additional guardian/spouse in your home? (If you are a teen parent, do not include your parents)

☐ Yes

☐ No

If YES, you're required to complete Sections 5a – 5c: (VERIFICATION IS REQUIRED)

If NO, skip to Section 6.

To be eligible for CCCAP, we need to determine your additional guardian/spouse's qualifying activity. Please include all accurate information in the following section. Verification of qualifying activity will be required.

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, please provide an employer letter.

5a. Select ALL that apply and complete all requested information for your selected activity or activities.

☐ **Employed**

Start Date: _____

Employer Name: _____

Address: _____

Phone: _____

Number of hours per week: _____

Do they have another job?

☐ No ☐ Yes (If YES, answer the questions below):

Start Date: _____

Employer Name: _____

Address: _____

Phone: _____

Number of hours per week: _____

**If additional guardian/spouse has more than these two jobs, additional pages may be completed.*

☐ **Self-employed**

☐ as an LLC

☐ as an S corp

☐ Other: _____

Number of hours per week: _____

☐ **Not working**

When did they stop working? (if applicable) _____

☐ **Looking for a job**

Start date (if applicable): _____

<input type="checkbox"/> Disabled Start date: _____ <i>Is the disability:</i> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (end date: _____) Are they able to take care of the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No Physician Review Due Date (if applicable): _____	<input type="checkbox"/> On maternity leave Start date: _____ Expected end date: _____ <input type="checkbox"/> On strike Start date: _____ Expected end date: _____ <input type="checkbox"/> On medical leave Start date: _____ Expected end date: _____ <input type="checkbox"/> On a seasonal break Start date: _____ Expected end date: _____
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Section 5b. Is the additional guardian/spouse currently participating in a training/education activity?

☐ Yes ☐ No

If YES, you're required to complete the table below. (VERIFICATION IS REQUIRED)
If NO, skip to Section 5c.

Name of Training/Education Institution: _____

Type of Training: <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> English As A Second Language (ESL) <input type="checkbox"/> GED/High School Equivalency <input type="checkbox"/> High School/Jr. High <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Vocational or Trade School <input type="checkbox"/> Certificate Program <input type="checkbox"/> Post-Secondary Education (first bachelor's degree or less) Number of hours per week: _____	Effective Begin Date:	Anticipated Completion Date:	Number of Credits (if applicable):
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Will this training/education result in a certificate/degree? ☐ Yes ☐ No

If YES, which type:

☐ High School Diploma/GED/High School Equivalency
 ☐ Associate's Degree
 ☐ Bachelor's Degree
 ☐ Master's Degree
☐ Ph.D./Doctorate
☐ Certificate in _____

5c. Has the additional guardian/spouse graduated within the last 12 months? ☐ Yes ☐ No

If YES, you're required to complete the table below.
If NO, skip to Section 6.

Degree obtained:

☐ High School Diploma/GED/High School Equivalency
 ☐ Associate's Degree
 ☐ Bachelor's Degree
 ☐ Master's Degree
☐ Ph.D./Doctorate
☐ Certificate in _____

Section 6: Work/Self-Employment Income**REQUIRED: Do you or your additional guardian/spouse have work or self-employment 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 7.

Individual Name	How often Paid	Total earnings per pay period (including tips & commissions) <i>before taxes</i>

Section 7: Court Ordered Child Support Paid Out**REQUIRED: Do you or your additional guardian/spouse make child support payments for any child(ren)?**☐ Yes ☐ No**If YES, you're required to complete the following table: (VERIFICATION OF COURT ORDER AND PAYMENT IS REQUIRED.)****If NO, skip to Section 8.**

Name of person making payment	Name of child	Amount paid	How often paid
		\$	
		\$	

Section 8: Child Support Received and/or Ordered**REQUIRED: Do you receive child support for any of your children?** ☐ Yes ☐ No**REQUIRED: Has child support been ordered for any of your children?** ☐ Yes ☐ No ☐ Not sure**If YES to either, you're required to complete the following table:****If NO to both, skip to Section 9a.**

Child Name(s)	Is child support received?	Is child support ordered?	Amount of Child Support Paid	How often paid	How is it paid? (Venmo, cash, check, family support registry (FSR), etc.)	Name of non-custodial parent
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			

Section 9a: Other Income

You must report all income coming into your household so your CCCAP specialist can determine if it is countable in deciding your eligibility.

Scan the list of “other income types” below.

REQUIRED: Do you or any household members have other types of income? ☐ Yes ☐ No

If you don't see your income type included in the list below, write it in in the “other” spaces at the bottom.

If YES, you're required to complete the information below for each person in your household that has other income: If NO, skip to section 9b.

Your Other Income:

Your Other Income Type	Mark if Receiving	Begin Date	Expected End Date	Amount	How often is the income amount received? (weekly, monthly, annually, etc.)
Alimony/Maintenance	<input type="checkbox"/>				
Cash Contributions	<input type="checkbox"/>				
Gifts	<input type="checkbox"/>				
“In-Kind” (a benefit received for work that is not money, i.e. work for free housing or clothes)	<input type="checkbox"/>				
Social Security (Survivor's, Disability, Retirement)	<input type="checkbox"/>				
Supplemental Security Income (SSI)	<input type="checkbox"/>				
Unemployment Compensation	<input type="checkbox"/>				
Veteran's Benefits	<input type="checkbox"/>				
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	<input type="checkbox"/>				
Cash Contributions	<input type="checkbox"/>				
Gifts	<input type="checkbox"/>				
“In-Kind” (a benefit received for work that is not money, i.e. work for free housing or clothes)	<input type="checkbox"/>				
Social Security (Survivor's, Disability, Retirement)	<input type="checkbox"/>				
Supplemental Security Income (SSI)	<input type="checkbox"/>				
Unemployment Compensation	<input type="checkbox"/>				
Veteran's Benefits	<input type="checkbox"/>				
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	<input type="checkbox"/>				
Cash Contributions	<input type="checkbox"/>				
Gifts	<input type="checkbox"/>				
"In-Kind" (a benefit received for work that is not money, i.e. work for free housing or clothes)	<input type="checkbox"/>				
Social Security (Survivor's, Disability, Retirement)	<input type="checkbox"/>				
Supplemental Security Income (SSI)	<input type="checkbox"/>				
Unemployment Compensation	<input type="checkbox"/>				
Veteran's Benefits	<input type="checkbox"/>				
Other Income (List Type):					
Other Income (List Type):					

Section 9b: Assets (resources, belongings, valuables, etc.)

If your countable assets are worth more than \$1,000,000 you may not be eligible for CCCAP.

(REQUIRED): Do you or your additional guardian/spouse have any liquid resources? ☐Yes ☐No

Liquid resources are cash assets that may include (but are not limited to): cash on hand, money in checking or savings accounts, saving certificates, stocks or bonds, or nonrecurring lump sum payments, etc.

If NO, answer the next question about non-liquid resources.

If YES, you're required to provide the amount of your liquid 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: 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.							
<i>Example</i>	<i>Mon.</i> <i>8:00a - 5:00p</i>	<i>Tues.</i> <i>8:00a - 5:00p</i>	<i>Weds.</i> <i>8:00a - 5:00p</i>	<i>Thurs.</i> <i>8:00a - 3:00p</i>	<i>Fri.</i> <i>8:00a - 5:00p</i>	<i>Sat.</i> <i>8:00a-12:00p</i>	<i>Sun.</i> <i>8:00a - 5:00p</i>
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							
Training/School							

If your schedule varies please explain

Section 11: 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 Name	Child In School (k-8th grade)	Grade and School Of Attendance	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.							
			Provider License #, or Provider Name, Address and Phone # where the child is enrolled	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	<input type="checkbox"/> Yes <input type="checkbox"/> No									

Is this a new provider? (REQUIRED) ☐ Yes ☐ No

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: ____ / ____ / ____

Is this child enrolled in a Head Start/Early Head Start Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Is this child enrolled in the Universal Preschool Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Child Name	Child In School (k-8th grade)	Grade and School Of Attendance	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.							
			Provider License #, or Provider Name, Address and Phone # where the child is enrolled	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	<input type="checkbox"/> Yes <input type="checkbox"/> No									

Is this a new provider? (REQUIRED) ☐ Yes ☐ No

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: ____ / ____ / ____

Is this child enrolled in a Head Start/Early Head Start Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Is this child enrolled in the Universal Preschool Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Child Name	Child In School (k-8th grade) <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade and School Of Attendance	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.							
			Provider License #, or Provider Name, Address and Phone # where the child is enrolled	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Is this a new provider? (REQUIRED) ☐ Yes ☐ No

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: ____ / ____ / ____

Is this child enrolled in a Head Start/Early Head Start Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Is this child enrolled in the Universal Preschool Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Child Name	Child In School (k-8th grade) <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade and School Of Attendance	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.							
			Provider License #, or Provider Name, Address and Phone # where the child is enrolled	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Is this a new provider? (REQUIRED) ☐ Yes ☐ No

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: ____ / ____ / ____

Is this child enrolled in a Head Start/Early Head Start Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

Is this child enrolled in the Universal Preschool Program? ☐ Yes ☐ No If yes, what is their enrollment start date and end date? Start: ____ / ____ / ____ End: ____ / ____ / ____

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 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 adult caretaker on 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 noticed 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 another caretaker on 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.

Revised 7/1/2023

YOU MUST READ AND SIGN THIS PAGE

You must submit the following documentation with this form:

IF YOU'VE HAD A CHANGE IN ADDRESS YOU NEED TO INCLUDE VERIFICATION OF RESIDENCY WHICH MAY INCLUDE ONE OF THE FOLLOWING:

- A lease agreement
- A utility bill
- A mortgage statement
- A paycheck stub with your address listed on it

IF YOU OR ANOTHER CARETAKER ON YOUR CASE ARE EMPLOYED OR SELF-EMPLOYED, YOU NEED TO INCLUDE:

- For self-employed persons, a business ledger and copies of your total business earnings, your business expenditures for the last thirty (30) days, and your expected work schedule. (Please be aware that you must make a profit and you must meet the current Federal Minimum wage to remain eligible).
- Income verification and verification of your work schedule (your work schedule is only required if you are requesting care during the evening, overnight, or weekend hours). You must attach copies of all household members' **pay stubs from the last thirty (30) days**. Please be aware that you must meet the current Federal Minimum wage to remain eligible.

If you just started a new job, you must provide a completed copy of the employment verification letter including: your start date, your wages, your schedule (if requesting care during the evening, overnight, or weekend hours), number of hours/days you work per week, how often you will be paid, and the date of your first paycheck.

IF YOU OR ANOTHER CARETAKER ON YOUR CASE ARE IN AN EDUCATION/TRAINING ACTIVITY, YOU NEED TO INCLUDE:

A letter from your education/training institution which confirms your enrollment. This may include verification that:

1. Identifies the program you are enrolled in; and,
2. Identifies when you are expected to complete the program.
3. Start and end dates of quarter, semester, or session;
4. Days/times of class (if requesting care during the evening, overnight, or weekend hours); and,
5. Number of credits.

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.

Completion Checklist Did you:					
	Complete redetermination		Attach required pay stubs		Attach employment verification letter (if new employment)
	Sign and date redetermination		Attach all training information		Attach verification of any other income
	Attach work or education/ training schedule (if requesting care during the evening, overnight, or weekend hours)		Attach all education information		Attach verification of residence (if you've experienced a change in address)

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 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.

Primary Adult Caretaker Signature

Daytime Phone

Date

Other Adult Caretaker Signature

Daytime Phone

Date

IMPORTANT REMINDERS:

A person found to have intentionally given false information by deed or omission cannot get child care assistance in Colorado 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.

You must report changes to income where the total income exceeds eighty-five per cent (85%) of the State Median Income, in writing, within ten (10) calendar days of the change. You must also report if you are no longer in your eligible activity, in writing, within four (4) calendar weeks.

A Change of Eligibility form can be obtained from the Colorado Child Care Assistance Program at your county department of social/human services.

Until you are approved for the Child Care Assistance Program you are responsible for the cost of child care. Please ask your eligibility worker for details.

After you are approved for the Child Care Assistance Program you are responsible for payment of Parental Fees (if applicable) to your Provider. Please ask your eligibility worker for details.

To remain eligible for the Child Care Assistance Program you are responsible for providing all required information to complete your re-determination. Please ask your eligibility worker for details.

A Change of Eligibility form can be obtained from the Colorado Child Care Assistance Program at your county department of social/human services.

RIGHT OF APPEAL AND FAIR HEARING

If you disagree with an action taken in regards to child care benefits, you have a right to:

- A local level dispute resolution conference which must be requested before the effective date of the proposed action;
- If you are dissatisfied with the outcome of the local dispute resolution conference, you may request a state level fair hearing before an administrative law judge if the written request for a hearing is mailed or delivered to the Office of Administrative Courts no later than 10 calendar days after the local level conference decision is mailed or delivered by the county;
- If you do not want to have a local/county conference to resolve the dispute, you may request a state level hearing before an administrative law judge, if the issue is appealable, and if your written request is mailed or delivered to the Office of Administrative Courts no later than 90 calendar days from the date of the notice of action;
- You may request judicial review of the final agency decision following the state level fair hearing in district court, after exhausting all administrative appeal rights; and
- If you have been receiving child care assistance, you may request continued assistance until the dispute is resolved or until the final agency decision is issued, if the request for a local conference and/or state level hearing is made before the effective date of the proposed action being appealed. You should be aware that the state and county are required to attempt to collect or get repayment of all benefits provided to you for which you were not eligible.

If you request a local conference, the county will schedule that conference. At your conference, you will be given an opportunity to present your case. The person(s) reviewing your case will not be the same person responsible for the action in dispute. Before you decide to request a local dispute resolution conference, we encourage you to talk with your county child care worker, and then the worker's supervisor. Often your questions and concerns can be settled by talking to county staff that is responsible for making the change in your child care subsidies.

If you want to request a state level fair hearing, your request must be sent or delivered to:

**Office of Administrative Courts
1525 Sherman St.
4th Floor
Denver, Colorado 80203**

- In the letter you need to say that you want to appeal the county's action and why you want to appeal that action. If you need help doing this you can ask anyone you like to help you, talk to a legal aid office or attorney, or ask your child care worker to help you.
- When your letter is received, you will get a letter from the Office of Administrative Courts explaining what will be done and the date for the appeal hearing. It will also explain who can come with you, who can present testimony and other information about the hearing.
- Throughout the appeal process, you have the right to be represented or assisted by legal counsel, a relative, a friend or a spokesperson of your choosing.

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 for Civil Rights
U.S. Department of Health &
Human Services 1961 Stout Street
- Room 1426
Denver, Colorado 80294
(303) 844-2024 or (303) 844-3439 (TDD)

Keep this page for your reference.

“Redetermination Check List”

Colorado Child Care Assistance Program (Low Income)

This form will tell you what documents are MANDATORY to determine your continued eligibility for CCCAP. Return all documents with your redetermination packet.

**FAILURE TO TURN IN THE NECESSARY INFORMATION MAY RESULT IN THE DENIAL OF YOUR
REDETERMINATION.**

Needed Verification

The following information is needed for your CCCAP redetermination to be processed:

- _____ **1. All pages of the enclosed redetermination form completed and signed by all parents (adult caretakers) in the home**
- _____ **2. Verification of Earned Income from work or self-employment**
Verify the last thirty (30) days of income by copies of check stubs, wage printout, or written verification from employer. Self-employed persons should turn in: balance sheets or ledgers showing ongoing totals for income and expenses and copies of all receipts for expenses.

*Please be aware that 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.
- _____ **3. Employer Verified Work Schedule (if childcare is needed outside of Mon-Fri 6a-6p)**
Letter signed by employer or your employer may complete the enclosed wage verification form.
- _____ **4. Verification of 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.
- _____ **5. Proof of Residency/Address (if address has changed)**
Proof may be something with your name and current address such as a lease, mortgage statement, current utility bill, pay stub, voter registration card or vehicle registration. If you do not have one of these documents and your name is not on the lease of where you live, we can accept a letter from the lease holder. The lease holder must provide one of the above documents to prove their address.
- _____ **6. School/College**
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)
- _____ **7. Child Information**
Complete the enclosed form regarding all your children. This will help us set up childcare correctly for your family.
- _____ **8. Voter Registration Forms (voluntary)**

Request for Employment and Earnings Verification

For Office Use Only: Case Name _____ Case Number _____ Technician (Case Manager) _____	From: <p style="text-align: center;">El Paso County Department of Human Services P.O. Box 2692 Colorado Springs, CO 80901</p>
--	---

RELEASE

I give my permission for (employer) _____
 to release this information to El Paso County Department of Human Services.

Signature: _____ Date: _____

Employee Name (Print): _____ **Social Security No.** _____

Place of Employment: _____

Job Title: _____

Address: _____

Telephone Number: _____

Effective Date of Employment: _____

Pay Periods (Mark one)

☐ Once a month ☐ Once a week
☐ 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 period specified on the back. Payroll records are also acceptable.

☐ If **NOT** currently employed by your firm:

Date of termination: _____

Reason for termination: _____

Date of final pay: _____

Gross amount of final pay: \$ _____

Please complete and return this form in 5 days. Thank you for your cooperation.

Signature of employer/representative _____

Please print name of employer/representative _____

Title _____ **Phone** _____ **Date** _____

-over-

CHILD CARE INFORMATION FORM

Parent Name _____

Case # _____

Please fill out this form completely to ensure proper child care coverage for your children. Include all children in the home.

Child's Name	Age	Do you need child care for this child?	Child Care Facility or home provider's name	*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	Name of school and school district # (if school aged)	*What grade is the child in? *If in Kindergarten is it 1/2 day or full day?	Is care needed for before and/or after school?	Is care needed for days school is closed?	Does the child care facility transport the child to school or to a second provider?

Please list the names of the children that you have **shared parenting time** with another parent (who is not in the home)

If there is shared parenting time, please submit verification of the schedule. Care is only for **your** days/times, not the absent parent's days/times.

EL PASO

COMMISSIONERS:
STAN VANDERWERF, CHAIR
CAMI BREMER, VICE-CHAIR



COUNTY

HOLLY WILLIAMS
CARRIE GEITNER
LONGINOS GONZALEZ, JR.

DEPARTMENT OF HUMAN SERVICES
STACIE KWITEK-RUSSELL
EXECUTIVE DIRECTOR

Name of School/College: _____

Address: _____

Telephone Number: _____

School is Accredited by: _____

Effective Date of Enrollment: _____

The following information is needed to verify that **(print name of student)**: _____

is eligible for Day Care Services. Please be as specific as possible. **SS#**: _____

1. Does student already hold a college degree? _____

If yes, type and from what college? _____

2. Course of Study: _____

3. **Anticipated Graduation Date** (month/year): _____

4. **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

RELEASE

I give my permission for (school) _____ to release
this information to El Paso County Department of Human Services.

Signature: _____

Date: _____

Client must attach:

- 1) Financial Aid Award Letter
- 2) Official class schedule for *current* 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. ++

For Office Use Only

Case Number: _____

Worker: _____

EPC-SVS-DC-12 CCCAP (Rev. 1/11/2016)

CITIZENS' SERVICE CENTER
1675 W. GARDEN OF THE GODS ROAD, 3RD FLOOR - COLORADO SPRINGS, CO 80907
MAIN: (719) 636-0000

Voter Registration Choice Form

Instructions

Please read the following information and complete and sign the form below. This agency will keep the form for its records.

Important Notice

You may file a complaint with the Colorado Secretary of State if you believe that someone has interfered with your right to:

- register or decline to register to vote,
- privacy in deciding whether to register or in applying to register to vote, or
- choose your own political party or other political preference.

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)

Signature

For office use only

Date: _____

The applicant completed a voter registration form

☐ Yes ☐ No

The applicant requested and was given a voter registration form for later delivery

☐ Yes ☐ No

Employee Initials: _____

Formulario de elegir registro de votante

Instrucciones

Por favor, lea la siguiente información y complete y firme el formulario abajo. Esta agencia mantendrá el formulario para sus archivos.

Aviso Importante

Usted puede presentar una queja con el secretario de estado de Colorado si cree que alguien ha interferido con su derecho a :

- registrarse o declinar el registro para votar,
- privacidad en la decisión de registrarse o en solicitar para registrarse para votar, o
- elegir su propio partido político y otras preferencias políticas.

Enviar quejas a:

Colorado Secretary of State
1700 Broadway
Denver, CO 80290
Phone: (303) 894-2200

Usted puede solicitar el registro de votantes o actualizar su registro hoy

- Si no está registrado para votar en el lugar donde vive ahora, usted puede registrarse para votar aquí hoy.
- Si quiere ayuda para llenar el formulario de registro de votante, le ayudaremos. La decisión de buscar o aceptar ayuda es suya. Usted puede llenar el formulario de registro en privado.

¿Afecta los servicios que estoy solicitando el hecho de que llene o no llene el formulario de registro?

No. Solicitar registrarse o declinar el registro para votar no afectará la cantidad de ayuda que esta agencia le proporcionará.

¿Qué tan privado es este proceso?

El nombre y lugar de la agencia u oficina pública donde recibió la solicitud de registro de votante no aparecerá en sus archivos. Si decide no usar esta solicitud para registrarse para votar, esto también es confidencial.

Complete y firme abajo

Si no está registrado para votar en el lugar donde vive ahora, ¿desea solicitar para registrarse para votar aquí hoy?

Por favor, sólo marque una de las casillas a continuación y firme abajo. Si no marca ninguna casilla, se considerará que ha decidido no registrarse para votar por el momento.

☐ Sí, deseo solicitar para registrarme para votar hoy. (Por favor llene el Formulario de registro de votante)

Usted es elegible para votar si:

- Es ciudadano de los Estados Unidos.
- Es o será un residente del estado de Colorado durante por lo menos 22 días inmediatamente antes de una elección en la que usted se propone votar,
- Tiene por lo menos 16 años de edad, pero usted debe tener 18 años de edad o mayor en la fecha de una elección en la que usted se propone votar.
- NO está cumpliendo una condena debido a una condena por delito.

☐ No, no deseo solicitar para registrarme para votar hoy.

Su nombre completo (letra de imprenta)

Firma

Para uso de la oficina solamente

Date: _____

The applicant completed a voter registration form

☐ Yes ☐ No

The applicant requested and was given a voter registration form for later delivery

☐ Yes ☐ No

Employee Initials: _____

Colorado Voter Registration Form

Fill out all fields marked with an asterisk (*)

Eligibility	1	* Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No", do not complete this form.			
Name	2	<div>* Last Name</div> <div>* First Name</div> <div>Middle Name</div> <div>Suffix</div>			
Identification	3	<div>Remember to write your birth date below.</div> <div><div>*MM</div><div>-</div><div>*DD</div><div>-</div><div>*YYYY</div></div> <div><input type="checkbox"/> I have a valid CO Driver's License or ID card. Write that number here: _____ - _____ - _____</div> <div><input type="checkbox"/> I do not have a CO Driver's License or ID card. Write the last four digits of your SSN here: X X X - X X - _____</div> <div><input type="checkbox"/> I do not have a Colorado Driver's License, ID card, or a Social Security Number.</div>			
The address where you live	4	<div>* Address (no P.O. Boxes) _____ Unit Number _____ * City or Town _____</div> <div>CO _____</div> <div>State _____ * Zip Code _____ Colorado County _____</div> <div><input type="checkbox"/> I am homeless. This is a location I regularly return to. I have also provided a mailing address in Section 5.</div>			
The address where you receive mail	5	<div><input type="checkbox"/> Same as above _____ Address _____</div> <div>City or Town _____ State _____ Zip Code _____</div>			
The address to mail your ballot	6	<div><input type="checkbox"/> Same as above _____ Address _____</div> <div>City or Town _____ State _____ Zip Code _____</div>			
Political affiliation	7a or 7b	<div>I would like to be a member of the following political party:</div> <div><input type="checkbox"/> American Constitution <input type="checkbox"/> Approval Voting <input type="checkbox"/> Center <input type="checkbox"/> Democratic <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> No Labels <input type="checkbox"/> Republican <input type="checkbox"/> Unity</div> <div><input type="checkbox"/> I would like to be unaffiliated</div>			
Updating a current record?	8	<div><input type="checkbox"/> I am not updating a current record <input type="checkbox"/> I am no longer overseas <input type="checkbox"/> I am no longer absent from Colorado due to military service</div> <div>Previous home address _____ Previous legal name _____</div> <div>Previous mailing address _____ Previous party affiliation _____</div>			
Declaration	9	<div>Warning: It is a Class 1 misdemeanor to swear or affirm falsely as to your qualifications to register to vote.</div> <div>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.</div> <div><div>* Signature or mark _____ * Date _____</div><div>Witness Signature _____ Date _____</div><div>If you are unable to sign, you must make a mark and have the mark witnessed by another person.</div></div>			
Optional information	10	<div>Phone number with area code _____</div> <div>I want to receive election information by email: _____ (You will not receive a ballot by email) Email address _____</div> <div><input type="checkbox"/> I would like to be an election judge</div> <div>Gender Identity (<i>select one</i>): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Not Disclosed</div>			

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.

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.

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