Application Checklist
Child Care Assistance Program

Your APPLICATION for Child Care Assistance is incomplete. Please submit the following checked item(s) to our office as soon as possible, but no later than the date listed: ________________________

___ Verification/Change of employment form or letter from your employer which includes work schedule, hourly wage or monthly gross salary, 1st check date and start date if new Employment/Change of Employment has occurred within the past 60 days.

___ Verification of employment temporary leave/maternity form or letter from your employer which includes date of leave, expected return date, last pay check date and gross amount of last pay check, whether leave is paid or not paid.

___ Pay stubs for the most recent consecutive 30 days: ________________________

___ Child Support Verification: Court order, written statement from absent parent, or copies of payments.

___ Child custody arrangement (written) form that includes both parents names, child(ren) name(s), custody arrangement, and if child support is received (if yes, what is the amount you have received in the last 30 days): ________________________

___ Training/school verification: letter from advisor must include degree/certificate program, class/training schedule, & verification of anticipated graduation.

___ Job search signed agreement: ________________________

___ Verification of address (in primary caretaker’s name a current rent or lease agreement, mortgage statement, utility or other bill mailed no more than two months previously, automobile registration, voter registration, letter from the person who leases/owns the property, or paycheck stub received within the past two months): ________________________

___ Birth certificate(s) for child(ren) requesting care and photo ID of primary caretaker: ________________________

___ Child care information start date, provider name, phone & fax numbers, and license number (in writing and signed by parent/caretaker)

___ Client Responsibility form signed by primary caretaker and any other adult caretaker on the case

___ Other: __________________________________________________________________________

Thank you,
Adams County CCCAP team