Child Care Assistance Program
Redetermination Checklist

This form will tell you what documents are MANDATORY to determine your continued eligibility for Child Care Assistance. Please return all documents with your redetermination packet.

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

___ Completed, signed redetermination packet.

___ Parent activity schedule if non-traditional hours (outside of 6:00 am – 6:30 pm) are requested.

___ 30 days of income **OR** new Employment Verification **IF** new Employment or Change in Employment has occurred within the past 60 days.

(Pay stubs, which is a statement from the employer indicating the name of the employee, the gross amount of income, mandatory and voluntary deductions from pay, net pay and pay date, along with year-to-date gross income)

___ Verification of employment termination if employment has changed.

___ Verification of Child support received/paid out

___ Verification of unearned income.

(Examples of unearned income: worker’s compensation, unemployment benefits, social security benefits, VA benefits, disability benefits, etc.)

___ Self-employed persons should turn in a self-employment packet that includes ledger sheet showing total for income and expenses and copies of all receipts for expenses and other documents.

___ 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).

___ Client Responsibility Agreement.

___ Verification of address if residency has changed (in the head of household’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).

___ Other: ____________________________

****If change of activity has occurred from what was previously disclosed we may need other verification documents****

___ Please disclose your current email for your case _____________________________________________

*Valid email address is required*
By signing below, I agree that I read the Child Care Assistance Program Redetermination Checklist and supplied all the required proof. I have read and understand each of the items outlined in this checklist. My signature(s) do not guarantee approval of CCAP.

_________________________________________  _______________________________________
Client Signature (Primary)                 Client Signature (Secondary)

_________________________________________  _______________________________________
Client PRINTED name                        Client PRINTED name

_________________________________________
CCCAP Staff Signature                     __________________________

Date

Thank you,
Adams County CCCAP Team