



Website: <http://www.adcogov.org/colorado-child-care-assistance-program-cccap>

Client Responsibilities Agreement

Please read this agreement and sign below. If you have any questions or need clarification, please ask.

1. I agree to notify my child care worker in writing within ten (10) days if my income changes. Use the table below to determine household size and income.

Household Size	2	3	4	5	6	7	8	9
County Guideline 225%	\$3,170.63	\$3,999.38	\$4,828.13	\$5,656.88	\$6,485.63	\$7,314.38	\$8,143.13	\$8,971.88

2. I agree to report the changes in my **qualifying eligible activity** within (10) ten days. I understand that I must also verify these changes and I may be responsible for the cost of care/benefits I received for which I was not eligible.
3. I agree that I must complete the redetermination process when it is due **including all required verification**.
4. I agree that I must verify my eligible activity. (By providing education/training or work schedules at re-determination **and** whenever my activity changes.)
5. I understand that if any parent in my household is self-employed, I/we must maintain an average income that exceeds business expenses and I agree to track and verify income, expenses, and potentially work schedule to assist in my eligibility determination.
6. I understand that if child care is provided for my employment activity then the taxable gross wages divided by the number of hours I worked equals at least the current federal minimum wage in order to continue receiving child care assistance.
7. I agree to report all unearned income received in the household (child support payments, Veterans Payments, Social Security Income, Pensions and annuities, Net rental income, royalties, inheritance, gifts, prizes, unemployment insurance benefits, worker's compensation, etc.)
8. I understand that it is recommended to cooperate with the child support enforcement office for any child needing daycare that has an absent (non-custodial) parent.
9. I agree to notify my child care worker in writing at least ten (10) days **BEFORE** changing child care providers otherwise the county may not pay for my child care.
10. I agree to be responsible for resolving any problems I might have with my child care provider.
11. I agree to notify the county department of social/human services if I have any concerns about possible abuse or neglect of a child while in child care.
12. I understand that if I sign a contract with my child care provider, the contract is between my child care provider and me.
13. **I agree to use Attendance Tracking System (ATS) to check my child(ren) in and out of care daily or I may be responsible for payment of child care costs.**
 - A. I agree that I will resolve any missed, denied and/or errors for ATS check in/out within the allotted 9-day period and I will be responsible for payment to the provider if I do not do so.
 - B. I agree to contact CDHS via phone 1-844-447-4441 option 3 or email CDHS_ATS_HelpDesk@state.co.us with missed, denied and/or errors for ATS check in/out.
14. I agree that I will **not** leave my ATS PIN in the possession of my child care provider at any time or I may be disqualified from the Colorado Child Care Assistance Program.
15. I understand that a person found to have intentionally given false information, by deed or omission, 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.

Adams County Department of Human Services
Colorado Child Care Assistance Program
11860 Pecos St
Westminster, CO 80234

Phone: 720-523-2337
Fax: 720-523-2201
Email: AdamsCCAPParticipants@adcogov.org



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16. I understand that I cannot receive more than forty-eight (48) months of child care benefits while in a college (Bachelor's degree or less) or job skills training program and not more than a total of twelve (12) months of child care benefits while in an adult GED, high school diploma, English as a Second Language (ESL) or other basic skills program. I understand that I must report and verify satisfactory progress of my coursework.
17. PARENTAL FEE:
 - A. I agree to pay the parental fee listed on my child care authorization notice and that it is due to the provider on the first day of each month.
 - B. I understand that my parental fee is based on my income, household size, and number of children in care and that it is subject to change upon receiving prior written notice from the county.
 - C. I understand that if I do not pay this fee or make acceptable payment arrangements with my childcare provider, I will lose my child care benefits at redetermination and will not be able to receive assistance with another child care provider and/or through any other county.
 - D. I understand that the Child Care Provider may terminate care/contracts for any unpaid fees.
18. I agree to notify my child care worker in writing with in (10) days if my total household income exceeds 85% of the State Median Income listed below.

Household Size	2	3	4	5	6	7	8	9
85% SMI	\$4,602.04	\$5,684.87	\$6,767.70	\$7,850.53	\$8,933.36	\$9,136.40	\$9,339.43	\$9,542.46

By signing below, I agree to the conditions above for receiving assistance with my child care costs. I have read and understand each of the terms outlined in this agreement. My signature(s) do not guarantee approval of CCAP.

Client Signature (Primary)

Client Signature (Secondary)

Date

Client PRINTED name

Client PRINTED name

CCCAP Staff Signature

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