



Website: <http://www.adcogov.org/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) calendar days if my income changes.
2. I agree that I must verify my eligible activity and provide verifications of any changes in my **qualifying eligible activity** within (10) ten calendar days. I may be responsible for the cost of care/benefits I received for which I was not eligible if I fail to report or provide verification of the change.
3. I agree that I must complete the redetermination process when it is due **including providing a complete** re-determination packet and all required verification, when it is due, in order to maintain my CCCAP benefits.
4. I understand that if any parent in my household is self-employed, I/we must maintain an average income that exceeds business expenses and meets federal minimum wage. I agree to track and verify income, expenses, and potentially work schedule to assist in my eligibility determination.
5. I understand that if child care is provided for my employment/self-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.
6. 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.
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 agree to notify Child Care Licensing and Administration at 1-800-799-5876 as well as my CCAP case worker if I have any concerns about possible abuse or neglect of a/my child while in child care.
9. I agree to notify my child care worker in writing **BEFORE changing child care providers** and will allow at least ten (10) calendar days for processing otherwise the county may not pay for my child care.
10. I understand that if I sign a contract with my child care provider, the contract is between my child care provider and me and I agree to be responsible for resolving any problems I might have with my child care provider.
11. **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](mailto:CDHS_ATS_HelpDesk@state.co.us) with missed, denied and/or errors for ATS check in/out.
12. I agree that I will **not** share my Attendance Tracking System(ATS) 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.
13. **I understand 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.**
14. PARENTAL FEE:
  - A. I agree to pay the parent fee listed on my child care authorization notice to my child care provider in the month that care is received.
  - 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.

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](mailto:AdamsCCAPParticipants@adcogov.org)



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- 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.
- 15. I agree to notify my child care worker in writing with in (10) calendar 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	\$5,111.45	\$6,314.14	\$7,516.83	\$8,719.53	\$9,922.22	\$10,147.73	\$10,373.23	\$10,598.74

**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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