**In order to be eligible, you must have physical custody of the child for the period you are requesting care.**

“Physical custody” means that a child is living with, or in the legal custody of, the adult caretaker(s) or teen parent(s) on the days/nights they receive child care assistance. Code of Colorado Regulations. Income Maintenance (Volume 3). Colorado Child Care Assistance Program. 9 CCR 2503-9 [Rev. eff. 12/1/2014]

|  |
| --- |
| **Child(ren)’s name(s):** |
| **Name of the non-custodial parent(s):** |
| **Do you receive child support? Circle one YES or NO** |
| **If yes, what is the amount you have received in the last 30 days?** |
| **I have full custody of the child(ren) 24/7 Monday-Sunday: Circle one YES or NO** |
| **I have shared custody of the child(ren): Circle one YES or NO** |
|  **I have the child(ren) on these days and times:** |
|  |
|  |
|  |
|  |
| **Do the child/ren go with the non-custodial parent, please specify the exact day(s) and times that the child/ren are not with you below:** |
|  |
|  |
|  |

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**