



## Colorado Child Care Assistance Job Search Program Guidelines

The Job Search Program offers up to 13 weeks of subsidized child care for each instance of non-temporary job loss during your 12-month eligibility period while you seek employment.

Child care is covered based on time spent on job search activities for each day of care used. For example, less than 5 hours is considered part-time while 5 hours or more is considered full-time care. Each day of care used counts towards the maximum of 13 weeks days of subsidized child care for each instance of non-temporary job loss during my 12-month eligibility period regardless of the type of care approved.

Care will be authorized for the number of days per week requested on you Job Search Agreement. Care will be authorized and ending when the 13 weeks for each instance of non-temporary job loss. For example, child care requested for Mondays, Wednesdays, and Fridays will be authorized for 13 weeks regardless if care is only used three days out of that week. If your child is absent on a day that is scheduled, it will still count toward your 13 week maximum.

When you obtain a job, have your new employer complete a Verification of Employment and send it to your caseworker. Once received, your child care coverage may change to align with your new work schedule. Please notify your caseworker in writing to authorize care per new eligible activity.

Forms included with this packet:

- Job Search Program letter: Please keep this page for your reference.
- Job Search Agreement: Please complete, sign, and return form to your CCCAP caseworker *before using care*.
- Verification of Employment form: Please have your new employer complete this form and return it to your caseworker once you obtain employment.

Please remember to print your full name and caseworker's name on all pages you submit for your case.



**Job Search Client Responsibilities Agreement**

CCCAP Caseworker name: \_\_\_\_\_

I, \_\_\_\_\_ agree to the following conditions while receiving assistance with my child care costs for Job Search activities:  
(PRINT name)

(Initial beside each number)

- \_\_\_\_ 1. I understand that I may receive a maximum of 13 weeks of subsidized child care for each instance of non-temporary job loss during my 12-month eligibility period.
- \_\_\_\_ 2. I will use \_\_\_\_\_ days of  **Part time** or  **Full time** child care each week for Job Search activities only.
- \_\_\_\_ 3. I would like to use care on (select preferred days)  **M**  **T**  **W**  **Th**  **F**
- \_\_\_\_ 4. I understand that I must complete and document job search activities for each day of child care used. Approved care is based on time spent on job search activities each day. Less than 5 hours is considered part-time while 5 hours or more is considered full-time care.
- \_\_\_\_ 5. If I have a scheduled care with a child care provider and my child is absent that day, I understand that the absence counts toward my 13 week maximum for each instance of non-temporary job loss during my 12-month eligibility period.
- \_\_\_\_ 6. I agree to notify my case worker and supply written employment verification within 10 days of becoming employed.

I understand that my child care assistance will end if I am not in compliance with this agreement. I understand that I am solely responsible for my child care costs if I use care for any other purpose other than seeking employment while on Job Search. I understand that a recovery may be pursued for any child care costs reimbursed by the county while I was not in a Job Search activity.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date:



### Verification of Employment

The person below has indicated that s/he is employed with your business. Please complete the following information and return to employee or directly to Adams County Human Services Child Care Assistance Program at the address at the bottom of the page or via facsimile. The Following information is necessary to determine eligibility for Child Care Assistance. Thank you for your time.

CCAP Caseworker Name: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

First day of employment: \_\_\_\_\_ First check date: \_\_\_\_\_

**EMPLOYEE'S PAY & WORK SCHEDULE:**

Last check date: \_\_\_\_\_ Wages: \_\_\_\_\_ hr/mo Taxes withheld:  Yes  No

Pay frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly/other: \_\_\_\_\_

Additional income (overtime/commission/bonuses/tips\*)  No  Yes \*If yes, complete the following:

How much: \_\_\_\_\_ How often: \_\_\_\_\_ \*If tips, what percentage is reported: \_\_\_\_\_

**WEEKLY WORK SCHEDULE:**

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

Please fill in above weekly schedule. If varied schedule, please mark any regular days off "OFF." Fill in other days to the best of your ability. Include earliest time in/latest time off.

IF VARIED schedule, average hours per week: \_\_\_\_\_ (min #hrs.) \_\_\_\_\_ (max #hrs.)

Earliest time in: \_\_\_\_\_ Latest time out: \_\_\_\_\_

**I confirm that the above information is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Employer's name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
email (optional)

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

**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**