



Colorado Child Care Assistance Program (CCCAP)

Alamosa County is currently on an enrollment freeze effective November 18, 2024. During the enrollment freeze period, the attached application will be accepted which enables us to track your interest in participating in the Colorado Child Care Assistance Program (CCCAP).

The income and resource questions on this form do not need to be verified during the freeze, your self-attested answers will suffice.

We will date stamp your Enrollment Freeze Application and file it so that we can pull your application in chronological order when contacting you.

You will receive an Enrollment Freeze Redetermination every 12 months from the date of your application for the duration of the enrollment freeze. If you are still interested in participating in CCCAP, you will need to complete the redetermination form and return it to us within the pre-determined due dates to remain on the enrollment freeze list.

Once the freeze is lifted we will contact you to see if you are still interested in participating in the CCCAP program if we have a current Enrollment Freeze Application on file.

TANF and Child Welfare CCCAP are not subject to the enrollment freeze.

You can refer to the county website for more information regarding CCCAP.

www.alamosacounty.org. If you have questions regarding the freeze please feel free to contact the following individuals:

Judi Velasquez 719-587-5269 judi.velasquez@state.co.us

Linda Bruder 719-587-5291 linda.bruder@state.co.us



Enrollment Freeze Application

All starred sections are (*) REQUIRED INFORMATION and must be completed or application may be denied.

*Applicant Name (Last, First, MI):

_____ Date: _____

*Home Address: (street address, city, state, zip)

*Mailing Address: (street address, city, state, zip)

*Are you homeless: Yes No

*Email address: _____

*Primary phone: () Cell Home Work _____

*Is there a second adult caretaker in the home: Yes No *If yes, additional caretaker information must be included.

Caretaker Information

*Primary Adult Caretaker Name: _____

SSN: _____ (optional) *Date of Birth: ____ / ____ / ____ *Gender: Male Female

*Employed or self-employed: Yes No *If yes, you must complete the employer's name, start date, income, and hours worked. _____ Employer Name: _____ Start date: _____

Gross monthly income: _____ \$ Average Hours Worked Per Week: _____

If self-employed, select type: Sole proprietor 1099 Contractor LLC S-Corp Other: _____

*Attending school or training: Yes No *If yes, you must complete the school or training program name and start date.

School or Training Program Name: _____ Start date: _____

*Job Searching: Yes No

*Disabled: Yes No

Race (Optional, mark all that apply): American Indian/Alaska /Alaskan Native Asian Black Native Hawaiian/Pacific Islander White Other Ethnicity (optional): Hispanic non-Hispanic.

***Additional Adult Caretaker Name:** _____

SSN: _____ (optional) *Date of Birth: _____ *Gender: Male Female

*Relationship to primary adult caretaker: _____

*Employed or self-employed: Yes No *If yes, you must complete the employers name, start date, income and hours worked.

Employer Name: _____ Start date: _____

Gross monthly income: _____ \$ Average Hours Worked Per Week: _____

If self-employed, select type: Sole proprietor *Additional Adult Caretaker Name: _____

SSN: _____ (optional) *Date of Birth: _____ *Gender: Male Female

*Relationship to primary adult caretaker: _____

*Employed or self-employed: Yes No *If yes, you must complete the employers name, start date, income and hours worked. Employer Name: _____ Start date: _____

Gross monthly income: \$ _____ Average Hours Worked Per Week: _____

If self-employed, select type: Sole proprietor _____ 1099 Contractor _____ LLC _____ S-Corp _____ Other _____

*Attending school or training: Yes _____ No _____ *If yes, you must complete the school or training program name and start date.

School or Training Program Name: _____ Start date: _____

*Job Searching: Yes No *Disabled: Yes No

Race (Optional, mark all that apply): American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White Other Ethnicity (optional): Hispanic non-Hispanic.

Children Information

<p>Child One:</p> <p>Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Full Name: _____</p> <p>Date of Birth: _____</p> <p>SSN (optional): _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Relationship to Primary Adult Caretaker: _____</p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Race (Optional, mark all that apply):</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p> <p>Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic</p>	<p>Child Two:</p> <p>Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Full Name: _____</p> <p>Date of Birth: _____</p> <p>SSN (optional): _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Relationship to Primary Adult Caretaker: _____</p> <p>In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____</p> <p>Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Race (Optional, mark all that apply):</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p> <p>Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic</p>
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Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien	Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien
Child Three: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Name: _____ Date of Birth: _____ SSN (optional): _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship to Primary Adult Caretaker: _____ In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____ Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Race (Optional, mark all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien	Child Four: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Name: _____ Date of Birth: _____ SSN (optional): _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship to Primary Adult Caretaker: _____ In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____ Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Race (Optional, mark all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien
Child Five: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Name: _____ Date of Birth: _____ SSN (optional): _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship to Primary Adult Caretaker: _____ In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____ Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Race (Optional, mark all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien	Child Six: Needs Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Full Name: _____ Date of Birth: _____ SSN (optional): _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship to Primary Adult Caretaker: _____ In School: Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____ Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Race (Optional, mark all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic Citizenship Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien

Additional Income

*Do you or any other household member receive any other type of income? Yes No
 Examples include but are not limited to child support, alimony, maintenance, unemployment, retirement benefits, Veterans benefits, military allotment, cash contributions, in-kind income, worker compensation, interest on savings/CDs, dividends on stocks/bonds, annuities, social security (survivor's disability), retirement), supplemental security income (SSI)

*If yes, you must report the income type, amount, and how often it is received: (weekly, biweekly, monthly, annually)

Income Type: _____ Amount: \$ _____ How often received: _____
 Income Type: _____ Amount: \$ _____ How often received: _____

Child Support Paid Out

*Is anyone in your household paying court-ordered child support for a child not residing in your home? Yes No If yes, how much is paid out per month? \$ _____

Assets

*Do you or the additional caretaker have any liquid resources or cash on hand? Yes No

*If yes, how much? \$ _____

*Do you or the additional caretaker have any non-liquid resources or non-cash resources? Yes No

*If yes, how much? \$ _____