

CCAP Waitlist Pre-Eligibility Questionnaire (PEQ)

Applicant name (last, first, middle initial): _____

Home Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Daytime phone: (____) _____ Message phone: (____) _____

E-mail address: _____

How many children are in the household, including those who do not need child care? _____

How many of those children need child care? _____

How many parents are in your household? _____

Parent Information

Parent One Information:	Parent Two Information:
Name: _____ Social Security #: _____ Date of Birth: _____ Gender: Male Female Are you employed? Yes No If yes, where? _____ Employment start date: _____ Hourly wage: \$ _____ Hours worked per week _____ Are you in school? Yes No If yes, where? _____ How many credit hours are you taking? _____ Have you received a Bachelor's degree? Yes No Please check any other activities you do : <input type="checkbox"/> Job Searching <input type="checkbox"/> GED <input type="checkbox"/> Job Training <input type="checkbox"/> Other: _____	Name: _____ Social Security #: _____ Date of Birth: _____ Gender: Male Female Are you employed? Yes No If yes, where? _____ Employment start date: _____ Hourly wage: \$ _____ Hours worked per week _____ Are you in school? Yes No If yes, where? _____ How many credit hours are you taking? _____ Have you received a Bachelor's degree? Yes No Please check any other activities you do: <input type="checkbox"/> Job Searching <input type="checkbox"/> GED <input type="checkbox"/> Job Training <input type="checkbox"/> Other: _____

CCAP Waitlist Pre-Eligibility Questionnaire (PEQ)

Child(ren) Information

Child One: Name: _____ Social Security #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this Child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Two: Name: _____ Social Security #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this Child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Three: Name: _____ Social Security #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this Child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Four: Name: _____ Social Security #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this Child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Five: Name: _____ Social Security #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this Child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Six: Name: _____ Social Security #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this Child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is there any unearned income in the household? Yes No

If YES, please write in the amount of MONTHLY income for each category:

Child Support	\$	Retirement Benefits	\$	Worker's Compensation	\$
Alimony/Maintenance	\$	Veteran's Benefits	\$	Interest on savings, CD	\$
Unemployment	\$	Military Allotment	\$	Dividends on stocks/bonds	\$
SSDI	\$	Cash contributions	\$	Annuities	\$
SSI	\$	TANF/Colorado Works	\$	Other	\$

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

FOR COUNTY USE ONLY		HH Size	<165% FPL	HH Size	<165% FPL
Date: _____	Tech: _____	2	\$2,233	6	\$4,532
HH Size: _____	Income: _____	3	\$2,807.75	7	\$5,106.75
CSE Sanction? Yes No	Unpaid PFs? Yes No	4	\$3,382.50	8	\$5,681.50
Waitlist Eligible? Yes No	Priority? Yes No	5	\$3,957.25	9	\$6,256.25
HH #:	Case #:				

DEPARTMENT OF HUMAN SERVICES
Child Care Assistance Program
 1501 Blue Spruce Drive
 Fort Collins, CO 80524
 CCAP@larimer.org
 (970) 498-6300 Fax (970) 498-7987