

CLIENT RESPONSIBILITIES AGREEMENT

1. I agree to notify my child care worker in writing within ten (10) days if my total household income exceeds 85% of the State Median Income and report within four (4) weeks if my qualifying eligible activity changes. I understand that I must also verify these changes and that I will have to repay any benefits I received for which I was not eligible.

Circle household size and State Median Income (SMI) amount

Household Size	2	3	4	5	6	7	8	9	10+
85% SMI	\$4,139	\$5,112	\$6,086	\$7,059	\$8,033	\$8,215	\$8,398	\$8,581	+\$4,160 per add. member

2. I agree that I must complete the redetermination process when it is due, including all required verification.
3. I agree that I must verify my eligible activity. (By providing education/training or work schedules at re-determination and whenever my activity changes.)
4. I agree that I will provide job search logs as required by the County.
5. I agree that if I am in education/training (county option) that I will maintain satisfactory progress to remain eligible for child care assistance for this activity. Satisfactory progress is a GPA of at least a 2.0 or its equivalent or have academic standing consistent with the institution's graduation requirements.
6. I agree to notify my child care worker in writing at least ten (10) days BEFORE changing child care providers otherwise the county may not pay for my child care.
7. I agree to be responsible for resolving any problems I might have with my child care provider.
8. I agree to notify the county department of social/human services if I have any concerns about possible abuse or neglect of a child while in child care.
9. I understand that if any parent in my household is self-employed I/we must maintain an average income that exceeds business expenses and I agree to track and verify income, expenses, work schedule and need for care to assist in my eligibility determination. I also understand that I must provide documentation from the IRS or other government agency to verify my self-employment status.
10. I understand that if child care is provided for my employment activity then the taxable gross wages divided by the number of hours I use child care for my employment must equal at least the current federal minimum wage in order to continue receiving child care.
11. I agree that if my county requires child support enforcement I will cooperate with the child support enforcement office for any child that has an absent parent regardless of whether they receive child care assistance.
12. I agree that I will not leave my CCAP card in the possession of my child care provider at any time or I may be disqualified from the Colorado Child Care Assistance Program.
13. I agree to use my CCAP card to check my child(ren) in and out of care daily or my child care assistance case may close and I shall be responsible for payment of the child care costs.
14. I understand that a person found to have intentionally given false information by deed or omission 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.
15. PARENTAL FEE:
 - a. I agree to pay the parental fee listed on my child care authorization notice and that it is due to the provider on the first day of each month.
 - b. I understand that my parental fee is based on my income, household size and number of children in care and is subject to change upon receiving prior notice from the county.
 - 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 and will not be able to receive assistance with another child care provider and/or through any other county.

Applicant 1 Signature	Date	Applicant 2 Signature	Date