

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

<b>Child One:</b> 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	<b>Child Two:</b> 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
<b>Child Three:</b> 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	<b>Child Four:</b> 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
<b>Child Five:</b> 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	<b>Child Six:</b> 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? \$ \_\_\_\_\_

<b>FOR COUNTY USE ONLY</b>		HH Size	<165% FPL	HH Size	<165% FPL
Date: _____	Tech: _____	2	\$2,202.75	6	\$4,479.75
HH Size: _____	Income: _____	3	\$2,772.00	7	\$5,050.38
CSE Sanction?   Yes   No	Unpaid PFs?   Yes   No	4	\$3,341.25	8	\$5,622.38
Waitlist Eligible?   Yes   No	Priority?   Yes   No	5	\$3,910.50	9	\$6,194.38
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