

# Denver County CCAP

## Request for Reduced Parental Fees

Date: \_\_\_\_\_ CCAP Worker: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Number of people living at this address: Adults: \_\_\_\_\_ Children \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Why are you not able to pay your current parental fee? \_\_\_\_\_

How much are you able to pay? \_\_\_\_\_

For which month(s) are you requesting your parental fee be reduced? \_\_\_\_\_

What help have you requested from your family, friends, live-in partners, or agencies such as a church, Housing Authority, etc. in the last 60 days?

If your request is approved, how do you plan to pay your full parental fee in the future? \_\_\_\_\_

Please tell us any other information that you think will help CCAP in making a decision.

Have you applied for other assistance programs? (LEAP, scholarships, etc)

**Please list your monthly income:**

**WORK INCOME:** Complete for all members of your household.

Name of person	Employer or Business Name and Telephone Number	Self-Employed?	# or hours per week?	How often paid?	Total earnings per pay period? (Including tips & commissions)

**-Please complete and sign the back side of this form-**

**Monthly income, continued:**

**NON-WORK INCOME:** Complete for all members of your household.

Child Support	\$ _____	Social Security	\$ _____
Unemployment Compensation	\$ _____	Worker's Compensation	\$ _____
Worker's Compensation	\$ _____	Alimony/Maintenance	\$ _____
Annuity	\$ _____	Cash Contributions	\$ _____
Dividends from Stocks and Bonds	\$ _____	Insurance/Settlements	\$ _____
Interest	\$ _____	Lease Bonus/Royalties	\$ _____
Military Allotment	\$ _____	Railroad Retirement Benefits	\$ _____
Strike Benefits	\$ _____	Trust Income	\$ _____
Veteran's Benefits	\$ _____	Other	\$ _____

**Please list your monthly expenses:**

Rent/Mortgage:	\$ _____	Internet:	\$ _____
Lot rent/Association fees:	\$ _____	Storage:	\$ _____
Gas & Electric:	\$ _____	Cable:	\$ _____
Additional utilities (trash, water):	\$ _____	Pet food/bills:	\$ _____
Vehicle payments:	\$ _____	Tobacco:	\$ _____
Gas for vehicle(s):	\$ _____	Alcohol:	\$ _____
Food:	\$ _____	Medical bills:	\$ _____
Laundry:	\$ _____	Collection Agencies:	\$ _____
Household products:	\$ _____	Garnishments:	\$ _____
Child care:	\$ _____	Credit card:	\$ _____
Basic phone:	\$ _____	Credit card:	\$ _____
Long distance phone:	\$ _____	Other/List:	\$ _____
Cell phone:	\$ _____	Other/List:	\$ _____
Recreation (including entertainment & children's activities):	\$ _____	Other/List:	\$ _____

By signing this form, I certify under penalty of perjury that the information I have given is true and accurate to the best of my knowledge. I understand that any false or misleading information given may result in a recovery of benefits. I also understand that completion of this form does not guarantee approval for reduced parental fees.

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

\_\_\_\_\_  
**Date**

Please provide detailed information so we can better complete the decision- making process. Please allow ten days processing time from date of receipt of this request. You will be notified of the decision outcome.

CCAP Worker Recommendations: \_\_\_\_\_

CCAP Supervisor: APPROVED DENIED

AMOUNT: \$ \_\_\_\_\_ Approval Dates: \_\_\_\_\_