



Child Care Assistance Job Search Program

The Job Search Program offers **up to 30 days of childcare per year** while you seek employment. The child care can be used while you are doing Job Search activities only. Examples of acceptable activities include, but are not limited to:

- Researching job listings
- Searching and/or applying online
- Completing/sending applications
- registering with temp agencies
- Completing resume/cover letters
- Sending resumes
- Job interviews
- spending time at Work Force

Other activities that relate to job searching are valid. You will be required to complete Job Search Activity Logs for each day of care used. Covered care is based on time spent on job search activities for each day of care used. (i.e. less than 5 hours equals part time care, 5 hours or more equals full-time care. Each day, no matter the type of care approved, counts toward my 30 day maximum for the year.)

Care will be authorized for the number of days per week requested on your Job Search Agreement. Care will be authorized and ending when the 30 days of Job Search is exhausted. (i.e. M-W-F, care will be authorized for 0 weeks, at which point the 30 day max will be met.) If your child is absent on a day that is scheduled that will count toward your 30 day max per year.

When you receive a job, have your new employer complete and send a Verification of Employment form to your caseworker. Once received, your childcare coverage may change to adjust to your new work schedule. Please notify your caseworker in writing to authorize care per new eligible activity.

Forms included with this packet:

1. Job Search Agreement, please complete and sign and return to your CCAP caseworker before using care.
2. Job Search Program letter - please keep this page for future reference.
3. Job Search Activity Logs – please document your activities and return to your CCAP caseworker. (Feel free to copy as many as needed)
4. Verification of Employment form, please have your new employer complete this form and return to the CCAP office.

As always please remember to:

Print full name and CCAP caseworker's name on all pages you send in for your case.



Boulder County Child Care Assistance Program

CCAP Phone: (303)441-1000

Fax: (303)441-1523

3460 N. Broadway, Boulder, CO 80304 OR
1921 Corporate Center Cr., Suite 3F, Longmont, CO 80501



Boulder County Child Care Assistance Program (CCAP)

Complete the attached forms and drop off to either of our 2 offices located at:

3460 N. Broadway, Boulder, CO 80304 OR

Phone: (303)441-1000

1921 Corporate Center Cr., Suite 3F, Longmont, CO 80501

Fax: (303)441-1523

Job Search Client Responsibilities Agreement

I, (print name) _____ agree to the following conditions while receiving assistance with my childcare costs for Job Search activities.

1. I understand that I may receive a maximum of 30 days of subsidized childcare for job searching in a 12-month period. The 12-month period of time begins with the first day of job search activity.
2. I will use _____ days: PT or FT of childcare each week for Job Search activities only. (write number) (Circle type)
3. I would like to use are on (circle days preferred): M T W TH F
4. I understand that I must complete and document job search activities for each day of care used. Approved care is based on time spent on job search activities each day; less than 5 hours equals' part time care, 5 hours or more equals full-time care. Each day, no matter the type of care approved, counts toward my 30 day maximum for my anniversary year.
5. If I have scheduled care with CCAP and a childcare provider and my child is absent that day, I understand that the absence counts toward my 30 day maximum for the year.
6. I agree to submit my Job Search logs every two weeks to my caseworker in order to continue receiving assistance.
7. I agree to notify my caseworker and supply written employment verification upon becoming employed.
8. I understand that the county will conduct random verification of the reported job search activities. This may include telephone calls to the prospective employers. Or I can submit verification with my job search logs such as, a copy of a date stamped application a copy of the confirmation receipt for an online application, or receipt for printing resumes.

I understand that my childcare assistance will end if I am not in compliance with this agreement. I understand that I am solely responsible for my childcare costs if I use care for any other purpose other than seeking employment while on Job Search. I understand that care will end once the 30 days are used up.

Client Signature

Date

Client Phone Number

Caseworker Signature

Date



3460 N. Broadway, Boulder, CO 80304 OR
 1921 Corporate Center Cr., Suite 3F, Longmont, CO 80501
 Phone: (303) 441-1000 Fax: (303) 441-1523



WORK-SEARCH LOG

While on job search for Boulder County CCAP, I understand **that I must complete and document job search activities below for each day of CCAP used.** Approved care is based on the time spent on job search activities each day; less than 5 hours equals part-time care, 5 hours or more equals full time care. Each day, no matter the type of care approved, counts toward my 30 day maximum for my anniversary year.

I agree to submit my job search log to my CCAP caseworker **every two weeks** in order to continue receiving assistance.

Mo/Day/Yr	Employer Name, Address, Telephone Number, or E-mail Address	How Contacted	Person Contacted (Name and Title)	Work Sought (Type)	Results	Application or Resume Filed?
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No



3460 N. Broadway, Boulder, CO 80304 **OR**
 1921 Corporate Center Cr., Suite 3F, Longmont, CO 80501
 Phone: (303) 441-1000 Fax: (303) 441-1523



WORK-SEARCH LOG

While on job search for Boulder County CCAP, I understand **that I must complete and document job search activities below for each day of CCAP used.** Approved care is based on the time spent on job search activities each day; less than 5 hours equals part-time care, 5 hours or more equals full time care. Each day, no matter the type of care approved, counts toward my 30 day maximum for my anniversary year.

I agree to submit my job search log to my CCAP caseworker **every two weeks** in order to continue receiving assistance.

Mo/Day/Yr	Employer Name, Address, Telephone Number, or E-mail Address	How Contacted	Person Contacted (Name and Title)	Work Sought (Type)	Results	Application or Resume Filed?
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification of Employment

The following information is necessary to determine eligibility for Child Care Assistance Program.

TO BE COMPLETED BY CCAP CLIENT:

CCAP Caseworker Name or Ext.: _____ Date: _____

CCAP Client Name: _____ Social Security #: _____

TO BE COMPLETED BY CLIENT'S EMPLOYER:

Name of Business: _____

Business Address: _____ City/State _____

First Day of Employment: _____ First Check: _____

WEEKLY WORK SCHEDULE: (Please list typical work schedule i.e. 9-5)

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

Please fill in above wkly schedule-If flex schedules please mark any regular days off (OFF)
Fill in other days as best you can, include earliest time in/latest time off.

If FLEX schedule: Average hours per week _____ (min # hrs) _____ (max # hrs)
Earliest time in _____ Latest time out _____

If FLEX schedule: Average hours per week _____ (min # hrs) _____ (max # hrs)
Earliest time in _____ Latest time out _____

Rate of Pay: _____ Monthly Gross Wages: _____ Taxes Withheld Yes No

How often paid? Weekly Biweekly Semimonthly Monthly/Other _____

*If tips, what percentage is reported: _____

The above person has indicated that s/he is employed with your business. Please complete the following information and return to employee or directly to AFS at the address or number at the bottom of page.

I confirm that the above information is complete and accurate:

Printed Name

Title

Phone Number

Signature

Date



3460 N. Broadway, Boulder, CO 80304 OR
1921 Corporate Center Cr., Suite 3F, Longmont, CO 8050
Phone: (303) 441-1000 Fax: (303) 441-1523

