



Self-Employment Packet



TO BE COMPLETED BY CCCAP CLIENT:

CCCAP Client Name: _____

Month/Year: _____

DATE	Income (+)	Tips (+)	Expenses (-)	Expenses (-)	Hrs Worked
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

The undersigned further understands that providing false representations herein constitutes an act of fraud. Colorado statues provide for fraud charges to be filed against any individual or person who aided another person in securing public assistance for which he/she was ineligible by misrepresenting or concealing essential facts.

CCCAP Client Signature

DATE

**Adams County Department of Human Services
 Colorado Child Care Assistance Program
 11860 Pecos St
 Westminster, CO 80234**

**Phone: 720-523-2337
 Fax: 720-523-2201
 AdamsCCAP@adcogov.org**