



Self-Employment Packet

ONLY TO BE COMPLETED BY CCCAP CLIENT IF EXPENSES ARE BEING COUNTED AND RECEIPTS VERIFIED

CCCAP Client Name:		Expense Month and Year:	
Date of Expense (MM/DD/YY)	Expense Type	Expense Amount	Itemize Receipt Attached
			Yes 🗌
			Yes
			Yes 🗌
			Yes 🗌
			Yes 🗌
			Yes
			Yes 🗌

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