

Custody Statement

In order to be eligible, you must have physical custody of the child for the period you are requesting care.

"Physical custody" means that a child is living with, or in the legal custody of, the adult caretaker(s) or teen parent(s) on the days/nights they receive child care assistance. Code of Colorado Regulations. Colorado Child Care Assistance Program. 8 CCR 1403-1 [Rev. eff. 12/15/2023]

Child(ren)'s name(s):
Name of the non-custodial parent(s):
Do you receive child support? Circle one YES or NO
If yes, what is the amount you have received in the last 30 days?
I have full custody of the child(ren) 24/7 Monday-Sunday: Circle one YES or NO
I have shared custody of the child(ren): Circle one YES or NO
I have the child(ren) on these days and times:
Do the child/ren go with the non-custodial parent, please specify the exact day(s) and times that the child/ren are not with you below:

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 Email: AdamsCCAP@adcogov.org