



CCAP Application Checklist

Your application remains INCOMPLETE until all the following item(s) are submitted to our office via Email (only PDF attachment, no pictures), Fax, or In Person.

Please watch the following orientation video before you fill out your application. This is a requirement and it will also help you answer your application more accurately: <https://youtu.be/UynZgKzx76E>

____ Verification of employment form or letter from your employer which includes work schedule, hourly wage or monthly gross salary, 1st check date and start date **if** new Employment/Change of Employment has occurred within the past 60 days.

____ Verification of employment temporary leave/maternity form or letter from your employer which includes date of leave, expected return date, last paycheck date and gross amount of last paycheck, whether leave is paid or not paid.

____ **Copy** of pay stubs for the most recent consecutive 30 days: _____

____ **Copy** of Child Support Verification: Court order, written statement from absent parent, or copies of payments.

____ Custody Statement: Child custody arrangement (written) form that includes both parents names, child(ren) name(s), custody arrangement, and if child support is received (if yes, what is the amount you have received in the last 30 days): _____

____ **Copy** of Training/school verification: letter from advisor must include degree/certificate program, class/training schedule, & verification of anticipated graduation or school schedule

____ **Copy** of Verification of address in primary caretaker’s name. This can be a current rent or lease agreement, or mortgage statement, or utility bill or other bill mailed no more than 60 days prior to application date, or automobile registration, or voter registration, or paycheck stub received within the past 60 days. If you do not have any bills under your name, please provide a letter from the person who leases/owns the property.

____ Photo ID of primary caretaker: _____

____ Provider Form: Childcare Information start date, provider name, phone & fax numbers, and license number (in writing and signed by parent/caretaker)

____ Other: _____