




Conejos County

Department of Social Services
POLICY

POLICY TITLE Parent Fee Hardship	REFERENCE 3.910, (Q)
POLICY NO. CCCAP-15	EFFECTIVE DATE July 1, 2019
DIVISION DIRECTOR APPROVAL 	BOARD OF COUNTY COMMISSIONERS ADOPTION DATE 5/5/19

BACKGROUND

The County shall use the federal poverty guidelines and state median income limit as defined in section 3.905, 1 (H)(2). Counties shall update parent fees at the next scheduled re-determination.

PURPOSE

To ensure all eligible Low-income and Colorado Works families, who are having financial difficulties meeting their monthly parent fees have an opportunity to qualify for a Hardship.

POLICY

Parent fees, as assessed by the parent fee formula, may be reduced to five dollars (\$5) for hardship reasons for up to six (6) months per hardship award. The county director or his/her designee shall approve a fee reduction and a written justification placed in the case file and noted in the record in the Child Care Automated Tracking System (CHATS). Any hardship award may be extended so long as justification for extending the hardship award exists. Criteria used to determine a hardship are as follows: excess medical bills, change in household composition, change resulting in loss of income, unexpected one time expense, illness, injury, teen parent or a hardship deemed by the county to be a hardship to a family.

PROCEDURE

The client will submit a hardship request within ten (10) days of the date of the hardship. A CCCAP Verified Needs Assessment, must be completed and submitted to the child care worker along with documentation related to the hardship. The county director or his/her designee will review all documentation and determine if a Hardship will be awarded.

Signed by:

Michael Jarvis
CHAIR, CONEJOS COUNTY BOARD OF COUNTY COMMISSIONERS

5/15/19
DATE

CONEJOS COUNTY DSS
CHILD CARE ASSISTANCE PROGRAM
P.O.Box 68
CONEJOS, Co. 81129
PH: 719-376-6711 FAX: 719-376-

CCCAP Verified Needs Assessment

Client's Name:

Activity Schedule:

Joint Custody? Yes No

Custody Schedule:

Number of Children in Household:

Number of Children in Need of Care:

Children's Names & Ages (needing care)

Provider Name and ID#:

In order to be considered for a Parent Fee Hardship, one or more of these criteria's must exist. Excess medical bills, change in household composition, change resulting in loss of income, unexpected one time expense, illness, injury, teen parent or a hardship deemed by the county to be a hardship to a family. Please include documentation related to the hardship.

Parent Fee Hardship

Explain why request for a reduction in parent fee due to hardship:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a small, light-colored tab or piece of tape protruding from between the lines. The paper appears to be part of a notebook or a binder.

Client signature: _____
(primary)

Client signature: _____
(secondary, if applicable)

Caseworker signature: _____

Approved: Yes No

Approval signature

Date _____