



2018-2019 Financial Assistance Application

The Department of Extended Learning and Community Schools will offer limited financial assistance for the 2018-2019 school year*. Assistance will be awarded on a first-come, first-serve basis to qualifying families.

Financial assistance is available for **regular school day programming only**. *Financial Assistance is not available for Dismissal Days or Camp Days.

Completed applications, along with required documentation, should be emailed to: discovery_link@dpsk12.org by **3:00 PM, August 3, 2018**.

***You may also hand deliver to our office: 1617 S. Acoma St., Denver, CO 80223*

All applications **must include** 2017 IRS Tax Form 1040 and most recent pay stub(s) to reflect 1-month's salary. Incomplete applications **will not** be considered.

Last name, First name

Student's Last name, first name

Mailing Address

Primary Phone #

Email Address

Secondary Phone #

Child(ren): Include all children under the age of 18 residing in the household regardless of participation in our programs.

Last Name	First Name	Discovery Link site- if applicable

Briefly describe your current financial situation and the need for assistance.



CCAP ELIGIBILITY: If your family qualifies for CCAP, you must apply for that support prior to submitting this application. [Review CCAP Eligibility Here](#)

The Denver Child Care Assistance Program (CCAP) helps eligible families afford child care for children up to age 13, and for youth with special needs through age 18. Types of care available include full-time care, part-time care, and summer-time care. To qualify, parents or caretakers must fall within the income guidelines and be:

- Employed or self-employed and earning at least minimum wage for the hours worked, or;
- Attending high school, college for the first bachelor's degree or vocational program, or earning a GED or ESL, or;
- Currently searching for a job, or;
- Participating in Colorado Works and qualify for child care as part of their Individual Plan

2018 DENVER CCAP INCOME REQUIREMENTS

FAMILY SIZE	MAXIMUM MONTHLY INCOME BEFORE TAXES
2	\$3,045.00
3	\$3,828.75
4	\$4,612.50
5	\$5,396.25
6	\$6,180.00
7	\$6,963.75
8	\$7,747.50
9	\$8,531.25

Annual Family Income: - Please X the box that best represents the total yearly income for your household.

Total # Household	\$0-\$25,100	\$25,101-\$46,435	\$46,436+

Worksheet:

Household Income Type	Name: _____	Name: _____
Monthly pay <u>before</u> deductions		
Welfare, Child Support, Alimony		
Pensions, Retirement, Social Security, VA Benefits, SSI		
Other		

I certify all the information provided in this application is an accurate representation of current financial status. I authorize the staff of the DPS Department of Extended Learning and Community Schools to verify information provided in this application. I understand if I purposely submit false information, I forfeit my financial assistance eligibility. I will notify Extended Learning immediately if I have any changes to my income.

Signature:

_____ Name

_____ Date