



### Job Search Client Responsibilities Agreement

CCCAP Caseworker name: \_\_\_\_\_

I, \_\_\_\_\_ agree to the following conditions while receiving assistance  
(PRINT name) with my child care costs for Job Search activities:

(Initial beside each number)

- \_\_\_\_ 1. I understand that I may receive a maximum of 13 weeks of subsidized child care for each instance of non-temporary job loss during my 12-month eligibility period.
- \_\_\_\_ 2. I will use \_\_\_\_\_ days of ☐ **Part time** or ☐ **Full time** child care each week for Job Search activities only.
- \_\_\_\_ 3. I would like to use care on (select preferred days) ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F**
- \_\_\_\_ 4. I understand that I must complete and document job search activities for each day of child care used. Approved care is based on time spent on job search activities each day. Less than 5 hours is considered part-time while 5 hours or more is considered full-time care.
- \_\_\_\_ 5. If I have a scheduled care with a child care provider and my child is absent that day, I understand that the absence counts toward my 13 week maximum for each instance of non-temporary job loss during my 12-month eligibility period.
- \_\_\_\_ 6. I agree to notify my case worker and supply written employment verification within 10 days of becoming employed.

I understand that my child care assistance will end if I am not in compliance with this agreement. I understand that I am solely responsible for my child care costs if I use care for any other purpose other than seeking employment while on Job Search. I understand that a recovery may be pursued for any child care costs reimbursed by the county while I was not in a Job Search activity.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date:

**Adams County Department of Human Services  
Colorado Child Care Assistance Program  
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