Colorado Child Welfare Program

Purpose: Services will provide eligible child services that promote the safety and well-being of children and youth. The contract serves as a prevention and long-term stability initiative.

The Division of Social Services shall provide services to the children, youth, and their families that meet the following goals:

1. Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child/youth or;
2. Prevent out-of-home placement of the child/youth; or
3. Return children/youth in placement to their own home; or
4. Unite children/youth with their permanent families; or
5. Promote the stability of children and youth in their own homes; and
6. Protect children/youth from neglect and harm.

Families requesting assistance are required to meet the following:

1. The following bills are **not eligible expenses**: Car payments, Direct TV/Dish Network, home phone, internet, auto insurance, furniture, pawn bills and loan payments, etc.… _____
2. Children under the age of 18 will need to reside in the home. _____
3. Children CANNOT be claimed by different households. _____
4. If an applicant is claiming children who are not their biological child, the applicant must bring in documentation that they have custody/guardianship of the child. _____
5. Applications must be fully completed before requests will be processed (applicants' responsibility) _____
6. The Division of Social Services will process check request applications **received prior to 3:30 pm** _____
7. If an applicant is requesting assistance with their utilities: _____
    a. Bill must be in the name of the applicant.
    b. Bill must be current billing
    c. Bill must be an original document.
8. If an applicant is requesting groceries, the applicant will have a couple of choices: _____
    a. Farmers Fresh – the quickest way to obtain groceries.
    b. Walmart – DSS Caseworker will only be able to arrange shopping at Walmart only one per week on a scheduled, set day (usually in the afternoon).
9. If an applicant is requesting assistance with their bills, utilities and/or groceries, a caseworker will work with you to make a family budget plan, which must be used before future services will be provided. _____

10. Initial program referrals (check all that apply):

    a. ☐ Behavioral Health
    b. ☐ GED/ABE
    c. ☐ Domestic Violence
    d. ☐ Parenting Classes/ Coaching
    e. ☐ Family Group Decision Making
    f. ☐ Victims Services
    g. ☐ Substance Abuse
    h. ☐ Vocational Rehabilitation
    i. ☐ Legal/ Attorneys
    j. ☐ External County Referrals (specify)_____
    k. ☐ Other

    Additional Resources

a. ☐ SUIT/USDA Food Distribution Program – amazing food selection

b. ☐ Durango Food Bank (970) 375 – 2672

c. ☐ Bayfield Food Bank (970) 884 – 9544

d. ☐ WIC (Women, Infant and Children) (970) 335 -2026

e. ☐ AFDC (Aid to families with Dependent Children) (970) 382 – 6150

f. ☐ TANF (Temporary Aid to Needy Families/Food Stamp program) (970) 382 – 6150

g. ☐ LIHEAP (Low income home energy assistance program) (970) 382 – 6150

h. ☐ SW Colorado Workforce (serves the general public) (970) 565 – 3759

i. ☐ Tribal Employment Rights Office (TERO - all Native People) (970) 563 – 2290

j. ☐ Home Budgeting (Caseworkers are willing to assist) (970) 563 – 0209

k. ☐ Road Runner Transit – Transportation (970) 563 – 4545

l. ☐ Housing Solutions of Durango (970) 259 – 1089

m. ☐ Southern Ute Tribal Housing (Southern Ute Tribal Members) (970) 563 – 2722

n. ☐ Southern Ute Housing Authority (General Public) (970) 563 – 4575
(DSS can write a letter regarding status to obtain possible preference).

I the undersigned have read and understand the requirements of the Colorado State Child Welfare Contract Program Requirements.

_____	_____	_____
Print Name	Signature	Date

DATE OF INTERVIEW: _____
COMPLETED APPLICATION DATE: _____
CASEWORKER: _____

* OFFICE USE ONLY *	
APPLICATION DATE:	**APPROVED** ☐ Date: **DENIED** ☐ Date:
DATE ENTERED:	TOTAL ASSISTANCE AMOUNT:

* CO State Child Welfare Financial Assistance Application *

Date:

Name:	**Phone Number:**
Other Names Used:	**Message Number:**
Mailing Address:	
Physical Address:	

FINANCIAL ASSISTANCE:

Bills ☐ **Food** ☐ **Other** ☐

(Please attach ORIGINALS & AMTS of Bills)

Have you received this assistance before? Yes ☐ **No** ☐

If so, how much?

FAMILY PROFILE

NAME	Date of Birth	Gender	Relationship	Social Security	Tribal Census #/Tribal Affiliation
Example: Jane Doe	*1/2/2003*	*F*	*SELF*	*012-34-5678*	*0000-Tribe*

INCOME		
What type of income have you been living on for the last three (3) months?		
Source of Income:	**Dividend ☐** **Amount:**	**Self Employment ☐** **Amount:**
	Employment ☐ **Amount:**	**Other ☐** **Amount:**

Have you applied for other resources? Yes ☐ No ☐

If so, name of Resource:

(OFFICE USE ONLY) **☆ FAMILY RESOURCES ☆**

- ☐ Case management
- ☐ Child protection
- ☐ Emergency shelter
- ☐ Home based early intervention and prevention
- ☐ Intensive family therapy
- ☐ Life skills
- ☐ Mental health services referral
- ☐ Risk assessment
- ☐ Substance abuse treatment referral
- ☐ Youth in conflict functions

NOTES:

By signing below, I state that all information provided is true to the best of my knowledge.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

DSS Social Services Staff _____ Date _____

DSS Director _____ Date _____

Tribal Services Director _____ Date _____

UPDATE 7/9/19LR