

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

Date Issued

CCAP JOB SEARCH DOCUMENTATION

Participant's Name _____

Participant's Individual ID# _____

Your Child Care Assistance Program (CCAP) work requirement is job search. You must meet the work requirements during the initial twelve month eligibility period. As part of job search, you need to provide information for each job contact you make. **You must have a minimum of ten (10) contacts during the job search.** If you fail to provide this information, you will lose your benefits. The back page has tips to help you fill out this form.

	Date of Contact	Type of Contact	Amount of Time Spent on the Contact and Travel	Employer's Name and Address	Name and Phone # of Person Contacted or E-mail Address, if an application or contact was made online.	Result of Contact
1						
2						
3						
4						
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12						
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15						

The information I have reported on this form is true. I understand that if I make a false report, I may lose my benefits.

Signature of Participant_____ Date_____

How to Complete This Form

You can use this form to give information about your job search activity. The date the form was issued is shown at the top of page one of this form. Your worker will enter your name and individual ID#. You will fill out the rest of the form.

For each job search contact you make, print the following information;

Date of Contact - the month, day and year you contacted the employer; **(You must have a minimum of ten (10) contacts.)**

Type of Contact - how you contacted the employer - in person, by phone, or by computer through a website or e-mail;

Amount of Time Spent on the Contact and Travel- the number of minutes or hours you spent when you contacted the employer. You may include the time spent to fill out an application and to get from one employer to another. You may not include time spent going to and from your home;

Employer's Name and Address - If the employer has more than one store, give the address of the store you contacted. For example, if you went to the Walmart at 2300 1st Street, give that address. Include the city and state in the address;

Name and Phone # of Person Contacted or E-mail Address - the name of the person you contacted. Also, give the phone number of the person. If you used a computer to make the contact, give the e-mail address of the employer;

Result of Contact - what was the result of the contact - application completed, will call back, no position available, job offered, hired that day, or not suitable for job.

After you fill out information about your job search, sign and date the form and return to your worker by the due date listed on the DCC-102 Request for Information (RFI) form you receive in the mail. The due date is thirty (30) days from the date of approval of application.