

PUBLIC HEARING AGENDA ITEM

| DATE OF PUBLIC HEARING: October 10, 2017 | | | | | |
|---|--|--|--|--|--|
| SUBJECT: State approved policies for the Colorado Works Program | | | | | |
| FROM: Chris Kline, Director | | | | | |
| AGENCY/DEPARTMENT: Human Services Department | | | | | |
| HEARD AT STUDY SESSION ON | | | | | |
| AUTHORIZATION TO MOVE FORWARD: YES NO | | | | | |
| RECOMMENDED ACTION: That the Board of County Commissioners Approves the state approved policies for the Colorado Works Program so Adams County Human Services will continue to receive funding that helps stabilize Adams County residents in need of financial stability. | | | | | |

BACKGROUND:

State required policies were recently updated to fit the template form requested by the State. The State has approved all policies attached, and the County is already following these policies. Formal adoption of the policies by the Board of County Commissioners is required by 9 CCR 2503-6.

AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:

Colorado Department of Human Services

ATTACHED DOCUMENTS:

Resolution

Adams County Core Colorado Works policies

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FISCAL IMPACT:

| Please check if there is no fiscal section below. | impact ⊠. If | there is fisc | al impact, pl | ease fully com | plete the |
|---|--------------|---------------|-------------------|----------------|-----------|
| Fund: | | | | | |
| Cost Center: | | | | | |
| | | | Object Account | Subledger | Amount |
| Current Budgeted Revenue: | | | | | |
| Additional Revenue not included in Current Budget: | | | | | |
| Total Revenues: | | | | = | |
| | | _ | | | |
| | | | Object Account | Subledger | Amount |
| Current Budgeted Operating Expenditure: | | | | | |
| Add'l Operating Expenditure not included in Current Budget: | | | | | |
| Current Budgeted Capital Expenditure: | | | | | |
| Add'l Capital Expenditure not included in Current Budget: | | | | | |
| Total Expenditures: | | | | - | |
| | | | | | |
| New FTEs requested: | YES | □ NO | | | |
| Future Amendment Needed: | ☐ YES | □ NO | | | |
| Additional Note: | | | | | |

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