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**Parent/Caretaker Name: TWIST ID:**

**PRIORITY OF SERVICE INFORMATION**

Certain groups may qualify for priority of service.

Please answer the following questions to see if you qualify.

If you answer “Yes” to any of the below questions, you may receive child care sooner. A description of the documentation required to prove priority is also listed.

|  |  |  |
| --- | --- | --- |
| Yes | No | Are you receiving assistance through Child Protective Services?  (You will need to provide a copy of current Safety Plan from CPS) |
| Yes | No | Are you a qualified veteran?  (You will need to provide a DD214 or Self-Attestation Form) |
| Yes | No | Are you a spouse of a qualified veteran?  (You will need to provide a DD214 or Self-Attestation Form) |
| Yes | No | Are you a current or former foster youth between the ages of 14-23?  (You will need to provide a letter from the Texas Department of Protective and Regulatory Services) |
| Yes | No | Are you a teen parent (age 19 and younger)?  (Your school counselor must complete Form 2050-A Wage/Training/Education Verification) |
| Yes | No | Are you a parent of a child with a disability who needs child care?  (You will need to provide medical documentation) |
| Yes | No | Are you currently receiving child care assistance from a different area of Texas? |
| Yes | No | McKinney-Vento (homeless) |
| Yes | No | Child of parents on military deployment and unable to enroll your child(ren) in military-funded child care assistance programs? (You must provide proof of unavailability from Child and Youth Services) |
| Yes | No | Are you residing in a rural community outside of the Belton/Killeen/Temple metropolitan area, to include the following counties: Lampasas, Milam, Mills, San Saba and Hamilton? |
| Yes | No | Are you currently participating in a TWC Workforce Program? Examples: WIOA, VOC REHAB, NCP CHOICES, NEG, etc. |
|  |  |  |
| Yes | No | Does your child attend Even Start, Head Start, Pre-Kindergarten or an Independent School District Child Care facility and need full day-full year child care? |
| Yes | No | Does your child attend Central Texas College CDC or a Fort Hood CDC or SAC? |
| Yes | No | Does your child attend a facility that participates in a PreK Partnership with Workforce Solutions |

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**Parent or Caretaker Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | | |
| Date of Birth:  / / | Marital Status: Single / Never been married Married Common Law Separated  Divorced Widowed Spouse incarcerated | | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown | |
| Are you a veteran or a spouse of a qualified veteran? Yes No | |
| Primary language spoken at home: English Spanish Other:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Are you a teen parent? Yes No 🡪 If yes, are you currently working on your High School diploma or working towards your GED? Yes No | | | |
| Are you a current or former foster care youth and currently between the ages of 14-22? Yes No | | | |
| Do you have a college degree? Yes No 🡪 If yes, Associate Bachelor Masters  Field of study: | | | |
| Are you working? Yes No  Place of employment: | | | Are you in a training / education institution? Yes No  Name of training / education institution: |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physical Address | | Apt # | | City | State | Zip code |
| Mailing Address (if different than above) | | Apt # | | City | State | Zip code |
| Primary Telephone # | Alternate Telephone # | | E-mail address | | | |

**Spouse or Significant Other Info (ONLY if living in the same household)**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | | |
| Date of Birth:  / / | Marital Status: Single / Never been married Married Common Law Separated  Divorced Widowed Spouse incarcerated | | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown | |
| Are you a veteran or a spouse of a qualified veteran? Yes No | |
| Are you a teen parent? Yes No 🡪 If yes, are you currently working on your High School diploma or working towards your GED? Yes No | | | |
| Are you a current or former foster care youth and currently between the ages of 14-22? Yes No | | | |
| Do you have a college degree? Yes No 🡪 If yes, Associate Bachelor Masters  Field of study: | | | |
| Are you working? Yes No  Place of employment: | | | Are you in a training / education institution? Yes No  Name of training / education institution: |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | | |

|  |  |
| --- | --- |
| Total number in household (include all dependents): |  |

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**Basic Eligibility for Child Care Services**

**Information Regarding Each Child Needing Care:**

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other  If relationship is not son or daughter, do you have legal custody or proof of custody for this child? Yes No | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Does this child have a disability? Yes No  If yes, please list disability: | |
| Type of care needed: Full day Part day or  Blended care (Before & After school with Full day summers and holidays) |
| Is this child attending school? Yes No 🡪 If no, when will the child start? | | |
| Is this a child of a qualified veteran or spouse? Yes No  Is this a child of a foster youth (currently between the ages of 14-22)? Yes No  Is this a child of a teen parent (currently attending high school)? Yes No  Is this a child of a parent on military deployment? Yes No  Is this a child experiencing homelessness? Yes No | | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other  If relationship is not son or daughter, do you have legal custody or proof of custody for this child? Yes No | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Does this child have a disability? Yes No  If yes, please list disability: | |
| Type of care needed: Full day Part day or  Blended care (Before & After school with Full day summers and holidays) |
| Is this child attending school? Yes No 🡪 If no, when will the child start? | | |
| Is this a child of a qualified veteran or spouse? Yes No  Is this a child of a foster youth (currently between the ages of 14-22)? Yes No  Is this a child of a teen parent (currently attending high school)? Yes No  Is this a child of a parent on military deployment? Yes No  Is this a child experiencing homelessness? Yes No | | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other  If relationship is not son or daughter, do you have legal custody or proof of custody for this child? Yes No | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Does this child have a disability? Yes No  If yes, please list disability: | |
| Type of care needed: Full day Part day or  Blended care (Before & After school with Full day summers and holidays) |
| Is this child attending school? Yes No 🡪 If no, when will the child start? | | |
| Is this a child of a qualified veteran or spouse? Yes No  Is this a child of a foster youth (currently between the ages of 14-22)? Yes No  Is this a child of a teen parent (currently attending high school)? Yes No  Is this a child of a parent on military deployment? Yes No  Is this a child experiencing homelessness? Yes No | | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

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**Information on Other Members of Household**

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew  Other: (explain) | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Do you claim this person as a dependent?  Yes No | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew  Other: (explain) | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Do you claim this person as a dependent?  Yes No | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew  Other: (explain) | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Do you claim this person as a dependent?  Yes No | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew  Other: (explain) | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Do you claim this person as a dependent?  Yes No | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

|  |  |  |
| --- | --- | --- |
| First Name MI Last Name SSN (optional) Sex: Female Male | | |
| Date of Birth:  / / | Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew  Other: (explain) | |
| Ethnicity: Hispanic or Latino? Yes No | | Race: Caucasian African-American Native American/Alaskan Native Asian  Native Hawaiian or Other Pacific Islander Unknown |
| Do you claim this person as a dependent?  Yes No | |
| Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen | | |

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**Information Regarding Total Household Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Monthly Income | Monthly Amount |  | Source of Monthly Income | Monthly Amount |
| Total Household Wages/Salaries from Employment |  |  | Alimony/Maintenance Payments |  |
| Self-Employment Income |  |  | Worker’s Compensation |  |
| Railroad retirement |  |  | Retirement |  |
| Interest/Dividends |  |  | Capital Gains/Losses |  |
| SSDI |  |  | Lottery Winnings |  |
| Other |  |  |  |  |

**Do your total family assets exceed $1,000,000.00?  Yes  No**

I understand that:

1. a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws;
2. I am entitled to be notified about my eligibility for services within 20 calendar days from the date the application is complete;
3. I, or my representative, may appeal denial, reduction or termination of services;
4. services will be provided without regards to sex, race, creed, color, national origin, or disability;
5. the information on this application is confidential;
6. By signing this form, I am applying for services from Workforce Solutions of Central Texas.
7. You must report the following within 14 days:
   1. Changes in income or family size that would cost the family to exceed income eligibility for child care services
   2. Permanent changes in work or attendance at a job training, or education program
   3. Any change in family residence, primary phone number, or email (if available)

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that giving false information to Workforce Solutions of Central Texas (WSCT) can result in the denial and/or termination of child care services.

I give permission to WSCT to contact a third party to verify that all the information is true and accurate and will be used for identification of benefits and income. I release any and all parties providing information to WSCT from any liability associated with the release of such information. I understand that the information I provide is for determining my eligibility for child care services.

Parent or Caretaker Signature Date

Spouse/Significant Other Signature Date

This document contains vital information about requirements, rights, determinations and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

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**WAGE/ TRAINING/ EDUCATION VERIFICATION FORM**

Customer Name: TWIST ID:

Customer Signature Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment Information** | | | | |
| Business / Employer Name: | | | | |
| Address: | | City: | State: | Zip Code: |
| Phone Number: | | Fax Number: | | |
| Date of Employment: |  | | | |
| Pay Frequency: Daily Weekly Bi-Weekly Semi Monthly Monthly Pay rate:$ Weekly hours | | | | |
| How are you paid? Cash Check Direct Deposit Bonus/Incentive Tips | | | | |
| Is overtime offered: Frequently Rarely Never Average hours per month: Overtime rate: | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Training / Education Information** | | | | | | | |
| School Name: | | | | | | | |
| Address: | | | City: | | State: | | Zip Code: |
| Phone Number: | | | Fax Number: | | | | |
| Date of Enrollment: | Degree Plan/Training Plan | | | | | | |
| Semester Start Date: | Anticipated Graduation/Completion Date: | | | | | | |
| Hours Currently Enrolled or Credit hours: | | Lab Hours: | | Days of Scheduled Classes: | | | |
| Training/Education Institution Representative (print): | | Title: | | | | Phone number: | |

**For Office Use**

Telephone verification completed by: Date:

Representative Name, Title:

**Parents Acknowledgement of Rights and Responsibilities**

**Work/Training/Education**

* I understand that I am able to get child care so that I can work, attend a job training or educational program or engage in job search.
* I cannot get child care if I am not working or attending a job training or educational program for at least 25 hours a week (if a single parent)/50 hours a week (if a two parent household).
* I understand that if I am receiving care under initial job search I am required to meet eligibility requirements after three months
* I am required to meet the program’s attendance policies and make satisfactory progress towards completion of the job training or educational program I am enrolled in at each 12 month certification period.
* Failure to submit eligibility documentation will result in initial denial of child care services or termination of services at the 12 month eligibility redetermination period.

**Family/Income:**

* I understand that I qualify for child care based on my family’s income and size. If my family experiences a change in its income or size that would cause the family to exceed 85% of the State Median Income (SMI), I must report this to CCS within 14 calendar days of the change.
* I understand that I must report within 14 calendar days’ changes in work or attendance at a job training or educational program that are not considered to be temporary.
* I understand that I must report changes in family residence, primary phone number, or email within 14 calendar days of the change.
* I understand that if I provide false information or fail to disclose a material fact to make myself appear eligible for child care services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the district attorney or county attorney.
* I understand that the information I provided may be subject to validation through cross checks against state and federal databases and that I may be asked to participate in face to face interviews and provide original documents to verify my identity and eligibility for Child Care services.
* The actions listed below may be grounds for suspected fraud and will be subject to investigation:
* Not reporting or falsely reporting at initial eligibility or at eligibility redetermination:
* Household composition, or income sources or amounts that would have resulted in ineligibility or a higher parent share of cost; or
* Work, training, or education hours that would have resulted in ineligibility; or
* Changes in income or family size that would cause the family to exceed 85% SMI
* A permanent loss of job or cessation of training or education that exceeds three months; and
* Improper or inaccurate reporting of attendance.

**Choosing My Child Care Arrangement**

* I understand that I have the responsibility for choosing the provider that will care for my children.
* I have been informed of the child care options available to me including my ability to choose a Licensed Child Care Center, Licensed Child Care Home, Registered Child Care Home or an Eligible Relative Provider to care for my children while receiving child care assistance.
* I understand that my child may be eligible to receive child care services if my child is less than 13 years of age, or a child with disabilities less than 19 years of age.
* I must meet the enrollment requirements and all other policies specified by the child care provider.
* I must honor the child care provider’s starting and closing hours and will be responsible for any late fee’s incurred should I not pick my child(ren) up on time.
* I must report to the Texas DFPS Licensing office any complaints about a possible violation of licensing standards which affects the care of children.
* I understand that I must provide my provider with a two week notice before I can move to a new provide except in cases in which the provider is subject to a Child Care Regulation probationary status or corrective action.

**Attendance**

* I understand that I shall adhere to Texas Workforce Commission procedures for reporting attendance and absences, including the use of the attendance reporting system
* I understand that my child care provider will report my child absent when the child has five days of consecutive absences.
* I will ensure that my child attends child care on a regular basis. Meeting attendance standards for child care services consists of no more than forty total unexplained absences over a 12 month period.
* Excessive unexplained absences include: general absences, illness, and failure to record attendance properly.
* I understand that failure to meet monthly attendance standards may: result in suspension of care, at my option; or result in a finding that a change in work/training schedule has occurred and care may be ended.
* I understand that if a child exceeds forty (40) total absences during their current 12-month eligibility period, then the child is not eligible for care for a period of sixty (60) days following the date of termination. If terminated for absences a parent is ineligible to reapply or be placed on the waitlist for a period of 60 calendar days.
* I understand that I will receive written notification after my child reaches the 15 and 30 day cumulative absence threshold
* I understand that absences due to child’s documented chronic illness, disability, or court ordered visitation are not counted in the number of absences allowed.
* I understand that failure to meet the provider’s established policy regarding attendance may result in the provider ending the child’s enrollment at the facility.

**Parent/Caretaker Rights**

* I have the right to select my child care provider from the options available to me and visit the providers before choosing my choice of provider.
* I have the right to receive assistance in choosing initial or additional child care referrals including information about the Board’s policies regarding transferring children from one provider to another.
* I have the right to have persons represent me when applying for child care services.
* I have the right to be notified of my eligibility to receive child care within 20 calendar days from the date the child care contractor received all necessary documentation required to initially determine or redetermine eligibility for child care.
* I have the right to receive child care regardless of race, color, national origin, age, sex, disability, political beliefs, or religion.
* I have the right to have information used to determine eligibility for child care services treated as confidential.
* I have the right to receive written notification at least 15 days before the termination of child care services.
* I have been informed that my provider is prohibited from charging any amounts above the assessed parent share of cost, not just an amount that makes up the full difference between the PSoC and the providers published rate.
* I have the right to reject an offer of child care services or voluntarily withdraw my child from child care services, unless the child is in protective services.
* I have the right to be informed by the child care contractor of the possible consequences of rejecting or ending the child care that is offered.
* I have the right to appeal the denial, reduction, or termination of services.
* I have been informed of required background and criminal history checks for relative child care providers through the listing process with DFPS Regulation before I select an eligible relative as my child care provider.

**Local Review/Appeals**

* I understand that I have the right to request a local review or appeal the decision to end my child care assistance.
* I must request a local review or appeal hearing within 14 calendar days or I waive the right to a local review or appeal hearing.
* I understand that I may be able to continue receiving child care assistance while I wait for my appeal hearing, if I request that my child care assistance continue.
* I understand that child care cannot continue during the appeal process if the child’s enrollment is terminated due to excessive unexplained absences or for failure to pay the parent share of cost.
* I understand that if I do choose to continue receiving child care assistance while I wait for my appeal hearing and I do not win the appeal, I will be required to repay the full cost of the child care assistance received during this time (subsidy payment and my parent share of cost).

**Complaints/Grievances**

* I understand that I have the right to have complaints or grievances heard without the threat of losing my child care assistance.
* I have received written information in my Parent Handbook that explains the complaint and grievances process.

**Parent Handbook**

* I understand that I am responsible for all information presented to me in the Parent Handbook.

**Acknowledgement**

* I hereby certify under penalty of perjury, that the information I have provided to Workforce Solutions of Central Texas Child Care Services is true and accurate.
* I give my permission to the Texas Workforce Commission (TWC), Workforce Solutions of Central Texas Workforce Development Board (WSCTWDB), Workforce Solutions of Central Texas Child Care Services (CCS), (or agency under contract), to contact a third party to verify income, family size, medical information, job training or educational program.
* I understand that by signing this form, I am applying for services from CCS.
* I agree that I was allowed to choose my provider.
* I understand that if I do not notify you within 14 calendar days as I am supposed to and I continue to receive child care services, this may be considered stealing and my case may be turned over to the appropriate county or district attorney’s office for possible criminal prosecution.
* I certify that I will comply with all of the requirements, policies and procedures of the Texas Workforce Commission (TWC), Workforce Solutions of Central Texas Workforce Development Board (WSCTWDB), Workforce Solutions of Central Texas Child Care Services (CCS), and the childcare provider while my child is enrolled in CCS.

By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, service to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions of Central Texas and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

I acknowledge that I have read and agree to all sections of this parent agreement, and that all of my questions have been answered. I understand that failure to comply with all provisions above may result in termination or possible recoupment of child care funds.

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Spouse/Significant Other Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Significant Other Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

CCS Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCS Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_

This document contains vital information about requirements, rights, determinations and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.