

Killeen Office:
300 Cheyenne Drive
Killeen TX 76542

**Workforce Solutions of Central Texas
Child Care Services Application**

Temple Office:
201 Santa Fe Way Suite 201
Temple TX 76502

Phone Number: 254-200-2009 / Fax Number: 844-273-4579

Phone Number: 254-742-4461 / Fax Number: 844-273-4579

You must complete the information requested and return a completed application; failure to do so will delay your determination for eligibility and assistance may be discontinued or denied. All documents must be completed in Blue or Black ink only, no colored ink or pencils. No White-Out used for correction. Please print legibly.

CHECKLIST

Please use this checklist as a guide when completing your child care services application. All required documentation must be submitted at time of application in order for it to be accepted.

- New Application
 Review

Due date: _____
End date: _____

Parent/Caretaker Name: _____

TWIST ID: _____

<p align="center">Family Income (all that applies)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Paystub (3 months of gross wages and income) <input type="checkbox"/> Employment/Income Verification form <input type="checkbox"/> Daycare employee letter (if employed by a daycare) <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Alimony/Maintenance Payments <input type="checkbox"/> Workers Compensation <input type="checkbox"/> SSDI payments <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C) 	<ul style="list-style-type: none"> <input type="checkbox"/> Self-employment verification form <input type="checkbox"/> IRS form 1099 <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Rental Income <input type="checkbox"/> IRS form 1099-DIV, -INT for dividends or interest <input type="checkbox"/> Capital Gains <input type="checkbox"/> Income from Estate or Trust funds <input type="checkbox"/> Lottery winnings <input type="checkbox"/> Other
<p align="center">Proof of Residence (only 1 needed)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of current utility bill <input type="checkbox"/> Pay stub (if address is printed on stub) <input type="checkbox"/> Rent receipt (showing current address) <input type="checkbox"/> Lease agreement <input type="checkbox"/> Mortgage statement <input type="checkbox"/> Section 8 award letter 	<ul style="list-style-type: none"> <input type="checkbox"/> Homelessness determination-Residency Information form <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> Other
<p align="center">Proof of identity for household members not needing services (only 1 needed per person)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Cards (optional) <input type="checkbox"/> US passport <input type="checkbox"/> Valid Driver's License – or – State issued photo ID 	<ul style="list-style-type: none"> <input type="checkbox"/> Naturalization certification <input type="checkbox"/> Immigration form I-551 (“green card”) <input type="checkbox"/> Other
<p align="center">Training/Education program documents (all that applies)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Class schedule <input type="checkbox"/> Transcripts <input type="checkbox"/> Degree plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Enrollment agreement <input type="checkbox"/> Training or Education Verification Form <input type="checkbox"/> Other
<p align="center">Other Supporting Documents</p>	<ul style="list-style-type: none"> <input type="checkbox"/> DD-214 (needed to receive priority placement) <input type="checkbox"/> Copy of divorce decree <input type="checkbox"/> Copy of Court Order Visitation document (if applicable) <input type="checkbox"/> If separated from spouse: proof of separate households for both – rental lease or mortgage and a utility bill <input type="checkbox"/> If separated and your spouse is an active duty military member – a letter from the company commander verifying the military member's living status. The separation must not be due to geographical reasons. <input type="checkbox"/> Proof of spouses incarceration 	

Complete and accepted

Incomplete and not accepted

Parent or Caretaker Signature

Date

CCS Staff

Date

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Parent or Caretaker Information

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

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

To receive services, all children must meet the following eligibility criteria. Supporting documentation for the child's age, citizenship/Immigration status must be submitted. One document from each list is sufficient to meet documentation requirements for the particular eligibility criteria. Complete this section for each child who requires care.

CHILD ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Child's Age (under 13; under 19 if disabled)	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Current U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Church or baptismal record <input type="checkbox"/> Public assistance / social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Adoption papers or records <input type="checkbox"/> Child support paternity records <input type="checkbox"/> Divorce or court custody decrees
<input type="checkbox"/> Child's Citizenship / Immigration Status	Citizenship: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Current U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Church or baptismal record <input type="checkbox"/> Public assistance / social service records Legal Immigrant / Qualified Alien: <input type="checkbox"/> Immigration form I-551 ("green card") <input type="checkbox"/> Immigration form I-94, stamped with applicable rule citation <input type="checkbox"/> Immigration form I-571 (Refugee Travel Document) <input type="checkbox"/> Order from immigration judge <input type="checkbox"/> Cuban / Haitian passport showing 501 (e) <input type="checkbox"/> USCIS petition and supporting documents
<input type="checkbox"/> Child with disabilities OR <input type="checkbox"/> Not applicable	<input type="checkbox"/> Supplemental Security Income (SSI) benefits statement <input type="checkbox"/> DARS Early Childhood Intervention program contact <input type="checkbox"/> Head Start contact that identifies the child as having a disability <input type="checkbox"/> Public school special education services, including PPCD, contact

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	<input type="checkbox"/> Statement or letter from a qualified clinician
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To receive services, all children must meet the following eligibility criteria. Supporting documentation for the child's age, citizenship/Immigration status must be submitted. One document from each list is sufficient to meet documentation requirements for the particular eligibility criteria. Complete this section for each child who requires care.

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Information on Other Members of Household

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

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

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

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

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

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Information Regarding Total Household Income

Source of Monthly Income	Monthly Amount
Total Household Wages/Salaries from Employment	
Self-Employment Income	
Railroad retirement	
Interest/Dividends	
SSDI	
Other	

Source of Monthly Income	Monthly Amount
Alimony/Maintenance Payments	
Worker's Compensation	
Retirement	
Capital Gains/Losses	
Lottery Winnings	

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:
 - a. Changes in income or family size that would cost the family to exceed income eligibility for child care services
 - b. Permanent changes in work or attendance at a job training, or education program
 - c. 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 VERIFICATION FORM

Employee Name: _____

TWIST ID: _____

Employee Signature _____

Date: _____

NOTE TO EMPLOYER: This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care services, verification of income is needed. Please complete this form as soon as possible as it is required before I, or a member of my family can be determined eligible for the program.

Space below for Employer Use only

This information pertains to the employee's eligibility for Child Care Services and is subject to validation against state and federal databases, in-person interviews, and/or submittal of additional supporting documentation. I acknowledge that this information is true and correct. I understand that a person who provides false or incorrect information for someone to obtain or attempt to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws.

_____	_____	_____
Employer Representative Name & Title (printed)	Signature	Date

Business / Employer Name:
Address and Phone #:

Do you currently employ the individual named above? Yes No If yes, date hired _____

If no, last day of employment _____

Pay Frequency: Daily Weekly Bi-Weekly Semi Monthly Monthly Pay rate: \$ _____ Weekly hours _____

How is employee paid? Cash Check Direct Deposit Bonus/Incentive Tips

Is overtime offered: Frequently Rarely Never Average hours per month: _____ Overtime rate: _____

Please list the employee's wages for the last 3 months, if paystubs are not available:

Pay Date	Pay Period date	Hours worked	Gross wages:
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$
	From: To:		\$

For Office Use

Telephone verification completed by: _____ Date: _____

Representative Name, Title: _____ Phone: _____

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TRAINING OR EDUCATION VERIFICATION FORM

Student Name: _____

TWIST ID: _____

NOTE TO TRAINING/EDUCATION INSTITUTION: This is your authorization to release the information concerning my training/education as required below. In order to establish eligibility for child care services, verification of enrollment is needed. Please complete this form as soon as possible as it is required before I, or a member of my family can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated. For questions, or to complete by phone, please contact:

Killeen Office at 254-200-2009 or Temple Office at 254-742-4443

Thank you,

Student signature

Date

Is student named above currently enrolled? Yes No

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:	

High School / GED			
School Name:			
Address:		City:	State: Zip Code:
Phone Number:		Fax Number:	
Date of Enrollment:	○High School Diploma ○GED		
Has student attended school regularly meeting school attendance requirements and completing class Objectives for advancement to next level? ○ Yes ○ No		Anticipated Graduation/Completion Date:	
Hours Currently Enrolled:	Days of Scheduled Classes:		
High School / GED Representative (print):	Title:	Phone number:	

This information pertains to the student's eligibility for Child Care Services and is subject to validation against state and federal databases, in-person interviews, and/or submittal of additional supporting documentation. I acknowledge that this information is true and correct. I understand that a person who provides false or incorrect information for someone to obtain or attempt to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws.

Training/Education Institution Representative Signature

Date

For Office Use

Telephone verification completed by: _____ Date: _____

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.
- 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 with a minimum of 15 hours per parent for a two parent family.
- 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.

Attendance

- I understand that I am responsible for following my child care providers' sign-in or attendance reporting process.
- I understand that my child care provider will report my child as 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.

**Workforce Solutions of Central Texas
Child Care Services Application**

- 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 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 the right to be informed of the Texas Workforce Commission rules and Board policies related to providers charging the difference between the Board's reimbursement and the provider's 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 Licensing 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 non-payment of 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.

Workforce Solutions of Central Texas is an equal opportunity employer/program. Auxiliary aids and services available upon request to individuals with disabilities. Individuals with speech and/or hearing impairments may call 711 for assistance.

Killeen Office:
300 Cheyenne Drive
Killeen TX 76542

**Workforce Solutions of Central Texas
Child Care Services Application**

Temple Office:
201 Santa Fe Way Suite 201
Temple TX 76502

Phone Number: 254-200-2009 / Fax Number: 844-273-4579

Phone Number: 254-742-4461 / Fax Number: 844-273-4579

- 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.