

Killeen Office:  
 300 Cheyenne Drive  
 Killeen TX 76542  
 Phone Number: 254-200-2009  
 Fax Number: 844-273-4579



Temple Office:  
 201 Santa Fe Way, Suite 201  
 Temple TX 76501  
 Phone Number: 254-200-2009  
 Fax Number: 844-273-4579

### Child Care Services Application: Checklist

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.

#### IDENTIFYING INFORMATION

Customer Name

FIRST

MI

LAST

SUFFIX

TWIST ID

Date

New Application

Review

Due Date

End Date

#### CHECKLIST

*All required documentation must be submitted at time of application in order for it to be accepted.*

<b>Family Income (All that applies)</b>	Paystub (3 months of gross wages and income)	Self-employment verification form
	Employment/Income Verification form	IRS form 1099
	Daycare employee letter (if employed by a daycare)	Retirement benefits
	Family or business financial records	Rental Income
	Alimony/Maintenance Payments	Workers Compensation
	IRS form 1099-DIV, -INT for dividends or interest	Capital Gains
	SSDI payments	Income from Estate or Trust funds
	Lottery winnings	Other
	Quarterly estimated tax for self-employed persons (Schedule C)	
<b>Proof of Residence (Only 1 needed)</b>	Copy of current utility bill	Lease agreement
	Pay stub (if address is printed on stub)	Mortgage statement
	Rent receipt (showing current address)	Section 8 award letter
	Public assistance/social service records	Other
	Homelessness determination-Residency Information form	
<b>Proof of Identity for Household Members Not Needing Services (All that applies)</b>	Birth Certificate	Naturalization certification
	Social Security Cards (optional)	US Passport
	Immigration form I-551 ("green card")	Other
	Valid Driver's License – or – State issued photo ID	
<b>Training/Education Program Documents (All that applies)</b>	Class Schedule	Enrollment Agreement
	Transcripts	Degree Plan
	Training or Education Verification Form	Other
<b>Other Supporting Documents</b>	DD-214 (needed to receive priority placement)	Copy of divorce decree
	Copy of Court Order Visitation document (if applicable)	Proof of spouses incarceration
	If separated from spouse: proof of separate households for both – rental lease or mortgage and a utility bill	
	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.	

Parent or Caretaker  
Signature

Date

CCS Staff

Date

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## Child Care Services Application: Parent or Caretaker Information

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### PRIMARY PARENT OR CARETAKER INFORMATION

Name				Date of Birth				
First	MI	Last						
Social Security No. (optional)	Sex:	Female	Male					
Marital Status:	Single/Never Been Married	Married	Common Law	Spouse Incarcerated	Separated	Divorced	Widowed	
Race:	Caucasian	African-American	Native American/Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander		Unknown	
Are you a veteran or spouse of a qualified veteran?	Yes	No						
Primary Language Spoken at Home:	English	Spanish	Other:					
Ethnicity: Hispanic or Latino?	Yes	No	Are you a current or former foster care youth and currently between the ages of 14-22?				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
Do you have a college degree?	Yes	No	If Yes:	Associate	Bachelor	Master	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			
Street			Apt #
City	State	Zip	
Mailing Address (If different from above)	Street	Apt #	
City	State	Zip	
Primary Telephone	Alternate Telephone		
E-mail Address			

### SPOUSE OR SIGNIFICANT OTHER INFORMATION (ONLY If living in the same household)

Name				Date of Birth				
First	MI	Last						
Social Security No. (optional)	Sex:	Female	Male					
Marital Status:	Single/Never Been Married	Married	Common Law	Spouse Incarcerated	Separated	Divorced	Widowed	
Race:	Caucasian	African-American	Native American/Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander		Unknown	
Are you a veteran or spouse of a qualified veteran?	Yes	No						
Primary Language Spoken at Home:	English	Spanish	Other:					
Ethnicity: Hispanic or Latino?	Yes	No	Are you a current or former foster care youth and currently between the ages of 14-22?				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
Do you have a college degree?	Yes	No	If Yes:	Associate	Bachelor	Master	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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**Child Care Services: Child Information**

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**Information regarding each child needing care (attach additional pages if more than 4 children require care)**

**IDENTIFYING INFORMATION**

Customer Name  SSN:   
FIRST MI LAST

**CHILD INFORMATION**

Child Name  Date of Birth   
FIRST MI LAST

Social Security No. (optional)  Sex: Female  Male

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

Race: Caucasian  African-American  Native American/Alaskan Native  Asian   
 Native Hawaiian or Other Pacific Islander  Unknown  Ethnicity: Hispanic or Latino? Yes  No

Does this child have a disability? YES  No  Is this child attending School? YES  NO   
 If yes, please list disability:  If no, when will child Start:

Citizenship: U.S. Citizen  Refugee  Permanent Resident/Alien  Other Eligible Non-Citizen

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

Type of care needed: Full Day  Part Day  Blended Care (Before & After School with Full day summers and holidays)

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

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**Child Care Services: Child Information**

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**Information regarding each child needing care (attach additional pages if more than 4 children require care)**

**IDENTIFYING INFORMATION**

Customer Name SSN:  
 FIRST MI LAST

**CHILD INFORMATION**

Child Name Date of Birth  
 FIRST MI LAST  
 Social Security No. (optional) Sex: Female Male  
 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  
 Race: Caucasian African-American Native American/Alaskan Native Asian  
 Native Hawaiian or Other Pacific Islander Unknown Ethnicity: Hispanic or Latino? Yes No  
 Does this child have a disability? YES No Is this child attending School? YES NO  
 If yes, please list disability: If no, when will child Start:  
 Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen  
 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  
 Type of care needed: Full Day Part Day Blended Care (Before & After School with Full day summers and holidays)

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

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## Child Care Services Application: Information on Other Members of Household

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### IDENTIFYING INFORMATION

Customer Name FIRST MI LAST Date:

### HOUSEHOLD MEMBER INFORMATION

**PERSON 1:** Name FIRST MI LAST Date of Birth

Social Security No. (optional) Sex: Female Male

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other:

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 Ethnicity: Hispanic or Latino? Yes No

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

**PERSON 2:** Name FIRST MI LAST Date of Birth

Social Security No. (optional) Sex: Female Male

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other:

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 Ethnicity: Hispanic or Latino? Yes No

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

**PERSON 3:** Name FIRST MI LAST Date of Birth

Social Security No. (optional) Sex: Female Male

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other:

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 Ethnicity: Hispanic or Latino? Yes No

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

**PERSON 4:** Name FIRST MI LAST Date of Birth

Social Security No. (optional) Sex: Female Male

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other:

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 Ethnicity: Hispanic or Latino? Yes No

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

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## Child Care Services Application: Information Regarding Total Household Income

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### IDENTIFYING INFORMATION

Employee Name FIRST MI LAST Date

### 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	
<b>TOTAL:</b>	

**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

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## Child Care Services Application: Wage Verification

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### IDENTIFYING INFORMATION

Employee Name  
 FIRST MI LAST SUFFIX

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 Rep Name

Title

Employer Representative Signature Date

Business/Employer Name

Phone Number

Business Address

STREET

CITY

STATE

ZIP

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

Avg Hours/Month

Overtime Rate

Please list 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:		\$
	From:	To:		\$

### FOR OFFICE USE ONLY

Telephone Verification Completed By

Date

Representative Name & Title

Phone

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## Child Care Services Application: Training/Education Verification

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 filled out electronically or completed in Blue or Black ink only. No colored ink, pencils, or White-Out used for correction. Please print legibly if writing.

### IDENTIFYING INFORMATION

Student Name				
	FIRST	MI	LAST	SUFFIX
TWIST ID				Date

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.

Student Signature	Date
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<b>TRAINING/EDUCATION INFORMATION</b>	Is the student named above currently enrolled?	Yes	No
School Name			
School Address			
STREET	CITY	STATE	ZIP
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			
Title	Phone Number		

<b>HIGH SCHOOL/GED</b>			
School Name			
School Address			
STREET	CITY	STATE	ZIP
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			
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
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<b>FOR OFFICE USE ONLY</b>	
Telephone Verification Completed By	Date
Representative Name & Title	Phone



## **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.
- 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.
- 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.

**WORKFORCE SOLUTIONS OF CENTRAL TEXAS  
CCS QUALITY PROVIDER LIST – updated 08/30/22**

PROVIDER	QUALITY TYPE
<b>BELTON</b>	
Bear Hugs DCC	TRS 4* / TSR
Belton Education Station	NAEYC
Future Minds Child Care	TRS 3*
Yvette Sue Michael-Elgin	TRS 4*
<b>COPPERAS COVE</b>	
Handprints Academy 8	TRS 3* / TSR
R Brown / Gods Little Angels	NAEYC / TRS 4*
<b>FORT HOOD</b>	
CDC Clear Creek	NAEYC / TRS 4*
CDC Fort Hood	NAEYC / TRS 4*
CDC Fort Hood Annex	NAEYC / TRS 4*
CDC Meadows	NAEYC / TRS 4*
CDC Montague	NAEYC / TRS 4*
SAC Kouma	COA / TRS 4*
SAC Montague	COA / TRS 4*
SAC Muskogee	COA / TRS 4*
SAC Venable	COA / TRS 4*
SAC Walker	COA / TRS 4*
<b>HAMILTON</b>	
The Robins Nest	TRS 4*
<b>HARKER HEIGHTS</b>	
Care 4 Tots Learning Center	NAEYC / TRS 4* / TSR
Caring Hand Learning Center	NAEYC / TRS 4*
Log Cabin Learning Academy	NAEYC / TRS 4* / TSR
<b>KILLEEN</b>	
Central Texas College CDC	NAEYC / TRS 4*
Creative Child Learning	NAEYC / TRS 3* / TSR
Creative Child Learning 2	NAEYC / TRS 4*
Education Connection	NAEYC / TRS 4*
Faiths First Steps	TRS 4*
Huggable Home Preschool	TRS 4*
Inspiring Little Minds Lrng Ctr	TRS 4* / TSR
Just for Tots	TRS 4*
Just for Tots 3	NAEYC / TRS 3*
Just for Tots 4	NAEYC / TRS 3* / TSR
Unique CDC	COA / TRS 3*
<b>ROCKDALE</b>	
Love and Learning Center	TRS 3*
Tiger Lrng Ctr – Rockdale ISD	NAEYC / TRS 2*
<b>TEMPLE</b>	
A New Day Learning Academy	TSR
Central Texas Childrens Center	NAEYC / TSR
Grace Discovery Center	TRS 4*
Immanuel Baptist CDC	TRS 4*
Sabrinass Family Day Care	TRS 4*
Temple Learning Center	NAEYC / TRS 4*

**QUALITY DESCRIPTIONS**

The **National Association for the Education of Young Children (NAEYC)** sets and monitors standards for high-quality early childhood education programs and accredits programs that meet these standards. NAEYC Accreditation has been helping parents make the right choices and improving the quality of education and care provided in programs for young children.

Other Accreditation Programs Include:

**Council on Accreditation (COA)**

**National Accreditation Commission (NAC)**

A **Texas Rising Star (TRS)** Provider is a child care provider that has an agreement with a Board's Child Care Contractor to serve Texas Workforce Commission (TWC) subsidized children and that voluntarily meets requirements that exceed the State's Minimum Licensing Standards for child care facilities. These providers are rated at 2, 3, or 4 stars (\*) with 4 stars being the highest.

**Texas School Ready (TSR)** is a high quality early childhood model, based on proven school readiness components including: high quality, developmentally appropriate and rigorous curriculum; continues student progress monitoring; professional development for teachers; and creating and implementing a School Readiness Integration Partnership to coordinate services among school districts, child care providers, and Head Start programs participating in the Kindergarten Readiness System.

FISCAL YEAR 2020 INCOME LIMIT ELIGIBILITY CODE CARD  
FOR CHILD CARE SERVICES  
EFFECTIVE OCTOBER 1, 2021, THROUGH SEPTEMBER 30, 2022

Family Size	85% SMI
2	\$4,113
3	\$5,081
4	\$6,049
5	\$7,016
6	\$7,984
7	\$8,166
8	\$8,347
9	\$8,528
10	\$8,710
11	\$8,891
12	\$9,073
13	\$9,254
14	\$9,436
15	\$9,617