

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.

Family Income (All that applies)	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)	
Proof of Residence (Only 1 needed)	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	
Proof of Identity for Household Members Not Needing Services (All that applies)	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	
Training/Education Program Documents (All that applies)	Class Schedule	Enrollment Agreement
	Transcripts	Degree Plan
	Training or Education Verification Form	Other
Other Supporting Documents	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 FIRST MI LAST SSN:

CHILD INFORMATION

Child Name FIRST MI LAST Date of Birth
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 _____ Date: _____

FIRST MI LAST

HOUSEHOLD MEMBER INFORMATION

PERSON 1: Name _____ Date of Birth _____
FIRST MI LAST
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 _____ Date of Birth _____
FIRST MI LAST
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 _____ Date of Birth _____
FIRST MI LAST
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 _____ Date of Birth _____
FIRST MI LAST
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	
TOTAL:	

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:		\$

FOR OFFICE USE ONLY

Telephone Verification Completed By

Date

Representative Name & Title

Phone

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Child Care Services Application: Training/Education Verification

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IDENTIFYING INFORMATION

Student Name

FIRST

MI

LAST

SUFFIX

TWIST ID

Student Signature

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.

TRAINING/EDUCATION INFORMATION

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

HIGH SCHOOL/GED

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

FOR OFFICE USE ONLY

Telephone Verification Completed By

Date

Representative Name & Title

Phone

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Workforce Solutions of Central Texas

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Temple TX 76501

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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, 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 (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 demonstrate continued enrollment in training or educational program while making progress towards successful completion.
- 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 Regulation 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 transferring to a different provider, except in cases in which the provider is placed on corrective action by CCR, when the transfer is authorized by CPS for a child in protective services, or a on a case-by-case basis as determined by the board.

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 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 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 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:

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