

## Child Care Application Check List

Tip: Please complete and return ALL required forms AND required documentation to reduce processing time. Note: **80% of applications received are incomplete.**

**REMEMBER:** All changes can be reported on our website: [www.dfwjobs.com/childcare](http://www.dfwjobs.com/childcare) or by emailing: [childcare@dfwjobs.com](mailto:childcare@dfwjobs.com)

**NOTE:** Texas Workforce Commission requires parents who are receiving child care assistance to help establish paternity and obtain child support for them. **This applies to ALL children age 18 or younger regardless of child care needs.** You cannot receive child care assistance if you do not meet this requirement.

### Forms that must be signed and returned (please READ every form prior to signing):

- Child Care Assistance Application (pages 1-5)
- Customer Awareness Form (page 7)
- Parent Responsibility Agreement (page 8)
- Attendance Card Agreement (page 9)
- Child Care Provider Choice (page 10)
- Orientation to Complaint Procedures (page 11) *(page 12 is a copy for your records)*

### Required Documentation, additional to required Forms

- Employment Verification (See Acceptable Documentation) (page 6)  
*Note: if you are self-employed, call our office for a list of required documents.*
- School/Training Verification (See Acceptable Documentation) (page 6)
- Child Support (See Acceptable Child Support Documentation list) (page 16)
- Birth Certificates for all children who need child care  
*Note: Birth Facts Document is NOT acceptable.*

Once your application is complete you can email to: [childcare@dfwjobs.com](mailto:childcare@dfwjobs.com) or fax it to **ONE** of the following: 940-323-4394 or 940-320-5017 or 940-320-5010

*Workforce Solutions for North Central Texas is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For more information please visit [dfwjobs.com](http://dfwjobs.com).*

Collin County • Denton County • Ellis County • Erath County • Hood County • Hunt County • Johnson County  
Kaufman County • Navarro County • Palo Pinto County • Parker County • Rockwall County • Somervell County • Wise County

*The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions.*

Revised 12/10/12

## Child Care Assistance Application

### Parent or Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Marital Status:  Single  Married  Separated  Divorced  Widowed

Are you a veteran or spouse of a veteran?  Yes  No

Are you age 19 or under attending high school or working on your GED?  Yes  No

Are you a current or former foster care youth and under age 23?  Yes  No

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Tip: You must be in school, training or employed an average of:**

- Single parent home- 25 hours every week.
- Two-parent home- 50 hours every week (combined)

### EMPLOYER/SCHOOL/TRAINING INFORMATION

Employer/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, please list the title of your position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ Semester start date: \_\_\_\_\_ Hours Worked per week/ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly  Twice a Month  Monthly  Other

**Work/Class Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### EMPLOYER/SCHOOL/TRAINING INFORMATION (Only if you work 2 jobs or are working AND in school.)

Employer/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, please list the title of your position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ Semester start date: \_\_\_\_\_ Hours Worked per week/ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly  Twice a Month  Monthly  Other

**Work/Class Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Spouse or Other Parent (Complete ONLY if living in the same household)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Marital Status:  Single  Married  Separated  Divorced  Widowed

Are you a veteran or spouse of a veteran?  Yes  No

Are you age 19 or under attending high school or working on your GED?  Yes  No

Are you a current or former foster care youth and under age 23?  Yes  No

### **EMPLOYER/SCHOOL/TRAINING INFORMATION**

Employer/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, please list the title of your position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ \_\_\_\_\_ Hours Worked per week/ \_\_\_\_\_

Semester start date: \_\_\_\_\_ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly  Twice a Month  Monthly  Other

#### **Work/Class Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### **EMPLOYER/SCHOOL/TRAINING INFORMATION (Only if you work 2 jobs or are working AND in school.)**

Employer/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, please list the title of your position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ \_\_\_\_\_ Hours Worked per week/ \_\_\_\_\_

Semester start date: \_\_\_\_\_ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly  Twice a Month  Monthly  Other

#### **Work/Class Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Child(ren) Needing Child Care (Children that do NOT need care should be listed on Page 4)**

**Tip: Texas Workforce Commission requires parents who are receiving child care assistance to help establish paternity and obtain child support for their children. This applies to ALL children age 18 or younger regardless of their child care needs. You will NOT receive child care assistance if you do not meet this requirement. See page 15 for more information.**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your Relationship to Child:  Parent  Legal Guardian  Other- Explain: \_\_\_\_\_

What form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other: \_\_\_\_\_

Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your Relationship to Child:  Parent  Legal Guardian  Other- Explain: \_\_\_\_\_

What form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other: \_\_\_\_\_

Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your Relationship to Child:  Parent  Legal Guardian  Other- Explain: \_\_\_\_\_

What form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other: \_\_\_\_\_

Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your Relationship to Child:  Parent  Legal Guardian  Other- Explain: \_\_\_\_\_

What form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other: \_\_\_\_\_

Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

## Child(ren) NOT Needing Care and Other Household Dependents

**Tip: Texas Workforce Commission requires parents who are receiving child care assistance to help establish paternity and obtain child support for their children. This applies to ALL children age 18 or younger regardless of their child care needs. You will NOT receive child care assistance if you do not meet this requirement. See page 15 for more information.**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your relationship to this person: \_\_\_\_\_

If a child, what form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other

If a child, does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

If a child, Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your relationship to this person: \_\_\_\_\_

If a child, what form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other

If a child, does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

If a child, Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your relationship to this person: \_\_\_\_\_

If a child, what form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other

If a child, does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

If a child, Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No

Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

Your relationship to this person: \_\_\_\_\_

If a child, what form of Child Support do you receive?  OAG Case  Informal Arrangement  Court Order  Other

If a child, does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

If a child, Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_

**Household Income (Include ALL sources of income, you must provide current documentation for ALL income sources [paystubs, bank statements, etc])**

SOURCE OF MONTHLY INCOME	AMOUNT	SOURCE OF MONTHLY INCOME	AMOUNT
Employment	\$ _____	Unemployment Benefits	\$ _____
Social Security or SSI	\$ _____	Alimony	\$ _____
*Self-Employment Income	\$ _____	Child Support	\$ _____
Interest from savings or checking	\$ _____	TANF	\$ _____
Dividends from stock holdings	\$ _____	Worker's Compensation	\$ _____
Income received from rental property or roommates	\$ _____	Retirement Income	\$ _____
Early Withdrawals from 401(k)	\$ _____	Lottery Payments of \$600 or more	\$ _____
Income from Court Settlements, Annuities, or Life Insurance	\$ _____	Income from Estate or Trust Fund	\$ _____
		Other	\$ _____
<b>Total Monthly Household Income: \$ _____</b>			

*\*If self-employed or paid in cash, please contact our office for a list of required documents you must provide.*

**Total number in household (include all household dependants):**

**Number of children that need care:**

**Parent/Guardian Statement**

**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 entitled to be notified about my eligibility for services within 20 calendar days from the receipt of a completed application;
3. I, or my representative, may appeal denial, reduction or termination of services.
4. Services will be provided without regard to sex, race, creed, color, national origin, or disability;
5. The information on this form is confidential;
6. By signing this form, I am applying for services from Workforce Solutions for North Central Texas.

I give permission for Workforce Solutions for North Central Texas to contact a third party to verify income or family size, citizenship and age of my children in need of child care assistance, and use the Social Security numbers listed for identification and verification of all public benefits and income received.

All information provided represents a complete and accurate statement of my family's circumstances at the time of application. I agree to report any changes to this information within 10 days of the change.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_