



2415 South Austin Ave, Ste. 105
 Denison, TX 75020
 (903)463-9997 / (888)813-1992
 903-465-8680 or 903-463-3073 fax
 childcare@workforcesolutionstexoma.com

Atencion: Para obtener esta u otras formas on
 Espanol, favor the llamar a esta oficina al
(903)463-9997 / (888)813-1992

Child Care Assistance Waitlist Application Form

Note: You must complete the information requested; failure to do so will delay your determination for eligibility and assistance may be discontinued or denied.

Parent or Caretaker Information

Last Name First Name MI SSN -- -- Sex: Female Male

Date of Birth: / / Marital Status: Single Married Separated Divorced Widowed

Ethnicity: Hispanic or Latino? Yes No Race: Caucasian African-American American Indian or Alaskan Native

Are you a veteran or spouse of a veteran? Yes No Native Hawaiian or Other Pacific Islander Unknown

Are you a teen parent? Yes No → If yes, are you currently working on your High School diploma or working toward your GED? Yes No

Are you currently receiving or have received any type of assistance or services through Child Protective Services (CPS)? Yes No

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

Physical Address Apt. # City/State/Zip

Mailing Address (if different than above) Apt. # City/State/Zip

Home/ Contact Phone Cell Phone Email Address

Employer Information

Employer:

Address:

City/State/Zip: Hire Date:

Work Phone:

Hours Working per Week: Wage per hour:

School/Training Information or Employer Info (if working a 2nd job fill out the same information as on the left; hours per week, wage per hour, etc)

School/Employer:

Address:

City/State/Zip/Phone:

Hours Enrolled: Semester Start Date:

Training/Certification Degree you are pursuing:

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

Last Name First Name MI SSN -- -- Sex: Female Male

Date of Birth: / / Marital Status: Single Married Separated Divorced Widowed

Ethnicity: Hispanic or Latino? Yes No Race: Caucasian African-American American Indian or Alaskan Native

Are you a veteran? Yes No Native Hawaiian or Other Pacific Islander Unknown

Employer Information

Employer:

Address:

City/State/Zip: Hire Date:

Work Phone:

Hours Working per Week: Wage Per Hour:

School/Training Information or Employer Info (if working a 2nd job fill out the same information as on the left; hours per week, wage per hour, etc)

School:

Address:

City/State/Zip:

Hours Enrolled: Semester Start Date:

Training/Certification Degree you are pursuing:



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Information Regarding Each Child Needing Care (children over 13 years of age are typically not eligible for assistance):

1. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other <small>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</small>				
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"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown				
Does this child have a disability? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, please list disability:</small>		Type of care needed: <input type="radio"/> Full day or <input type="radio"/> Before & After School/School age				
Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, how much per month? _____ → Name of non-custodial parent: _____</small>						
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____ <small>If Yes, what school district will child attend: _____</small>						
2. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other <small>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</small>				
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"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown				
Does this child have a disability? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, please list disability:</small>		Type of care needed: <input type="radio"/> Full day or <input type="radio"/> Before & After School/School age				
Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, how much per month? _____ → Name of non-custodial parent: _____</small>						
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____ <small>If Yes, what school district will child attend: _____</small>						
3. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other <small>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</small>				
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"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown				
Does this child have a disability? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, please list disability:</small>		Type of care needed: <input type="radio"/> Full day or <input type="radio"/> Before & After School/School age				
Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, how much per month? _____ → Name of non-custodial parent: _____</small>						
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____ <small>If Yes, what school district will child attend: _____</small>						
4. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other <small>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</small>				
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"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown				
Does this child have a disability? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, please list disability:</small>		Type of care needed: <input type="radio"/> Full day or <input type="radio"/> Before & After School/School age				
Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, how much per month? _____ → Name of non-custodial parent: _____</small>						
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____ <small>If Yes, what school district will child attend: _____</small>						
5. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other <small>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</small>				
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"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown				
Does this child have a disability? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, please list disability:</small>		Type of care needed: <input type="radio"/> Full day or <input type="radio"/> Before & After School/School age				



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Note: You must complete the information requested; failure to do so will delay your determination for eligibility and assistance may be discontinued or denied.

Do you receive child support for this child? Yes No

If yes, how much per month? _____ → Name of non-custodial parent: _____

If Yes, what school district will child attend: _____

Is this child attending school? Yes No → If no, when will the child start? _____

Information on Other Members of Household:

1. Last Name First Name MI SSN -- -- Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Ethnicity: Hispanic or Latino? Yes No

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

Do you receive child support on this family member? Yes No → If yes, how much? \$ _____

Do you claim this person as a dependent? Yes No

2. Last Name First Name MI SSN -- -- Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Ethnicity: Hispanic or Latino? Yes No

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

Do you receive child support on this family member? Yes No → If yes, how much? \$ _____

Do you claim this person as a dependent? Yes No

3. Last Name First Name MI SSN -- -- Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Ethnicity: Hispanic or Latino? Yes No

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

Do you receive child support on this family member? Yes No → If yes, how much? \$ _____

Do you claim this person as a dependent? Yes No

Information Regarding Total Household Income

Source of Monthly Income	Monthly Amount
Total Household Wages/Salaries from Employment	
Self Employment Income	
Interest	
Dividends	
Rental Income	
Retirement	
Social Security/SSI	
Unemployment Benefits	

Source of Monthly Income	Monthly Amount
TANF	
Food Stamps	
Child Support	
Alimony/Maintenance Payments	
Worker's Compensation	
Housing Assistance	
Other: _____	
Other: _____	
Other: _____	

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 the federal laws;
- (2) I am entitled to be notified about my eligibility for services within 20 calendar days from the date of this 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 application is confidential;
- (6) By signing this form, I am applying for services from Workforce Solutions Texoma.

I give permission to Workforce Solutions Texoma to contact a third party to verify income or family size, Citizenship and age of my children in need of childcare assistance, and use the Social Security numbers listed for identification and verification of all public benefits and income.

➤ 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 calendar days of the change.

Parent or Caretaker Signature → _____ Date → _____

Spouse/Significant Other Signature → _____ Date → _____