



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 Re-Certification 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
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: _____
 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: _____ 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: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed					
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"/> American Indian or Alaskan Native					
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown					

Employer Information

Employer: _____
 Address: _____
 City/State/Zip: _____
 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: _____ Start Date: _____
 Training/Certification Degree you are pursuing: _____

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

1. Last Name	First Name	Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____		
If Yes, what school district will child attend: _____		
2. Last Name	First Name	Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____		
If Yes, what school district will child attend: _____		
3. Last Name	First Name	Do you receive child support for this child? <input type="radio"/> Yes <input type="radio"/> No

