



WORKFORCE SOLUTIONS TEXOMA CHILD CARE SERVICES
2415 S. Austin Ave. Ste. 105
Denison, TX 75020
☎ (903) 463-9997

☎ (800) 813-1992

☎ (903) 465-8680

Parent or Caretaker Name(s)	Parent or Caretaker Identifier (Case number, SSN, etc.)
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**PARENT RESPONSIBILITY AGREEMENT FOR CHILD CARE SERVICES
SELF-DECLARATION FORM**

Name of Parent or Caretaker

I, _____, declare that since I was last determined to be eligible to receive child care services from Workforce Solutions Texoma Child Care Services,

I have used, sold, or possessed marijuana or other controlled substance. Yes No

If "yes", I am currently in or have completed a drug rehabilitation program and have attached documentation from the program. Yes No

I have abused alcohol. Yes No

If "yes", I am currently in or have completed a drug rehabilitation program and have attached documentation from the program. Yes No

All forms must be completed in ink; white-out NOT accepted.

X _____ Date: **X** ____ - ____ - _____
Signature of Parent or Caretaker

_____ Date: ____ - ____ - _____
Signature of Child Care Contractor Staff

Submission of this form does not represent notification of changes regarding address, employment, training, income or family size. You are required to contact your case worker directly at Workforce Solutions Texoma for proper notification of any changes.

Office Use Only: Date Out: ____ - ____ - _____
Date In: ____ - ____ - _____