



Workforce Solutions Texoma

2415 South Austin Avenue, Suite 105

Denison, TX 75020

(903) 463-9997

(888)813-1992

fax (903)465-8680

Dear Parents

Effective 10/1/11 all parents applying for child care assistance will have to be in compliance with paternity and child support for every child in the household before child care services are authorized. This includes children in the household who do not receive child care assistance.

- You will need to either open a case with the *Office of Attorney General* , OR
<https://www.oag.state.tx.us/cs/index.shtml>
- Have a private agreement established with the non custodial parent. You will need to complete the on-line form, Child Support In-Lieu Form,
http://www.workforcesolutionstexoma.com/html/child_care_forms.html

If you open a case with the *Office of Attorney General* you will need to have a CIN # and a copy of the Payment History before care is authorized.

If you have a private agreement with the non-custodial parent you and the non-custodial parent will have to complete the Child Support In-Lieu Form that is found on our web site. You will also have to supply copy of money order or canceled check for one month of support before care is authorized. The money order or check has to be made out to the parent requesting child care assistance. Bank statements will not be accepted.

After care has been authorized at your 6 month update you will need to supply either a payment history screen from the *Office of Attorney General* showing the last 6 months of payments or provide copies of cancelled checks or money orders for 6 months along with Child Support In-Lieu Form completed by both parents. We will no longer apply the \$25 sanction to your parent fee. You will have to be in compliance with child support at every 6 month update or your child care services will end.

If you are a two parent family and both biological parents live in the same household you will need to supply the birth certificate or official court documents for the child(ren) to establish paternity.

If you have any questions please feel free to contact Child Care Services at 903.463.9997 or email us at childcare@workforcesolutionstexoma.com

Thank you

Amy Odneal
Child Care Services



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 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 Federal or State qualified 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 between the ages of 14-22? Yes No

Citizenship: U.S. Citizen Refugee* Permanent Resident/Alien Other Eligible Non-Citizen

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

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: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: 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

Ethnicity: Hispanic or Latino? Yes No Race: Caucasian African-American Native American/Alaskan Native
 Native Hawaiian or Other Pacific Islander Unknown

Does this child have a disability? Yes No Type of care needed: Full day or Before & After School/School age
 If yes, please list disability: _____

Do you receive child support for this child? Yes No
 If yes, how much per month? _____ → Name of non-custodial parent: _____

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

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

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

Date of Birth: / / Relationship to Parent/Caretaker: 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

Ethnicity: Hispanic or Latino? Yes No Race: Caucasian African-American Native American/Alaskan Native
 Native Hawaiian or Other Pacific Islander Unknown

Does this child have a disability? Yes No Type of care needed: Full day or Before & After School/School age
 If yes, please list disability: _____

Do you receive child support for this child? Yes No
 If yes, how much per month? _____ → Name of non-custodial parent: _____

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

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

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

Date of Birth: / / Relationship to Parent/Caretaker: 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

Ethnicity: Hispanic or Latino? Yes No Race: Caucasian African-American Native American/Alaskan Native
 Native Hawaiian or Other Pacific Islander Unknown

Does this child have a disability? Yes No Type of care needed: Full day or Before & After School/School age
 If yes, please list disability: _____

Do you receive child support for this child? Yes No
 If yes, how much per month? _____ → Name of non-custodial parent: _____

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

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen

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

Date of Birth: / / Relationship to Parent/Caretaker: 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

Ethnicity: Hispanic or Latino? Yes No Race: Caucasian African-American Native American/Alaskan Native
 Native Hawaiian or Other Pacific Islander Unknown

Does this child have a disability? Yes No Type of care needed: Full day or Before & After School/School age
 If yes, please list disability: _____

Do you receive child support for this child? Yes No
 If yes, how much per month? _____ → Name of non-custodial parent: _____

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

Citizenship: U.S. Citizen Refugee Permanent Resident/Alien Other Eligible Non-Citizen



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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.

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 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					
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 If yes, please list disability:		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						
If yes, how much per month? _____ → Name of non-custodial parent: _____						
If Yes, what school district will child attend: _____						
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start? _____						
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen						

Information on Other Members of Household:

1. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: 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 <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown						
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen						
Do you receive child support on this family member? <input type="radio"/> Yes <input type="radio"/> No → If yes, how much? \$ _____						
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No						
2. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: 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 <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown						
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen						
Do you receive child support on this family member? <input type="radio"/> Yes <input type="radio"/> No → If yes, how much? \$ _____						
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No						
3. Last Name	First Name	MI	SSN	--	--	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: 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 <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown						
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen						
Do you receive child support on this family member? <input type="radio"/> Yes <input type="radio"/> No → If yes, how much? \$ _____						
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No						



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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.

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	
Refugee Assistance *	
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 and 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 → _____