



2415 South Austin Ave, Ste. 105
 Denison, TX 75020
 (903)463-9997 / (888)813-1992
 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 <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown					
Are you a Federal or State qualified veteran? <input type="radio"/> Yes <input type="radio"/> No	Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen					

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:

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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 Do you receive child support for this child? Yes No

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 Do you receive child support for this child? Yes No

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 Do you receive child support for this child? Yes No

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 Do you receive child support for this child? Yes No

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

5. Last Name First Name Do you receive child support for this child? Yes No

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

Information on Other Members of Household:

1. Last Name First Name Do you claim this person as a dependent? Yes No
 Do you receive child support on this family member? Yes No
 Citizenship: U.S. Citizen Refugee
 Permanent Resident/Alien Other Eligible Non-Citizen

2. Last Name First Name Do you claim this person as a dependent? Yes No
 Do you receive child support on this family member? Yes No
 Citizenship: U.S. Citizen Refugee
 Permanent Resident/Alien Other Eligible Non-Citizen

3. Last Name First Name Do you claim this person as a dependent? Yes No
 Do you receive child support on this family member? Yes No
 Citizenship: U.S. Citizen Refugee
 Permanent Resident/Alien Other Eligible Non-Citizen



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Information Regarding 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 Comp	
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 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 → _____