

# Parent Acknowledgement of Rights and Responsibilities for Child Care Assistance

Customer Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

## Work/Training/Education:

I understand that I am able to get child care so that I can work, go to school, or be in job training classes. I cannot get child care if I am not working, going to school, or in job training classes for at least 25 hours a week. If I am no longer working, no longer in school, or no longer in job training classes, for at least 25 hours a week, I will notify you within 10 calendar days of the change.

## Family /Income:

I understand that I qualify for child care based on my family's income or size. If my family's income or size changes, I will notify you within 10 calendar days of the change. [For example, if I get a job or a pay raise, I must report this to you within 10 calendar days; or, if I get married, I must report this to you within 10 calendar days.]

## Reporting Changes:

I understand that it may be considered stealing child care services if I continue to receive child care and I do not notify you within 10 calendar days of *any* changes in my work, training, or education status; my income; benefits; family; or marital status. I understand that if I fail to notify you within 10 calendar days as I'm supposed to, criminal charges may be filed against me with the district attorney or county attorney, child care will be terminated, and I will have to repay the amount owed. These consequences apply to a failure to report any of the changes in status discussed above.

## Parent Responsibility Agreement:

I understand that, unless my children reside with both biological parents, I am required to give Workforce Solutions Texoma information showing that I have established paternity for my child/ren. I understand that, unless my children reside with both biological parents, I am required to give Workforce Solutions Texoma information showing that I am receiving child support for my child/ren, that I have a court decree that does not require child support or that I receive child support through an attorney, private arbiter or the Attorney General's office or a private agreement with the non-custodial parent by completing the In Lieu Child Support form. I understand that if the non-custodial parent is incarcerated I must still pursue child support through the Office of Attorney General.

I understand that each school age child in my household must be attending school regularly. I attest by my signature below, I am agreeing that I will comply with these government requirements. I understand that if my children are not attending school regularly (in accordance with school attendance policies) my child care assistance may end.

I understand that in order to receive child care assistance I must NOT use, sell or possess marijuana or a controlled substance, or abuse alcohol. I attest by my signature below, I am agreeing that I will comply with these government requirements. I understand that if I do not abide by this requirement my child care assistance may end.

I understand that information provided by me, or anyone on my behalf, to determine eligibility is subject to validation through cross-checks against state and federal databases.

I understand that I may be asked to provide original documents and participate in face-to-face interviews to verify identity and eligibility for child care services.

## Parent Handbook:

I have received a copy of the Parent Handbook with all requirements to receive child care assistance. I understand that I am responsible for adhering to all the requirements in the Parent Handbook and that I can request another copy at any time.

*If you have questions about any part of this form or the Parent Handbook, please contact Workforce Solutions Texoma:  
Phone: 903-463-9997 or 1-888-813-1992 Email: [childcare@workforcesolutionstexoma.com](mailto:childcare@workforcesolutionstexoma.com)*

**I have read and understood everything above. All my questions were answered.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Significant Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_