**How did you hear about us:**  **TV ads**  **flyer**  **word of mouth**  **DFWChild Magazine**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete the following information for the parent or caregiver who is a Service Industry Worker in need of child care for their child(ren) in order to work.** | | | | | | | | | | | | |
| Last Name: | | | First Name: | | | | | Middle Name/Initial: | | | | |
| **Are you a current Child Care Services customer? Please place a checkmark by your response below:**  Yes:  No:  Unsure: | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | |
| Physical Address: | | | City: | | Zip: | | | | | County: | | |
| Mailing Address (if different): | | City: | | | Zip: | | | | | County: | | |
| Home Phone: | | | | | Cell Phone: | | | | | | | |
| Work Phone: | | | | | Email: | | | | | | | |
| Primary Language Spoken at Home: | | | | | | | | | | | | |
| *After you submit this form, you will be contacted by Workforce Solutions staff and asked to provide additional*  *personal information over the phone which will include which child care provider you have chosen.* | | | | | | | | | | | | |
| **Complete the section below with information for each household member. Household members consist of spouse/partner and dependents only. (Attach an additional sheet if needed.)** | | | | | | | | | | | | |
| **First Name** | **Middle Name** | | | **Last Name** | | **Date of Birth** | **Gender**  **(M/F)** | | **Hispanic/Latino**  **(Y/N)** | | **Ethnicity1** | **Child Care Needed** |
|  |  | | |  | |  |  | |  | |  | Yes:  No: |
|  |  | | |  | |  |  | |  | |  | Yes:  No: |
|  |  | | |  | |  |  | |  | |  | Yes:  No: |
|  |  | | |  | |  |  | |  | |  | Yes:  No: |
|  |  | | |  | |  |  | |  | |  | Yes:  No: |

**1Ethnicity choices:** White, Black/African American, American Indian or Alaskan Native, Asian, Hawaiian Native or Pacific Islander, or Unspecified/Declined to Answer

**Based on family size\*, is your income\*\* at or below these annual or monthly limits of State Median Income (SMI) in the chart below?**

|  |  |  |
| --- | --- | --- |
| **Family Size** | **Annual Household Income**   **at or below 75% SMI** | **Monthly Household Income**  **at or below 75% SMI** |
| 2 | $43,549 | $3,629 |
| 3 | $53,796 | $4,483 |
| 4 | $64,043 | $5,337 |
| 5 | $74,290 | $6,191 |
| 6 | $84,537 | $7,045 |
| 7 | $86,458 | $7,205 |
| 8 | $88,380 | $7,365 |
| 9 | $90,301 | $7,525 |
| 10 | $92,222 | $7,685 |

**If your family income is above the 75% SMI limit, based on the previous chart, you do not qualify for SIR child care and cannot apply for this program.**

\* Family size consists of parents, those in the home that can be claimed as dependents on a federal tax return, or a minor who is the responsibility of the parent/applicant.

\*\*Income does not include federal or state assistance or child support. A family’s monthly income is the gross income *before adjustments are made for taxes*, which can also be referred to as gross earnings or gross pay.

|  |  |  |
| --- | --- | --- |
| **Employer Information** | **Self** | **Spouse/Partner** |
| **Name** |  |  |
| **Address** |  |  |
| **City, State, Zip** |  |  |
| **Job Title** |  |  |

**Which occupation qualifies you as working in the Service Industry Sector?** Please place a checkmark by the occupation category that best describes you (only one parent is required to be working in Service Industry Sector):

|  |  |
| --- | --- |
| Arts, Entertainment, and Recreation |  |
| Accommodations (Hotels) and Food Services |  |
| Retail Trade |  |
| Other |  |
| If other, please describe: | |

**Please submit proof of employment in the qualifying occupation. Examples of acceptable documentation are:**

* Current paystub (dated in last 30 calendar days).
* Employment verification form signed by your employer.
* Signed letter of employment on company letterhead with appropriate company contact information included.

**By signing this document, you agree to the following statements:**

I certify that I qualify as a Service Industry Worker, require child care to work, my family income is at or below 75% SMI and the address I have provided is my current residential address. I also certify that I am meeting the participation requirements for my household size (25 hrs. per week for single parent/50 hrs. per week for two-parent household).

**I understand that child care is only provided for 12 months and I will have to reapply for child care services at the end of the 12-month timeframe. Upon re-applying I may be subject to a waitlist and will not have child care services while on the waitlist or during the eligibility process.**

I certify that all information provided on this form is accurate and child care may be terminated if any of this information is found to be inaccurate. I understand that giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled.

Electronic signatures are acceptable.

|  |  |
| --- | --- |
| Parent Signature: | Date: |

**Documents required to be submitted prior to eligibility determination for SIR child care:**

* Proof of employment in a qualifying occupation.
* Proof of citizenship/legal immigration status for children needing care.
* Completed and signed SIR Child Care Enrollment Form (this application).

Text

Description automatically generated with low confidence

**Please submit your completed application to** [**childcaresir@dfwjobs.com**](mailto:childcaresir@dfwjobs.com)