



Please complete, sign and return

QUALIFIED CANDIDATES. BETTER JOBS. NO CHARGE.

Child Care Provider Choice

Parent or Guardian Name: _____ TWIST ID #: _____
(if known)

Please be aware that your child care fee is based on your gross monthly income and not on the child care provider you choose. **Please have a provider choice in mind so that we will be able to process your application more timely.** Visit www.dfwjobs.com/childcare/providers for assistance with selecting a provider.

Please check the choice that applies to you:

- My child(ren) are already in child care at the provider listed below. I would like for them to remain at this facility if it is an eligible Child Care Services (CCS) provider.
- My child(ren) are not in child care, but I would like them to attend the child care provider listed below. (Note: Contact your provider of choice to arrange a tour of the facility and obtain registration paperwork.)
- I currently have the relative listed below watching my child(ren) and would like CCS to pay for it. (A relative who is at least 18 years of age and is one of the following can be eligible to provide self-arranged child care: the child’s grandparent, great-grandparent, aunt, uncle, or sibling if the sibling does not reside in the same household as the eligible child.) **Note: The process of qualifying a relative can take up to 3 months to complete.**
- If you are looking to transfer providers for your child(ren), this must be requested **15 days in advance** and can only be done on the **first of the following month.**

Please provide this information about your child care provider:

Child Care Facility or Home

OR

Relative Provider

(May not reside in the same household as the child)

Provider Name: _____

Relative Name: _____

Address: _____

Address: _____

City: _____ ZIP: _____

City: _____ ZIP: _____

County: _____ Phone: _____

Daytime Phone: _____

Contact Person: _____

Relationship to Children: _____

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