

Child Care Assistance Application

Applicant

Last Name: _____ First Name: _____ MI: _____ SSN: _____ - _____ - _____
(optional)

Physical Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Preferred Phone: _____ Other Phone: _____

Email Address: _____

Preferred Method of Contact: E-mail Phone Primary Language Spoken at Home: _____

Date of Birth: ____/____/____ Sex: Female Male Ethnicity: Hispanic or Latino? Yes No

Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander

Marital Status: Single Married Separated Divorced* Widowed *Does the non-custodial parent of the child (ren) have court ordered visitation? If so please provide copy of the entire court documents.

Spouse or Other Parent/Adult (Complete ONLY if living in the same household)

Last Name: _____ First Name: _____ MI: _____ SSN: _____ - _____ - _____
(optional)

Date of Birth: ____/____/____ Sex: Female Male Ethnicity: Hispanic or Latino? Yes No

Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander

Marital Status: Single Married Separated Divorced* Widowed *Does the non-custodial parent of the child (ren) have court ordered visitation? If so please provide copy of the entire court documents.

Please complete a section for each employer you have and/or educational/training activity enrolled in for each adult in the household

EMPLOYER/EDUCATION INFORMATION (Specify name of adult): _____

Employer/Education Name: _____ Phone: _____

If employed, please list the title of your position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Hire Date/ Semester start date: _____ Hours Worked per week/ Hours currently enrolled: _____ Wage per hour: \$ _____

How often are you paid? Weekly Bi-weekly Twice a Month Monthly Other

Work/Class Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Employer/Education Name: _____ Phone: _____

If employed, please list the title of your position: _____

Address: _____ City: _____ ST: _____ Zip: _____

Hire Date/ _____ Hours Worked per week/ _____

Semester start date: _____ Hours currently enrolled: _____ Wage per hour: \$ _____

How often are you paid? Weekly Bi-weekly Twice a Month Monthly Other

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How often are you paid? Weekly Bi-weekly Twice a Month Monthly Other

Work/Class Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If you have additional employers/education institutions, please add these on to an additional sheet

Workforce Solutions for North Central Texas is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For the hearing impaired, call TDD 1-800-735-2989 or VOICE 1-800-735-2988. For more information, visit www.dfjjobs.com

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List all Child(ren) in the Household

Please check this box if the child below needs child care

1. Last Name: _____ First Name: _____ MI: _____ SSN: _____ - _____ - _____
(optional)
Date of Birth: ____/____/____ Sex: Female Male Ethnicity: Hispanic or Latino? Yes No
Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander
Your Relationship to Child: Parent Legal Guardian Other: _____ *See enclosed In Loco Parentis Matrix*
Biological/adoptive mother's name: _____ Biological/adoptive father's name: _____
Does this child attend school? Yes No If Yes, what is the school name? _____

Please check this box if the child below needs child care

2. Last Name: _____ First Name: _____ MI: _____ SSN: _____ - _____ - _____
(optional)
Date of Birth: ____/____/____ Sex: Female Male Ethnicity: Hispanic or Latino? Yes No
Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander
Your Relationship to Child: Parent Legal Guardian Other: _____ *See enclosed In Loco Parentis Matrix*
Biological/adoptive mother's name: _____ Biological/adoptive father's name: _____
Does this child attend school? Yes No If Yes, what is the school name? _____

Please check this box if the child below needs child care

3. Last Name: _____ First Name: _____ MI: _____ SSN: _____ - _____ - _____
(optional)
Date of Birth: ____/____/____ Sex: Female Male Ethnicity: Hispanic or Latino? Yes No
Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander
Your Relationship to Child: Parent Legal Guardian Other: _____ *See enclosed In Loco Parentis Matrix*
Biological/adoptive mother's name: _____ Biological/adoptive father's name: _____
Does this child attend school? Yes No If Yes, what is the school name? _____

Please check this box if the child below needs child care

4. Last Name: _____ First Name: _____ MI: _____ SSN: _____ - _____ - _____
(optional)
Date of Birth: ____/____/____ Sex: Female Male Ethnicity: Hispanic or Latino? Yes No
Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander
Your Relationship to Child: Parent Legal Guardian Other: _____ *See enclosed In Loco Parentis Matrix*
Biological/adoptive mother's name: _____ Biological/adoptive father's name: _____
Does this child attend school? Yes No If Yes, what is the school name? _____

**If you have additional children, please add the child (ren) on an additional sheet

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Additional Family Information

Are your children:

A) children of a qualified veteran or spouse of a veteran? Yes No

Name of the Veteran: _____

B) children of a foster youth under age 23? Yes No

C) children experiencing homelessness? Yes No

D) children of parents on military deployment? Yes No

E) children of teen parents? Yes No

F) children with a documented disability? Yes No**

Name of child(ren) with documented disability: _____

***Definition- A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. ***

If **“Yes”**, does the child require consistent one-on-one adult assistance in order to fully participate in the daily activities of the child care setting? *Note: This does not include therapy services* Yes No

If **“Yes”**, are you interested in participating in the Children with Disability Program? Yes No

Does this child(ren) have any ongoing medical expenses? Yes No

If **“Yes”**, submit copies of expenses.

Household Income (Include ALL sources of income, you must provide current documentation for ALL income sources [paystubs, bank statements, etc.]

SOURCE OF GROSS MONTHLY INCOME

	AMOUNT		AMOUNT
Employment	\$ _____	Income received from rental property or roommates	\$ _____
Self-Employment Income	\$ _____	Alimony	\$ _____
Taxable capital gains, dividends and interest	\$ _____	Income from estates or trust funds	\$ _____
SSDI	\$ _____	Worker's Compensation	\$ _____
Retirement Benefits (excluding the regular Social Security payments)	\$ _____	Lottery Payments of \$600.00 or more	\$ _____
Total Gross Monthly Household Income:			\$ _____

Does your family have \$1,000,000 or more in assets? Yes No

Total number in household (include all household dependents):

Number of children that need care:

**Parent/Guardian Statement
I UNDERSTAND THAT:**

1. I am entitled to be notified about my eligibility for services within 20 calendar days from the receipt of a completed application;
2. I, or my representative, may appeal denial, reduction or termination of services;
3. Services will be provided without regard to sex, race, creed, color, national origin, or disability;
4. The information on this form is confidential;
5. I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for childcare services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority;
6. By signing this form, 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 applying for services from Workforce Solutions for North Central Texas and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

I give permission for Workforce Solutions for North Central Texas to contact a third party to verify income or family size, citizenship and age of my children in need of child care assistance, and use the Social Security numbers if listed for identification and verification of all public benefits and income received.

All information provided represents a complete and accurate statement of my family's circumstances at the time of application.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____