



Dear Relative Child Care Provider:

You have been requested as a potential Relative Provider with Workforce Solutions Northeast Texas child care assistance program. Please complete the required forms and documents as requested. The packet includes a *Relative Provider Handbook* which is yours to keep and refer to as needed.

Here's what you need to do:

Find the attached "Relative Provider Checklist- Eligibility Determination" form. Please complete everything on this checklist and return all forms and documents as requested.

Important things to remember:

*Please do not return a partial packet.* When you have completed and/or collected all required documentation, return all forms and documentation by mail or fax. Our fax numbers are (903) 794-8004 or (888) 651-2038. After faxing, please wait 30 minutes before calling to confirm receipt of fax.

What to expect:

If you and the client who requested you are determined to be eligible to participate in our child care assistance program, you will be mailed an Authorization for Child Care Enrollment with Relative Provider (*Form 2450A*) which will give the official start date for care to begin, any parent share of cost, care days and type of care. If you have not heard from us within 10 days, please call our office to inquire about the status of your application.

This is parent choice program. We cannot set up to pay you to care for a child until all requested documentation is received and you and the parent have been certified to be eligible.

We thank you in advance of your cooperation.

Sincerely,

Workforce Solutions Northeast Texas  
Child Care Services

(903) 791-1583 or (866) 570-0028

**Mount Pleasant**  
1902 West Ferguson Road  
Mt. Pleasant, TX 75455  
(903) 572-9841  
(903) 572-0159 (Fax)

**Paris**  
5210 S.E. Loop 286  
Paris, TX 75460  
(903) 784-4356  
(903) 784-7267 (Fax)

**Sulphur Springs**  
1716 Posey Lane  
Sulphur Springs, TX 75482  
(903) 885-7556  
(903) 439-1012 (Fax)

**Texarkana**  
1702 Saint Michael Drive  
Texarkana, TX 75503  
(903) 794-4163  
(903) 792-2976 (Fax)

**Child Care Services**  
P. O. Box 6009  
Texarkana, TX 75505  
(903) 794-8999  
(903) 794-8012 (Fax)

# YOUR CHECKLIST

## (For Relative Provider Eligibility Determination)

Please use this checklist to help you complete the application package. All of this information may be mailed or faxed to Workforce Solutions Northeast Texas Child Care Services. You may go to your nearest Workforce Solutions Northeast Texas center to use a computer, printer or fax machine free of charge. See <http://www.netxworkforce.org> for the location nearest you. For child care provider assistance call: (903) 791-1583 or (866) 570-0028.

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### FORMS ALL RELATIVE PROVIDERS NEED TO RETURN:

#### Copy of your Listed Permit from the Department of Family and Protective Services

- Please submit to us a copy of your Listing Certificate issued by the Texas Department of Family and Protective Services.

#### Relative Provider Financial Agreement (1 page)

- Please fill out the form by completing ALL information requested and the relative and the parent sign. This verifies that you both understand and accept the policies and procedures of Workforce Solutions Northeast Texas. Return it to us.

#### Child Care Automated Attendance System Responsibilities, Reporting and Security Requirements Form (1 page)

- Please read this form and sign and date that you understand these requirements.

#### Form W-9 request for taxpayer ID number (1 page)

- Please fill out the form, sign and date it. Return to us.

#### Employment Verification Form (1 page)

- If you are employed, please have your employer complete the form. If you are not employed, your signature and social security number is all that is needed. Return the form to us.

#### Direct Deposit Form and cancelled check (1 page)

- Please fill out the form, sign and date it. You may attach a copy of your cancelled check or savings account deposit slip. Return to us.

#### Copy of a picture ID

- Please submit to us a clear copy of your current photo ID. This can be in the form of a state issued identification card or driver's license.

#### Readable copy of your signed Social Security Card

- Please submit to us a clear copy of your current signed social security card.

#### Proof of permanent residence for both you and the child(ren)

- Return to us your proof of residency. This may be a utility bill, other types of bills, or a rental agreement.

#### Proof of relationship to the child(ren)

- Return to us proof of relationship. Copies of birth certificates, marriage license, and/or court decree must be provided to verify the relative is eligible to be a provider.

RELATIVE'S NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

You have been requested as a potential Relative Provider with Workforce Solutions Northeast Texas Child Care Services. Please complete the required forms and documents as requested. The packet includes your *Relative Provider Handbook* giving you important information about your rights and responsibilities if you are approved as a Relative Provider with Workforce Solutions Northeast Texas. Please read the handbook carefully. This handbook is yours to keep and refer to as needed.

To determine if you are eligible to be a relative provider, you must complete and return all papers and all information before we can authorize child care.

If you and the client who requested you are determined to be eligible to participate in our child care assistance program, you will be mailed a **Notification of Client Eligibility for Self-Arranged Child Care (Form 2450A)** which will give the authorized start and end dates for care, any parent share of cost, care days and type of care.

You will also be mailed a **Declaration of Services (Form 2455A) and a parent calendar form**. If you have any questions or need assistance in completing the required forms, please call our billing department at (903) 791-1583 or (866) 570-0028.

***We cannot set up to pay you to care for a child until all requested documentation is received and you and the parent have been certified to be eligible.***

#### Return all forms to Workforce Solutions Northeast Texas:

Fax all requested documentation to: (903) 794-8004 or (888) 651-2038;

or you may

Mail all requested documentation to:

Workforce Solutions Northeast Texas, Attn: Child Care Services, P.O. Box 6009 Texarkana, TX 75505

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INCOMPLETE PAPERWORK MAY RESULT IN DELAYING DETERMINING ELIGIBILITY.

## Child Care Automated Attendance Systems Responsibilities, Reporting and Security Requirements

The Texas Workforce Commission has implemented new child care attendance and reporting procedures using the Child Care Automated Attendance (CCAA) system. Providers are required to use the CCAA system for parents to report attendance and this system is scheduled to begin on March 1, 2010.

The CCAA system is designed to give parents the responsibility for reporting child care attendance and provide tracking and verification a child attended a particular child care facility.

All Child Care Providers for Workforce Solutions Northeast Texas must inform Workforce Solutions Child Care Services when an enrolled child has not attended the first three days of scheduled care and also contact them regarding the child’s absence no later than the third day of scheduled attendance. As a provider for Workforce Solutions Northeast Texas, you must review the CCAA system attendance and absence reports, at a minimum, every five calendar days. We strongly recommended you check the system more frequently than once a week.

Workforce Solutions Northeast Texas will not reimburse any provider for child care services if a parent fails to report attendances or absences in the CCAA system, unless the provider calls to report within five calendar days of the incident. Providers not reimbursed by Workforce Solutions may collect reimbursement from parents who fail to accurately report attendances or absences using the CCAA system.

Providers must comply with the security requirements of CCAA listed below, and aware that failing to do so may warrant corrective or adverse actions, such as investigation and prosecution of fraud, closing intake, moving children to another provider selected by the parent, withholding provider payments or reimbursement of costs incurred, termination of child care services and recoupment of funds from the child care provider. As a child care provider, you must report any misuse of the CCAA cards and PINs to Workforce Solutions.

All providers must adhere to the following security requirements:

- **No employee of the child care facility is allowed to possess, accept, or use a parent’s or secondary cardholder’s CCAA card or personal identification numbers (PINs).**
- **No employee is allowed to perform the attendance/absence reporting function on behalf of a parent.** (Owners or Directors of the child care facility cannot be designated as the secondary cardholder by a parent with a child enrolled at the facility).

By signing below, you agree to the above security requirements, as well as the responsibilities and reporting requirements.

<b>Name of Facility</b>	
<b>Owner/Provider Signature</b>	<b>Date</b>

# RELATIVE PROVIDER FINANCIAL AGREEMENT

## A. ELIGIBILITY TO PROVIDE CHILD CARE

Providers must meet the following criteria to be eligible to provide child care:

- > Be 18 years old or older
  - > Be related by blood, marriage or court decree
- > Be the child's grandparent, great-grandparent, aunt, uncle or sibling
  - > Living in a separate household from the child/ren
  - > Be Listed with the Department of Family and Protective Services

## B. PROVIDER INFORMATION

NAME OF PROVIDER:	DATE OF BIRTH:	SOCIAL SECURITY # :
ADDRESS ( Street, City, State, Zip):		TELEPHONE #:
MAILING ADDRESS (if different):		

How are you related to the child/ren? \_\_\_\_\_ (example: Grandmother, etc.)

I understand documentation must be provided verifying I am an eligible provider.

Where is child care being provided? In the child/ren's home?  In my home?  I understand Workforce Solutions Northeast Texas staff may visit the home where care is being provided to confirm that care for the eligible child/ren is being given.

Address where care is being given. \_\_\_\_\_ Phone #: \_\_\_\_\_

How are you related to the parent? \_\_\_\_\_

Are you employed? Yes  If yes, your employer must complete the employment verification form.  
 No  If no, sign and record your social security number on the employment form.

## C. CHILD CARE SERVICES CURRENT REIMBURSEMENT RATES

	Infants(0-17 months)	Toddlers (18-35 mos.)	Preschool (3-5 years)	School-age (6-12 years)
Full Day Rate:	\$12.08	\$12.08	\$10.87	\$11.17
Part Day Rate:	\$12.08	\$12.08	\$6.42	\$6.04
Blended Rate:	-	-	\$7.07	\$6.79

The information I have provided above is complete and correct. If any of the information changes, I must submit the changes in writing. I understand care will be paid as authorized on the Notification of Client Eligibility Form (Form 2450-A) with the exception of absences and holidays. I understand it may be fraud to document for payment of authorized care not in direct support of the parent's employment or education. Claiming for services not actually provided constitutes fraud. I understand that Workforce Solutions Northeast Texas staff will use the SS# supplied by me to verify employment and unemployment insurance information. I have signed an employment verification form for Workforce Solutions staff to contact my employer to verify hours worked. I understand participation as a provider is voluntary.

I have received a *Relative Provider Handbook* and I understand and agree to abide by the policies and procedures described within. Yes  No

PROVIDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

## D. PARENT INFORMATION

I understand care will be paid as authorized on the Notification of Client Eligibility for Self Arranged Child Care (Form 2450A) with the exception of absences and holidays. I understand it may be fraud to document for payment of authorized care that is not in direct support of the parent's employment or education. I understand that unauthorized and fraudulent claims paid will be subject to a collection process. I understand documentation must be provided verifying the relative is eligible to be a provider.

PRINT PARENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									

**or**

<b>Employer identification number</b>									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov/online/ss-5.pdf](http://www.socialsecurity.gov/online/ss-5.pdf). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses/](http://www.irs.gov/businesses/) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# Workforce Solutions Northeast Texas Employment Verification

**Provider's Name:** \_\_\_\_\_

Date of Request: \_\_\_\_\_

TO: THE EMPLOYER OF THE UNDERSIGNED

This is your authorization to release the information concerning my employment as required below. In order to establish provider eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment work schedule is required. Please complete this form as soon as possible.

Your cooperation and prompt return of this information is appreciated.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

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**INFORMATION BELOW TO BE COMPLETED BY THE EMPLOYER**

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Business Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employee's Job Title or Position Held: \_\_\_\_\_

Employee's Work Schedule:

*(Examples: "M-F 8am to 5pm" or "11am to 7pm shift, 4 days on and 2 days off" or "days and hours vary")*

Enter Work Schedule: \_\_\_\_\_

Approx. Length of Employment \_\_\_\_\_

Approx. Hire Date \_\_\_\_\_

Avg. Number of Hours Worked per Week: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please mail form to: **Workforce Solutions Northeast Texas**

P O Box 6009

Texarkana, TX 75505-6009

Phone: (866) 570-0027 or (903)791-1583

Or fax form to: (903) 794-8004 or (888) 651-2038

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**(TO BE COMPLETED BY WORKFORCE SOLUTIONS NORTHEAST TEXAS STAFF)**

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Telephone Verification

Name of Employer Representative: \_\_\_\_\_

Date of Verification \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Comments:

# Provider Direct Deposit Agreement

## GUARANTY BANK AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we), hereby authorize Workforce Solutions Northeast Texas, hereinafter called Workforce Solutions, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effective until Workforce Solutions has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Workforce Solutions and DEPOSITORY a reasonable opportunity to act on it.

Financial Institution Name		
City	State	Zip Code
Transit/ABA Number		Account Number

\_\_\_\_\_  
Signature

✓ Mark the type of Account:

\_\_\_\_\_  
Name (Print)

\_\_\_\_ Savings Account

\_\_\_\_\_  
Date

\_\_\_\_ Checking Account

### TAPE YOUR VOIDED CHECK HERE

Ima Sample 507 Redbud Mt. Pleasant, TX 74555	123	
PAY TO THE ORDER OF _____		
Guaranty Bank Mt. Pleasant, TX		
Memo 111915327                      1234567                      123		
↑	↑	↑
Transit/ABA Number	Account Number	Check Number

## Instructions for Documenting Proof of Relationship

Documentation must be provided to verify that a Relative Provider meets the eligibility requirements to participate in the Workforce Solutions Northeast Texas Child Care Services program.

The proof of relationship chart shows what is required to prove relationship. You and the parent of the children will need to work together to get copies of the needed documentation.

If you cannot provide this required documentation, the parent may want to contact Workforce Solutions Northeast Texas and talk with a Client Services Specialist to assist in enrolling in a regulated provider temporarily until documentation can be provided. After documentation has been received that proves the provider meets the relationship requirement, the children can be transferred to relative care.

## PROOF OF RELATIONSHIP CHART

Listed below is a guide listing the required documentation showing proof that the relative chosen is qualified as a relative provider in the Workforce Solutions child care assistance program.	
If the provider is a sister or brother of the parent (aunt or uncle of the child):	Copies of two birth certificates are required: 1. The parent's birth certificate and the 2. provider's birth certificate These must show a common mother or father.
If provider is a brother-in-law or sister-in-law of parent:	Copies of two birth certificates are required: 1. The parent's birth certificate and the 2. Parent's sibling's birth certificate These must show the parent and sibling have a common parent. Marriage license or certificate of provider showing marriage to the parent's sibling.
If the provider is a mother or father of the parent (grandparent of the child):	Copy of one birth certificate is required: 1. A birth certificate of the parent listing the provider as either their mother or father.
If the provider is a step grandparent of the child:	Copy of one birth certificate is required: 1. A birth certificate of the parent listing the provider's spouse as either their mother or father. 3. A marriage license or certificate of the provider showing marriage to the parent's parent.
If the provider is the grandparent of the parent (great-grandparent of the child):	Copies of two birth certificates are required: 1. The parent's birth certificate 2. The parent's parent's birth certificate These must show that the provider is the grandparent of the parent.
If the provider of a step great-grandparent of the child	Copies of two birth certification 1. The parent's birth certificate 2. The parent's parent's birth certificate showing that the provider's spouse if the grandparent of the parent A marriage license or certificate showing that the provider is married to the grandparent of the parent
If the provider is a child of the parent (sibling of the child):	Copy of one birth certificate is required: 1. The provider's birth certificate showing the parent and that the provider is at least 18 years of age. Also, a proof of residency must be provided showing that the sibling lives outside the home.
If the provider is a step sibling of the child:	1. Marriage license or certificate of the parent. 2. Birth Certificate of the provider showing parent and that the provider is 18 years of age. Also, a proof of residency must be provided showing that the sibling lives outside of the home.

There may be special circumstances not listed here that would require other documentation as proof. If so, contact Child Care Services at (800) 874-3226 or (903) 794-8999 to speak with a client services specialist, or call the billing department at (903) 791-1583 or (866) 570-0028.