



Dear Parent:

To determine if you are eligible for child care assistance through Workforce Solutions Northeast Texas, please complete an application packet.

Here's what you need to do:

Find the attached "Customer 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) 794-8012 or (877) 329-6772. After faxing, please wait 30 minutes before calling to confirm receipt of fax.

What to expect:

If we are in open placement—after we have received all documentation and determined that you are eligible for our child care program, we will call you to set up your child care assistance. If you have not heard from us within 10 days, please call our office to inquire about the status of your application.

If we have a waiting list—you will receive a letter stating you have been placed on the waiting list, a letter requesting additional information, or a letter giving the reason why you are not eligible for our program at this time.

Please return all information requested to us at:

**Workforce Solutions Northeast Texas
Child Care Services
P.O. Box 6009
Texarkana, TX 75505
Fax: (903) 794-8012 or (877) 329-6772**

Should you have any questions, please contact us at (903) 794-8999 or (800) 874-3226.

Sincerely,

Workforce Solutions Northeast Texas
Child Care Services

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 Eligibility Determination)

Please use this checklist to help you complete the application package. We must have documentation of all household income. 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. Visit www.netxworkforce.org for the location nearest you. For child care assistance call: (903) 794-8999 or (800) 874-3226.

FORMS ALL FAMILIES NEED TO RETURN:

Child Care Assistance Eligibility Certification Form (2 pages)

- Please fill out the form by completing ALL information requested, sign it and return to us.

Customer Awareness Form (1 page)

- Please read the form, initial and sign. Return it to us. Keep one copy of it for your interview with us when you call.

Parent Acknowledgement Form (2 pages)

- Please read the form, sign it and make a copy of it for your records and return to us

Parent Responsibility Agreement Parent Self-Declaration of Compliance

- Please read the form, mark appropriate answer, sign and date. Return the form to us.

Parent Automated Attendance Card Agreement

- Please read the form, sign and date. Return the form to us.

Attorney General Compliance and documentation of Child Support Income

- You must provide one of the following for each non custodial parent:
 - **If you are complying with the Attorney General's office**, we must have documentation of compliance along with a printout of payments from the AG's office.
 - **If you are receiving Child Support through a private agency or another state**, we must have a printout from that agency that shows a current child support payment history for each child.
 - **If you have an informal Child Support arrangement**, submit documentation of what is received and a 3 month history of payments. This must be signed by both the custodial and non-custodial parent. Again, each non-custodial parent must sign and document the payment history.

Additional information for AG Compliance can be found on the enclosed "Required Documentation of Child Support."

A copy of a birth certificate for all children under 13 years of age.

IF YOU OR YOUR SPOUSE (Or Other Parent in Home) WORK... Employment Verification Form (1 page)

- Ask your supervisor to fill out the form, sign and date it.

Income Verification Documents:

- We must have a copy of your last three check stubs for each job held by an adult in the family. The check stubs **MUST** have the family member's name on it, no exceptions! If check stubs are not available, a wage and hour record is acceptable.

"What if I started a new job or I'm paid in cash and do not have a check stub?"

If you are paid in cash, you may submit a wage and hour record from your employer on company letterhead. If you've started a new job and haven't received your first paycheck yet, the Employment Verification Form is acceptable. You will be given a three-month recertification end date at which time check stubs or a wage and hour record will be required.

"What if I'm self-employed and do not have a check stub?"

If you are self-employed and do not have a check stub, we must have a copy of your latest 1040 Schedule C Tax Return **-OR-** ledgers, receipts, and accounting records that detail your profit and expenses.

IF YOU OR YOUR SPOUSE (Or Other Parent in Home) GO TO SCHOOL OR ATTEND A TRAINING PROGRAM...

Training Verification Form (1 page)

- Ask your school/training institution to fill out the form, sign and date it.

Training Verification Documents

- For college students, we must have a copy of your **most recent transcript** and **your current class schedule**.

Return all forms to Workforce Solutions Northeast Texas:

Fax all requested documentation to (903) 794-8012 or (877) 329-6772;

or you may

Mail all requested documentation to: Workforce Solutions Northeast Texas, Attn: Child Care Services, P.O. Box 6009, Texarkana, TX 75505

INCOMPLETE PAPERWORK MAY RESULT IN YOUR CHILD CARE SERVICES BEING DENIED OR TERMINATED.

Child Care Assistance Eligibility Certification Form

Note: Form must be complete; failure to do so will delay your determination for eligibility, and assistance may be discontinued or denied.

Parent or Caretaker Info:

Last Name	First Name	MI	*SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native		
Are you currently or have been in Foster Care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown				
Are you a veteran or spouse of veteran? <input type="radio"/> Yes <input type="radio"/> No Are you a Teen Parent? <input type="radio"/> Yes <input type="radio"/> No If yes, are you currently in High School or GED? <input type="radio"/> Yes <input type="radio"/> No				
Physical Address	Apt#	County	City/State/Zip	
Mailing Address (if different than above)	Apt#	City/State/Zip		
Home Phone	Cell Phone	Email Address		
Employer:	School:			
Address:	Address:			
City/State/Zip:	City/State/Zip:			
Work Phone:	Ext:	Hours:		
Hours Working per Week:	Hourly Pay Rate (required): \$	Date of Enrollment:		
Date of Hire: / /	Training/Certification Degree you are pursuing:			
Pay Frequency:	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly			
Other Monthly Income:	Tips \$	Unemployment \$		
	Bonuses \$	Workman's Comp \$		
	Commission \$	Other \$		

Do you or your spouse (other parent in household) receive any of the following?

Food Stamps: <input type="radio"/> Yes <input type="radio"/> No	Housing Assistance: <input type="radio"/> Yes <input type="radio"/> No	Social Security: <input type="radio"/> Yes <input type="radio"/> No (If yes, provide documentation of amount)
Child Support: <input type="radio"/> Yes Amount \$	<input type="radio"/> No <input type="radio"/> Court ordered, but I do not receive it	
If receiving child support, please circle source:	OAG Office	Court Ordered
	Informal Arrangement	(please see attached instructions)
TANF: <input type="radio"/> Yes <input type="radio"/> No TANF for whom?	SSI: <input type="radio"/> Yes <input type="radio"/> No (If yes, supply documentation of amount)	SSI for whom?

Spouse or Other Parent in Household:

Last Name	First Name	MI	*SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native		
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown				
Employer:	School:			
Address:	Address:			
City/State/Zip:	City/State/Zip:			
Work Phone:	Ext:	Hours:		
Hours Working per Week:	Hourly Pay Rate (required): \$	Date of Enrollment:		
Date of Hire: / /	Training/Certification Degree you are pursuing:			
Pay Frequency:	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly			
Other Monthly Income:	Tips \$	Unemployment \$		
	Bonuses \$	Workman's Comp \$		
	Commission \$	Other \$		

Note: Form must be complete; failure to do so will delay your determination for eligibility, and assistance may be discontinued or denied.

Information Regarding Each Child Needing Care (children over 13 years of age are typically not eligible for assistance):

1. Last Name First Name MI *SSN Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Son/daughter Niece/nephew Other

(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) Yes No

Does child have a disability? Yes No Ethnicity: Hispanic/Latino? Race: Caucasian African-American American Indian/Alaskan Native
 Yes No Native Hawaiian/Other Pacific Islander Asian Unknown

If yes, please list disability: Current Grade Level: Type of Care Needed: Full Day Before/After School

2. Last Name First Name MI *SSN Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Son/daughter Niece/nephew Other

(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) Yes No

Does child have a disability? Yes No Ethnicity: Hispanic/Latino? Race: Caucasian African-American American Indian/Alaskan Native
 Yes No Native Hawaiian/Other Pacific Islander Asian Unknown

If yes, please list disability: Current Grade Level: Type of Care Needed: Full Day Before/After School

3. Last Name First Name MI *SSN Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Son/daughter Niece/nephew Other

(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) Yes No

Does child have a disability? Yes No Ethnicity: Hispanic/Latino? Race: Caucasian African-American American Indian/Alaskan Native
 Yes No Native Hawaiian/Other Pacific Islander Asian Unknown

If yes, please list disability: Current Grade Level: Type of Care Needed: Full Day Before/After School

4. Last Name First Name MI *SSN Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Son/daughter Niece/nephew Other

(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) Yes No

Does child have a disability? Yes No Ethnicity: Hispanic/Latino? Race: Caucasian African-American American Indian/Alaskan Native
 Yes No Native Hawaiian/Other Pacific Islander Asian Unknown

If yes, please list disability: Current Grade Level: Type of Care Needed: Full Day Before/After School

Information on Other Members of Household:

1. Last Name First Name MI *SSN Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Ethnicity: Hispanic or Latino? Yes No

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

2. Last Name First Name MI *SSN Sex: Female Male

Date of Birth: / / Relationship to Parent/Caretaker: Ethnicity: Hispanic or Latino? Yes No

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

Total Number of Persons in Household:

What is the total number of persons living in the household (this includes parent/caretaker, spouse, all children, and any other dependent persons)?

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 entitled to be notified about my eligibility for services within 20 calendar days from the date of this application; (3) I, or my representative, may appeal denial, reduction, or termination of services; (4) services will be provided without regard to sex, race, creed, color, national origin, or disability; (5) the information on this application is confidential; (6) By signing this form, I am applying for services from **Workforce Solutions Northeast Texas**. I give permission to **Workforce Solutions Northeast Texas** to contact a third party to verify income or family size, and use the Social Security numbers listed for identification and verification of Social Security benefits and income. *SSN information is voluntary.

All information provided represents a complete and accurate statement of my family's circumstances at the time of application. I agree to report any changes to this information within 10 calendar days of the change.

Parent or Caretaker Signature: Date:

Office Use Only

Group Code: _____ TTL Start Date: _____ Total Income: _____

GPA: _____ End Date: _____ Maximum allowable Income for family size: _____

I have verified all eligibility criteria and I certify that the household is eligible for care. Caseworker Signature: _____ Date: _____

Customer Awareness Form

Staff: Each paragraph will be reviewed with the customer over the phone. Make sure the customer understands it and answer any questions the customer has. The customer will initial each paragraph.

Staff Member Administering the Form _____
(Please Print Name)

Date Administered by Phone _____

Name of Customer _____ Case # _____
(Please Print Name)

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 for a one parent household or 50 hours a week for a two parent household.
- If I am no longer working, no longer in school, or no longer in job training classes for required number of hours, I will notify you within 10 calendar days of the change.
- I understand that I am only eligible for a total of 4 weeks of job search activity every year (October to September) (non-applicable for CPS and workforce center customers).

Customer's initials _____

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.]

Customer's initials _____

- 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.

Customer's initials _____

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

Customer Signature

Date

Customer Awareness Form

Staff: Each paragraph will be reviewed with the customer over the phone. Make sure the customer understands it and answer any questions the customer has. The customer will initial each paragraph.

Staff Member Administering the Form _____
(Please Print Name)

Date Administered by Phone _____

Name of Customer _____ Case # _____
(Please Print Name)

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 for a one parent household or 50 hours a week for a two parent household.
- If I am no longer working, no longer in school, or no longer in job training classes for required number of hours, I will notify you within 10 calendar days of the change.
- I understand that I am only eligible for a total of 4 weeks of job search activity every year (October to September) (non-applicable for CPS and workforce center customers).

Customer's initials _____

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.]
- 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.

Customer's initials _____

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

Customer Signature

Date

Parent Acknowledgement Form Certification Statement

Case Name: _____ Case # _____

Before you sign this form, please read it carefully to be certain that all of your questions are answered. When you have finished reading this form, please sign and date the form. The signed and dated Acknowledgement Form must be returned to Workforce Solutions Northeast Texas before placement and at each recertification. Understand that this is temporary funding and can end at anytime if you become ineligible or funding has been exhausted.

SECTION I

A child care representative will answer any questions you may have regarding the Parent Handbook. The Parent Handbook has been developed to help parents understand their rights and responsibilities to receive child care assistance through Workforce Solutions Northeast Texas.

SECTION II

I ACKNOWLEDGE:

- I spoke with a child care representative, who explained available services and the intake process for accessing those services; (Page 4 in Parent Handbook).
- My rights and responsibilities were explained; (Page 13 in Parent Handbook)
- I was given information about different types of child care; (Page 4-6 in Parent Handbook).
- I was allowed to select the child care arrangement that my family needs; (Page 4-6 in Parent Handbook)
- I understand my responsibilities regarding my child's child care arrangements; (Pages 6-13 in Parent Handbook)
- I was given an explanation of my parent share of cost; (Page 10 in Parent Handbook)
- I was informed that I must report a change within 10 calendar days; (Page 10 in Parent Handbook)
- I was given an explanation of the attendance/absences policy; (page 12 in Parent Handbook)
- I was informed that 25 hours per week is the minimum number of employment and/or education hours for a one parent household and 50 hours per week for a two parent household; (Page 12 in Parent Handbook)
- I was given an explanation of orientation to complaint, the fraud policy, and the appeals process; (Pages 14-16 in Parent Handbook)
- I was given the address and telephone number for contacting Workforce Solutions Northeast Texas Child Care Services. (Page 3 and Page 17 in Parent Handbook)

SECTION III

I AGREE to pay a Parent Share of Cost (Parent Fee), if applicable, to the child care provider where my child is receiving care, in advance of my child receiving child care services. I understand that my parent fee is based on my family's gross income, family size, and the number of children enrolled in child care.

I AGREE to comply with the provisions of the Parent Enrollment Agreement (Page 9 in Parent Handbook).

I UNDERSTAND my Rights and Responsibilities (Page 6-13 in Parent Handbook).

Parent Acknowledgement Form Certification Statement

SECTION IV

I HEREBY CERTIFY under penalty of perjury, that the information I provide to Workforce Solutions Northeast Texas is true and accurate. 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 entitled to be notified about my eligibility for services within 20 calendar days from the date all of my eligibility documents are received by Workforce Solutions Northeast Texas; (3) I, or my representative, may appeal denial, reduction, or termination of services; (4) services will be provided without regard to sex, race, creed, color, national origin, or disability; and (5) the information I provide or a third party provides regarding my income and circumstance is confidential.

I GIVE PERMISSION TO THE Texas Workforce Commission (TWC), and Workforce Solutions Northeast Texas (or the agency under contract), to contact a third party to verify income, family size, residence, education, training, Attorney General compliance, and any other information needed to determine eligibility and to use Social Security numbers provided by me for identification and verification of benefits, child support payments which the family receives, and UI income information. I give the child care staff authority to share information with other agencies working with me such as Texas Health and Human Services Commission (HHSC) and TWC.

I UNDERSTAND that by signing this form, I am applying for services from Workforce Solutions Northeast Texas. All information/documents I provide to Workforce Solutions Northeast Texas to complete my eligibility determination for child care services represents a complete and accurate statement of my (the client's) family's circumstances at the time of application.

I CERTIFY that I will comply with all of the requirements, policies, and procedures of the Texas Workforce Commission (TWC), Workforce Solutions Northeast Texas, and child care provider while my child is enrolled in child care.

I AGREE to comply with the provisions of the Parent Responsibility Agreement (PRA) (Page 11 in Parent Handbook). At placement and at each recertification, I will supply Workforce Solutions Northeast Texas with the necessary documentation to show I am cooperating with the Office of the Attorney General if child support has not been established for each child in my household. I will provide documentation of the amount of child support payments received for each child in my household. I will sign the self declaration form certifying that my school age children are attending school regularly and also certifying that I have not used, sold, or possessed marijuana or any other controlled substance and have not abused alcohol. I understand I will not be eligible to receive assistance through Workforce Solutions Northeast Texas if I am not in compliance.

Parent Signature

Date

Parent Signature

Date

Client Services Specialist Signature

Date

Case Number

Parent Responsibility Agreement Parent Self-Declaration of Compliance

Case Name: _____ Case Number: _____

Are you complying with the requirement that you must not use, sell, or possess marijuana or a controlled substance, or abuse alcohol?

Yes No If no and you are in a treatment program, give details:

Did each child/children in your family younger than 18 years of age attend school regularly, meeting school attendance requirements, in the last six months?

Yes No If no, please explain:

Parent Signature _____ Date _____

Parent Signature _____ Date _____

(To Be Completed by Workforce Solutions Northeast Texas Staff)

Staff Signature _____ Date: _____

Comments:

PARENT AGREEMENT FOR USE OF THE CHILD CARE AUTOMATED ATTENDANCE CARD

Case Name _____ Case # _____
(Please Print Name)

As a requirement for receiving child care services, I agree to the following:

- I understand that use of the Child Care Automated Attendance card (attendance card) is mandatory.
- I must use the attendance card to report attendance and absences.
- If I do not report attendance or absences using the attendance card:
 - my child care services may be terminated; and
 - I may be responsible for paying my provider for any day they are not paid by Workforce Solutions because of my not reporting attendance using the attendance card.
- I can designate up to three individuals as secondary cardholders to report attendance and absences on my behalf.
- The secondary cardholder must be at least 18 years old, unless the individual is the child's parent.
- I must not designate the owner or director of the child care facility as a secondary cardholder.
- I am responsible for any misuse of the attendance card by any secondary cardholder.
- I am responsible for informing any secondary cardholders of these requirements and their responsibility for using the attendance card.

I also understand that my child care services can be terminated if I or the secondary cardholder:

- gives the attendance card to someone else—including the child care provider; or
- gives the personal identification number to someone else.

Any day a parent fails to report attendance is considered a paid absence even if the child is present. A child on a regular schedule is allowed a maximum of 60 absences per enrollment year. A child on a varied schedule is allowed a maximum of 90 absences per enrollment year. When the child reaches the maximum absences, his/her care will end. The parent may not reapply for care for 30 days.

It is considered a voluntary withdrawal from care when there are 10 consecutive days of unreported absences if a parent has an activated card. Care will be terminated on the 10th day, and the parent may not reapply for care for 30 days.

I acknowledge that I have read and agreed to this parent agreement, and all of my questions about this agreement have been answered:

Parent Signature

Date

Workforce Solutions Northeast Texas
Child Care Services

REQUIRED DOCUMENTATION OF CHILD SUPPORT

It is your responsibility to supply child support information to our office at placement and at each recertification.

- If you are complying with the Attorney General's Office to obtain child support, we must have documentation of compliance along with a printout of payments from the AG's office for each non-custodial parent.
 - You can go to your local Attorney General's office and request documentation of compliance and a printout of payments.
 - You can go to the Attorney General's web site <http://childsupport.oag.state.tx.us>. Using your CIN#, you can access your child support information and print out documentation of compliance and record of payments.
 - If you do not know your CIN#, from this website, you can request it be mailed to you, or you can call the AG's office and request it to be mailed to you, or you can go to your local Attorney General's office and they will give your CIN# to you.

Texarkana Attorney General's Office:
122 Plaza West, Suite 2
Texarkana, TX 75501
Phone: (903) 223-5000

Paris Attorney General's Office:
2625 South Church S.
Paris, TX 75460
Phone: (903) 784-4322

- If you are receiving child support through a private agency or another state, we must have a printout from that agency that shows a current child support payment history for each child.
- If you have an informal agreement for child support, we must have documentation of what is received and a 3 month history of payments. This must be signed by both the custodial and non-custodial parent.

Employment Verification Form (To be completed by employer)

Applicant's Name: _____ **SS Number:** _____

To: The employer of the undersigned: _____ **Case Number:** _____

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment hours and income is required. Please complete this form as soon as possible. It is required before I can be determined eligible for the program. You may fax to Workforce Solutions Northeast Texas at (903) 794-8012 or (877) 329-6772.

Your cooperation and prompt return of this information is appreciated.

Signature of Employee _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone #** _____

Business Address: _____

Approx Hire Date: _____ **Job Title:** _____

Circle how often the employee gets paid: | Weekly | Every Two Weeks | Twice Monthly | Monthly |

Please indicate the employee's work Schedule (Examples: "M-F, 8 am to 5 pm" or "11 am to 7pm--4 days on 2 days off" or "M-Sun Days Vary, 12 Midnight – 7 am")

Enter Work Schedule: _____

Does this schedule vary? Yes _____ No _____ **If yes, please explain below:**

PLEASE NOTE: A minimum of 25 hours per week participation in work or training is required for eligibility for child care assistance through Workforce Solutions.

Avg. # Hours Worked per Week _____ **Avg. Overtime Hours Worked per Week** _____
Hourly Rate of Pay: _____ **Hourly Rate for Overtime** _____

Weekly Avg. of Tips Earned (if applicable): _____ **Amt. of other Employment Income (such as commission, incentive pay)** _____

Yearly Avg. of Bonuses Received: _____

MUST BE SIGNED BY EMPLOYER

Person Completing This Form (Please Print) _____ Title _____ Phone # _____

Signature _____ Date _____

(TO BE COMPLETED BY WORKFORCE SOLUTIONS NORTHEAST TEXAS STAFF)

Telephone Verification Name of Employer Representative: _____

Date of Verification ___/___/___ Staff Signature: _____

Comments:

Employment Verification Form (To be completed by employer)

Applicant's Name: _____ **SS Number:** _____

To: The employer of the undersigned: _____ **Case Number:** _____

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment hours and income is required. Please complete this form as soon as possible. It is required before I can be determined eligible for the program. You may fax to Workforce Solutions Northeast Texas at (903) 794-8012 or (877) 329-6772.

Your cooperation and prompt return of this information is appreciated.

Signature of Employee _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone #** _____

Business Address: _____

Approx Hire Date: _____ **Job Title:** _____

Circle how often the employee gets paid: | Weekly | Every Two Weeks | Twice Monthly | Monthly |

Please indicate the employee's work Schedule (Examples: "M-F, 8 am to 5 pm" or "11 am to 7pm--4 days on 2 days off" or "M-Sun Days Vary, 12 Midnight – 7 am")

Enter Work Schedule: _____

Does this schedule vary? Yes _____ No _____ **If yes, please explain below:**

PLEASE NOTE: A minimum of 25 hours per week participation in work or training is required for eligibility for child care assistance through Workforce Solutions.

Avg. # Hours Worked per Week _____ **Avg. Overtime Hours Worked per Week** _____
Hourly Rate of Pay: _____ **Hourly Rate for Overtime** _____

Weekly Avg. of Tips Earned (if applicable): _____ **Amt. of other Employment Income (such as commission, incentive pay)** _____

Yearly Avg. of Bonuses Received: _____

MUST BE SIGNED BY EMPLOYER

Person Completing This Form (Please Print) _____ Title _____ Phone # _____

Signature _____ Date _____

(TO BE COMPLETED BY WORKFORCE SOLUTIONS NORTHEAST TEXAS STAFF)

Telephone Verification Name of Employer Representative: _____

Date of Verification ___/___/___ Staff Signature: _____

Comments:

Training Verification Form

(To be completed by School or Training Institution)

This is only to be completed if you are enrolled in a school or training program.

Student Name: _____

Case # _____

To: Administration Office of School

This is your authorization to release the information concerning my enrollment in training as required below. To establish eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of enrollment and/or attendance is required. Please complete the appropriate section of this form as soon as possible. It is required before I can be determined eligible for the program. Your cooperation and prompt return of this information is appreciated.

Signature of Student

Date

(TO BE COMPLETED BY SCHOOL OR TRAINING INSTITUTION)

Training Institution Name: _____

Address: _____

Date of Enrollment: _____

College Verification	Technical School Verification	High School Verification	GED Verification
The above student is enrolled in our college for _____ college hours.	What are the days and hours the student is scheduled to attend? _____	The above student is enrolled in our school this semester. Yes ____ No ____	What are the days and hours the student is enrolled in GED? _____
How many hours are day time classes? _____	Is the student attending school regularly and working toward a successful completion? Yes ____ No ____	Is the student attending school regularly and working toward a successful completion? Yes ____ No ____	Is the student attending school regularly and working toward a successful completion? Yes ____ No ____
How many hours are night classes? _____			

(MUST BE SIGNED BY SCHOOL OR TRAINING INSTITUTION STAFF)

Person Completing This Form (Please Print)

Title

Phone #

Signature

Date

Please return form to:

Workforce Solutions Northeast Texas

Child Care Services

P.O. Box 6009

Texarkana, TX 75505-6009

Telephone: (903) 794-8999 or (800) 874-3226

Or Fax to: (903) 794-8012 or (877) 329-6772

(TO BE COMPLETED BY WORKFORCE SOLUTIONS NORTHEAST TEXAS STAFF)

Telephone Verification

Name of School Representative: _____

Date of Verification ____/____/____

Staff Signature: _____

Comments: _____