



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.

We thank you in advance of your cooperation.

Sincerely,

Workforce Solutions Northeast Texas
Child Care Services
(903) 794-8999 or (800) 874-3226

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
1110 South Como Street
Sulphur Springs, TX 75482
(903) 885-7556
(903) 439-1012 (Fax)

Texarkana
1702 Hampton Road
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. 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 / School Attendance Verification (Child) Form (1 page per child in grades 1-12)

- Ask your child's school to fill out the form, sign and date it. Please make copies of this form, if necessary. This form is needed for **all** children in grades 1-12 in the household, whether they're receiving assistance or not.
 - A recent report card showing attendance would also be acceptable for each child.

Verification of Child Support Income Form (2 pages)

- You must complete, sign and return the Form 1825 – Verification of Child Support Income. This authorizes Workforce Solutions to go online and verify information. (Follow attached instructions.)

If you do not have a case open with the Texas Attorney General's office, then:

- You may provide a copy of one of the following documents :
 - **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 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.

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 ENDED.

Child Care Assistance Eligibility Certification Form

NOTE: You must complete ALL information requested; 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 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				
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No →		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No				
Physical Address		Apt #		City/State/Zip		
Mailing Address (if different than above)		Apt #		City/State/Zip		
Home Phone		Cell Phone				

Employer Info—Employer:

Address: _____

City/State/Zip: _____

Work Phone: _____

Hours Working per Week: Hourly Pay Rate (required): \$

Date of Hire: / /

Pay Frequency: Weekly Monthly Bi-weekly Bi-monthly

Other Monthly Income: Tips	\$ <input type="text"/>	Unemployment	\$ <input type="text"/>
Bonuses	\$ <input type="text"/>	Workman's Comp	\$ <input type="text"/>
Commission	\$ <input type="text"/>	Other	\$ <input type="text"/>

School/Training Info—School:

Address: _____

City/State/Zip: _____

Hours: _____

Date of Enrollment: _____

Training/Certification Degree you are pursuing: _____

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 Info—Employer:		School/Training Info—School:				
Address: _____		Address: _____				
City/State/Zip: _____		City/State/Zip: _____				
Work Phone: _____		Hours: _____				
Hours Working per Week: <input type="text"/> Hourly Pay Rate (required): \$ <input type="text"/>		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		\$ <input type="text"/>		Unemployment		\$ <input type="text"/>
Bonuses		\$ <input type="text"/>		Workman's Comp		\$ <input type="text"/>
Commission		\$ <input type="text"/>		Other		\$ <input type="text"/>

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
Child Support: <input type="radio"/> Yes <input type="radio"/> No If yes, how much per month? \$ <input type="text"/>	Social Security : <input type="radio"/> Yes <input type="radio"/> No
SSI: <input type="radio"/> Yes <input type="radio"/> No If yes, how much per month? \$ <input type="text"/> → SSI for whom?	
TANF: <input type="radio"/> Yes <input type="radio"/> No If yes, how much per month? \$ <input type="text"/> → TANF for whom?	

Child Care Assistance Eligibility Certification Form

NOTE: You must complete ALL information requested; 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: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other (If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No					
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
If yes, please list disability: _____						
Type of care needed: <input type="radio"/> Full day or <input type="radio"/> After School/School Age						

2. Last Name	First Name	MI	* SSN	-	-	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other (If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No					
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
If yes, please list disability: _____						
Type of care needed: <input type="radio"/> Full day or <input type="radio"/> After School/School Age						

3. Last Name	First Name	MI	* SSN	-	-	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other (If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No					
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
If yes, please list disability: _____						
Type of care needed: <input type="radio"/> Full day or <input type="radio"/> After School/School Age						

4. Last Name	First Name	MI	* SSN	-	-	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: <input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other (If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No					
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
If yes, please list disability: _____						
Type of care needed: <input type="radio"/> Full day or <input type="radio"/> After School/School Age						

Information on Other Members of Household:

1. Last Name	First Name	MI	* SSN	-	-	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: _____ 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 <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown						
2. Last Name	First Name	MI	* SSN	-	-	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker: _____ 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 <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown						

Total number of persons in household:

What is the total number of persons living in the household (this includes parent/caretaker, spouse (other parent in household), 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.

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 business days of the change. *SSN information is voluntary. It is used for identification purposes only.

Parent or Caretaker Signature: **Date:**

Office use only		
Group Code: _____	GPA: _____	Total Household Income: _____
Hours of participation per week: _____	TTL Start Date: _____	Maximum allowable income for family size: _____
	End Date: _____	
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 each parent in the 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 business 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 business days of the change. [For example, if I get a job or a pay raise, I must report this to you within 10 business days; or, if I get married, I must report this to you within 10 business 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 business 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 business 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.

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 business 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; (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. (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).

SECTION IV

Parent Acknowledgement Form Certification Statement

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 for each child. I will verify the amount of child support payments. This documentation may include copies of court orders, copies of checks or bank statements. I will verify that I am cooperating with the Office of the Attorney General if child support has not been established or I am not receiving the court ordered amount by signing Form 1825, giving permission for Workforce Solutions Northeast Texas to access information from the Attorney General's office to document cooperation. Cooperation with the Attorney General's office must be on an on-going basis by: providing information about the absent parent, helping to locate the absent parent, and appearing in court hearings or other meetings to establish child support and to establish paternity of my children. I will also provide documentation from school officials that my school age children are attending school regularly. By signing this acknowledgement form, I am certifying that I have not used, sold, or possessed marijuana or any other controlled substance and have not abused alcohol. I understand I will be required to pay a \$25 per month sanction for non-compliance.

Parent Signature

Date

Parent Signature

Date

Client Services Specialist Signature

Date

Parent Responsibility Agreement School Attendance Verification (Child)

I give my permission to release the information requested on this form.

Parent Signature: _____ Date: _____

Note to School Personnel: This household is receiving child care assistance through Workforce Solutions Northeast Texas. State law requires that all children living in the household ages 6 to 17 years of age (grades 1-12) provide documentation of attending school regularly. Please complete the following information in accordance with school records.

An alternative to using this form is a Current Attendance Report or copy of most recent report card.

Child / Student Name: _____

Child's Date of Birth: _____

Case Name / Name of parent or caretaker: _____

Case Number: _____

TO BE COMPLETED BY SCHOOL PERSONNEL:

Name of School: _____

School Phone: _____

Did this child attend school regularly, meeting school attendance requirements, in the last six months? **YES** **NO** If no, please explain (comment is optional):

MUST BE SIGNED BY SCHOOL PERSONNEL

Person Completing This Form (Please Print) Title Phone #

Signature Date

Our office needs this information by _____. Please return this form to the client or fax

To: Workforce Solutions Northeast Texas
Attn: Child Care Services

Telephone: (800) 874-3226 or (903) 794-8999 **FAX:** (877) 329-6772 or (903) 794-8012

Workforce Solutions Northeast Texas
Child Care Services

INSTRUCTIONS FOR COMPLETION OF FORM 1825
(Verification of Child Support Income)

This form is necessary for you to complete and sign giving Workforce Solutions permission to go into the Office of Attorney General (OAG) web site to print out information about whether you have a case open with them and the amounts of any child support payments received.

When you complete this form, you are only giving us permission to access this information. You are not requesting to open a case with the Office of Attorney General by completing the form.

Complete the following items on the form:

- Recipient (Your name)
- SS number (your social number)
- Payor (list all non-custodial parents of all of your children)
- Name of Children (list all children in your household)
- Applicant's Signature (sign the form)
- Date (date you sign the form)

We must have this completed form with your signature prior to authorizing care.



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT
CHILD SUPPORT DIVISION

**Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños**

Date / Fecha: _____

Recipient / Beneficiario: _____

Name and Address of Requesting Authority /
Nombre y dirección de Autoridad Solicitante:

SSN: / Número de
Seguro Social: _____

Workforce Solutions Northeast Texas
Child Care Services
P.O. Box 6009
Texarkana, TX 75505
Phone: (903)794-8999
Fax: (903)794-8012

Payor / Pagador: _____

Requesting Authority Agent Name /
Nombre de Agente de Autoridad Solicitante:

Name of Child(ren) / Nombre de Niño(s) :

Telephone and fax number /
Número de teléfono y fax:

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.
Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

Applicant's Signature / Firma del Solicitante

Date / Fecha

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.

AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas § 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.

**Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños**

Official OAG use only / Uso oficial de la Procuraduría General solamente

IV-D Services are not being provided.

No se están proporcionando Servicios IV-D.

The agency is not aware of a child support order.

La agencia desconoce de una orden de manutención de niños.

The amount of court ordered child support is \$ _____ per _____ (week, month, etc.)

La cantidad de manutención de niños ordenada por la corte es de _____ dólares por
_____ (semana, mes, etcétera)

Last payment of \$ _____ was received _____ (date).

El último pago de _____ dólares fue recibido el _____ (fecha, mes/día/año).

Child support is not paid on a regular basis.

La manutención de niños no se paga con regularidad.

Signature - Title / Firma - Título

Date / Fecha

Comments / Comentarios: _____

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: _____