

Child Care Services Application Form

Once you have completed your application you may hand deliver or mail it to our office at 3120 Eddy Street, Amarillo, TX 79106.

Incomplete applications will not be accepted and will be shredded for security reasons.

For assistance in completing the application please call 806-372-2836

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

Please use the check off list below to ensure a complete application

Read, complete and sign each of the enclosed forms

<input type="checkbox"/> Child Care Application	<input type="checkbox"/> Parent Agreement to Report Child Care Attendance	<input type="checkbox"/> Consent for Release and Disclosure of Info
<input type="checkbox"/> Parents Rights	<input type="checkbox"/> Orientation to Discrimination Complaint Procedures	<input type="checkbox"/> Notice of Right to File a Complaint

Proof of Income –Submit one of the following for each income source, for each family member

<input type="checkbox"/> Pay stubs for previous 3 months. If you are paid: Weekly= 13 stubs, Biweekly= 7 stubs, 2x a month= 6 stubs <input type="checkbox"/> <i>Employment/Income Verification</i> form or letter(available @ wspanhandle.com) <input type="checkbox"/> Homelessness determination – <i>Residency Information</i> form <input type="checkbox"/> Workers Compensation documentation/statement <input type="checkbox"/> Compensation award letter or offer letter <input type="checkbox"/> Award letter from Veterans Affairs	<input type="checkbox"/> SSDI statement <input type="checkbox"/> IRS form 1099-DIV, -INT, for dividends or interest <input type="checkbox"/> IRS form 1040 Schedule D for capital gains <input type="checkbox"/> Retirement/Pension statement For Self-employment: please contact child care office 806-350-1725 for additional requirements. Verification of self-employment business must be established prior to determining income.
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Proof of Physical Address- Submit one of the following- must be for the current month

<input type="checkbox"/> Rent receipt (showing current address) <input type="checkbox"/> Lease agreement <input type="checkbox"/> Mortgage statement	<input type="checkbox"/> Copy of current utility bill (with service address) <input type="checkbox"/> Public assistance/social service records, Current <input type="checkbox"/> School records (for Teen parents only) <input type="checkbox"/> Texas Driver’s License if list current address	<input type="checkbox"/> Pay stub (if address is printed on stub) <input type="checkbox"/> Section 8 award letter <input type="checkbox"/> Homelessness determination – <i>Residency Information</i> form
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Proof of Hours worked / Hours in Training or Educational program- Submit for each Adult family member

<input type="checkbox"/> Pay stubs with hours worked for previous 3 months <input type="checkbox"/> <i>Employment/Income Verification</i> form available @ wspanhandle.com <input type="checkbox"/> Self-employment- the federal minimum hourly wage to self-employed income is applied to the net in order to calculate participation hours	<input type="checkbox"/> Transcript from education/training program listing credits in progress <input type="checkbox"/> Current Statement from education/training provider <input type="checkbox"/> Tuition statement with semester hours <input type="checkbox"/> Admissions letter including schedule and credit hours <input type="checkbox"/> Other official document from an education/training provider indicating current enrollment. Ex: school schedule
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Proof of Age for each child needing care (if you are not the natural parent, adoptive parent, stepparent or legal guardian call 806-350-1725 for required additional documentation)

<input type="checkbox"/> Birth certificate <input type="checkbox"/> Current U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Church or baptismal record	<input type="checkbox"/> School records/school id card <input type="checkbox"/> Immigration and Naturalization Service records <input type="checkbox"/> Child support paternity records <input type="checkbox"/> Public assistance/social service records	<input type="checkbox"/> Adoption papers or records <input type="checkbox"/> Divorce or court custody decrees <input type="checkbox"/> Native American tribal document
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Proof of Citizenship/Immigration Status for each child needing care

Citizenship: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Current U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Church or baptismal record <input type="checkbox"/> Public assistance/social service records	Legal Immigrant/Qualified Alien: <input type="checkbox"/> Immigration form I-551 (“green card”) <input type="checkbox"/> Immigration form I-94/I-94a, stamped with applicable rule citation(s) <input type="checkbox"/> Immigration form I-571 (Refugee Travel Document) <input type="checkbox"/> Order from immigration judge <input type="checkbox"/> Cuban/Haitian passport showing 501(e) <input type="checkbox"/> USCIS petition and supporting documents
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Child Care Application

Applicant Name (parent applying for services)		Applicant Social Security Number *		Gender	Date of Birth
Physical Address		City	Zip Code	County	
Mailing Address (if different than above)		City	Zip Code	County	
E-mail Address*		Phone Number			
Marital Status Check One <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race Check one <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity Check One <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
2nd Parent Name Only complete if 2 nd parent resides in your household					
2 nd Parent Name Only complete if 2 nd parent resides in your household		2 nd Parent Social Security Number *		Gender	Date of Birth
Ethnicity Check One	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race Check One	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White

Applicant		Employment/Training /Education				
		if more than 2 jobs include employer info on separate page				
1)Employer Name	Employer's Address & Phone #	Pay Frequency	<input type="checkbox"/> Weekly	Hourly Wage	Hours per week	Hire Date
2)Employer Name <i>if applicable</i>	Employer's Address & Phone #		<input type="checkbox"/> Bi-Weekly			
			<input type="checkbox"/> 2xmonth			
			<input type="checkbox"/> Monthly			
Name of Postsecondary/High School <i>if currently attending</i>	School's Address & Phone #	Credit / Hours Enrolled		Your highest grade level completed		

2nd Parent		Employment/Training /Education				
		Only Complete if 2 nd parent resides in your household if more than 2 jobs include employer info on separate page				
1)Employer Name	Employer's Address & Phone #	Pay Frequency	<input type="checkbox"/> Weekly	Hourly Wage	Hours per week	Hire Date
2)Employer Name <i>if applicable</i>	Employer's Address & Phone #		<input type="checkbox"/> Bi-Weekly			
			<input type="checkbox"/> 2xmonth			
			<input type="checkbox"/> Monthly			
Name of Postsecondary/High School <i>if Currently attending</i>	School's Address & Phone #	Credit / Hours Enrolled		Your highest grade level completed		

Complete Information for Each Child in the Home

Child Name		Child Social Security Number *		Gender	DOB
Care Requested for this child <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Care Requested check one <input type="checkbox"/> Full time -more than 6 hours a day <input type="checkbox"/> Part time -less than 6 hours a day <input type="checkbox"/> Before/After-School List name of school and hours attending _____	Citizenship Check One <input type="checkbox"/> US Citizen <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other Eligible Non-Citizen	Ethnicity Check One <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race Check one <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
	Applicant Relationship to Child: please check one <input type="checkbox"/> Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> legal guardian <input type="checkbox"/> Other				

Child Name		Child Social Security Number *		Gender	DOB
Care Requested for this child <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Care Requested check one <input type="checkbox"/> Full-more than 6 hours a day <input type="checkbox"/> Part-less than 6 hours a day <input type="checkbox"/> Before/After-School List name of school and hours attending _____	Citizenship Check One <input type="checkbox"/> US Citizen <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other Eligible Non-Citizen	Ethnicity Check One <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race Check one <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
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	Applicant Relationship to Child: please check one <input type="checkbox"/> Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> legal guardian <input type="checkbox"/> Other				

For additional dependents, please print a second form

Total Household Monthly Income

Please list all sources of income and monthly gross total of each source _____

Do your total assets exceed \$1,000,000? Yes No Total number in your household? _____

Please list the daycare you have selected and verified they have space for your child _____

By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions Panhandle and all information on this application represents a complete and accurate statement of my work, education or training hour; household income; and family size at the time of submission.

Signature _____ **Date** _____

You will be notified of your eligibility within 20 calendar days from the day that our office has received all necessary documents required to determine eligibility for child care services. All ineligible applications will be shredded for security reasons.

Once you submit the complete application, you will need to locate and select a child care center.

The selection of your center is parent choice.

We have a list and a map of centers available @wspanhandle.com.

If you need assistance locating a center please call our office (806)-372-2836.

You will be contacted when you are determined eligible. At that time, you will be asked to provide us with the name of the child care center you have selected.

Equal opportunity employer/program. You have the right to receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs, or religion. Auxiliary aids and services available upon request to individuals with disabilities Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice) The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud, call the fraud hotline at 800-252-3642

Revision 03/21



PARENT RIGHTS

You have the right to:

- Be informed of all child care options available to you and choose the type of child care provider (licensed center, licensed home, registered home, relative care) that best suits your needs
- Visit available child care providers before making a choice
- Receive assistance in choosing child care including information about the Board's policies regarding transferring children from one provider to another
- Be informed of rules related to providers charging parents the difference between the Board's reimbursement and the provider's published rate
- Be represented when applying for child care services
- Be notified of your eligibility to receive child care services within 20 calendar days from the day the Board's child care contractor receives all necessary documentation required to initially determine eligibility for child care
- Have the Board and the Board's child care contractor treat information used to determine eligibility for child care services as confidential
- Receive written notification at least 15 **calendar** days before termination of child care services
- Reject an offer of child care services or voluntarily withdraw your child from child care, unless the child is in protective services, and be informed of the possible consequences of rejecting or ending the child care that is offered
- Be informed of the eligibility documentation and reporting requirements
- Be informed of your right to appeal, including the right to continue care during the appeal and the potential for repayment if the appeal is rendered against you.
- Receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs, or religion
- Be informed of the process to file a written complaint of alleged discriminatory acts within 180 calendar days from the date of the alleged discriminatory act

By selecting a child care provider and entering into child care services, I acknowledge that I have read and understand the above information regarding Parent Rights.

Parent Name

Parent Signature

Date

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

Equal opportunity employer/program

Auxiliary aids and services available upon request to individuals with disabilities Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice) *The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud, call the fraud hotline at 800-252-3642.*

Revised 02/2019



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**PANHANDLE WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Employment & Training (SNAP E&T) Program
Child Care Services (CCS)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Panhandle Workforce Development Board
415 SW Eighth Avenue
Amarillo, TX 79101**

**Equal Opportunity (EO) Officer: Lori Bigham
Telephone Number: (806) 372-3381 or toll-free 1-800-477-4562
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Panhandle Workforce Development Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001**

**Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)**

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

PROCEDURES ON HOW TO FILE A COMPLAINT

□ WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

□ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you

file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

☐ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Applicant Signature _____ Printed Name _____ Date _____

interpretation and translation documents, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

Tài liệu này có thông tin quan trọng về các yêu cầu, quyền hạn, quyết định, và/hoặc trách nhiệm để sử dụng các dịch vụ của hệ thống nhân lực. Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch/chuyển ngữ tài liệu này, có sẵn miễn phí khi quý vị yêu cầu.

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM

Auxiliary aids and services are available upon request to individuals with disabilities



CONSENT FOR RELEASE AND DISCLOSURE OF INFORMATION

I, _____, hereby authorize Workforce Solutions Panhandle to release information from my participant file, including but not limited to assessment, identification, verification of benefits, attendance and participation information. Participant information may be released to any of the following entities: Texas Health and Human Services Commission, Texas Workforce Commission, Texas Department of Assistive and Rehabilitative Services, Texas Department of Family and Protective Services, Texas Attorney General, Texas Department of Criminal Justice, local/county corrections departments, Region XVI Education Service Center, Panhandle Regional Planning Commission, City of Amarillo, Texas Tech, Amarillo College, including Office of Financial Aid and/or other agencies, governmental authorities involved in the coordination of services and benefits to the extent necessary for the proper administration of the program rules and the law.

I, _____, hereby authorize and request that the following indicated records and information be made available for use by the Panhandle Regional Planning Commission in connection with my application and participation in programs and activities sponsored under Workforce Solutions Panhandle. I hereby release those holding such information from any and all legal responsibility and liability that may arise from the release and disclosure of information pursuant to this consent.

**Please
Initial**

- _____ 1. Public and /or private school records, results of individual student performance on basic skills assessment tests, GED tests, college placement scores, instruments including NAAPT, CAT and other such tests and instruments, and other scores of results of achievement evaluation.
- _____ 2. Medical records including but not limited to records of injury, disability and/or physical/mental limitations. Documentation of a learning disability or other limitation that may interfere with learning in a traditional classroom setting, and could be a potential barrier to future employment.
- _____ 3. In accordance with the Federal Educational Rights and Privacy Act (FEPPRA) of 1974, I authorize the release of my financial information from the Financial Aid Office. This release only pertains to my financial records and does not allow access to information from any other department or office except if it impacts financial aid eligibility and charges.
- _____ 4. I understand this Consent to Release of Information shall remain active and enforceable for 24 months after my last date of enrollment with my training provider.
- _____ 5. Release of employment information (including wages) from current or previous employer including employment information for up to 36 months after the date of this Consent to Release Information.
- _____ 6. Release of status, limitations, and conditions of probation or parole from the Texas Department of Criminal Justice and local/county corrections departments, criminal background checks, and Social Security Verification.
- _____ 7. Release of information concerning benefits and services which I receive or am eligible to receive from social service agencies including but not limited to TANF, SNAP E&T, CHOICES, NCP, Child Care program services, child support, spousal support, alimony, employment, worker's compensation, unemployment insurance, social security, housing & utility assistance.

Applicant/Participant Signature

Applicant/Participant Name (PRINT)

TWIST ID Number

Date

Parent or Guardian Signature

Date

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

The Texas Workforce Commission, in partnership with 28 local workforce development boards, forms Texas Workforce Solutions. We are an equal opportunity employer/program. Auxiliary aids and services are available, upon request, to individuals with disabilities. Relay Texas: (800) 735-2989 (TDD) (800) 735-2988 (Voice) (G 01-15)



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NOTICE OF RIGHT TO FILE A COMPLAINT

General

Participating in workforce services administered by the Panhandle Workforce Development Board (Board) grants you the right to file a complaint regarding your workforce services. These rights are guaranteed through the Texas Workforce Commission's (TWC) complaints, hearings and appeals procedures at 40 TAC, Chapter 823.

NOTICE: This process does not pertain to matters alleging violations of discrimination or equal opportunity requirements under the Workforce Innovation and Opportunity Act (WIOA) or matters governing job service related complaints.

The Complaint Process

What is a Complaint?

A complaint is a written statement alleging a violation of any law, regulation, or rule relating to any federal or state-funded workforce service. You are encouraged to first discuss the complaint with staff where the issues originated.

Who may file a complaint?

- Texas Workforce Center customers – Individuals who have applied for or are eligible to receive federal- or state-funded workforce funded services administered by TWC or the Board. These services include child care; Temporary Assistance for Needy Families (TANF) Choices, Choices Non-Custodial Parent (NCP); Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T); Project Re-Integration of Offenders (RIO); Workforce Innovation and Opportunity Act (WIOA) Adult, Dislocated Worker, and Youth; and Eligible Training Providers receiving WIOA funds or other funds for training services.
- Other interested parties affected by the Texas workforce system, including sub-recipients. These individuals may be child care or other service providers that have a received a written statement issued by the Board, Workforce Solutions Panhandle (WSP), or TWC relating to an adverse action, or a provider or contractor, related to denial or termination of eligibility, under programs administered by the TWC or the Board, through WSP.
- Previously employed individuals who believe they have been displaced by a Workforce Solutions Panhandle customer participating in work-based services such as subsidized employment, work experience, or workfare.

How do I file a complaint?

- Complaints must be in writing using the attached complaint form.
- Complaints must be filed within 180 calendar days of the alleged violation.
- Complaints should be filed at the service level where the complaint originated for optimal and immediate satisfaction.

How will the complaint be resolved?

- Immediately upon receipt of a written complaint, Workforce Solutions Panhandle (WSP) will offer the affected individual an opportunity for informal resolution to occur at the WSP office, and coordinate that process with all concerned parties.
- The informal resolution process will be completed within 5 business days of receipt of a written complaint.
- When informal resolution results in an agreement between the parties, the matter will be considered resolved.

- If on the 6th business day no informal agreement is reached, or the customer chose not to participate in informal resolution, WSP will provide a response to the customer including information about their appeal rights, and send a copy of the response with documentation including the reason, along with the required signed forms, to the designated Panhandle WDA Board email address.
- Board staff will immediately contact the customer and attempt to resolve the non-discrimination complaint in an informal manner, within 5 business days from receipt of the WSP information.
- If on the 6th business day no agreement has been reached, or the customer chose not to participate in informal resolution, Board staff will issue a written determination to the customer.
- Board staff will inform customers that they have the right to submit a written appeal to a Board determination within 14 calendar days. Appeals must be submitted in writing to:

Lori Bigham
PRPC
415 SW Eighth Ave
Amarillo, Texas 79105
(806) 372-3381

- Within 5 business days of receiving a written appeal, Board staff will schedule a formal hearing with the Regional Appeals Officer.
- A formal hearing will be coordinated and conducted by an impartial Regional Hearing Officer, and a decision mailed to the parties within 60 calendar days of the original filing.
- If no decision was mailed within the 60 calendar day time period a party may submit an appeal to the Texas Workforce Commission no later than 90 calendar days after the filing date of the original appeal.
- If a party disagrees with the Regional Hearing Officer's decision, a written appeal may be filed with the Texas Workforce Commission within 14 calendar days of the mailing date of that decision.
- Appeals submitted to the Texas Workforce Commission must be filed in writing with:

TWC Appeals
Texas Workforce Commission
101 East 15th St, Room 410
Austin, Texas 78778-0001

- Following the conclusion of the TWC Appeal hearing, the hearing officer will promptly issue a written decision on behalf of TWC.

Other Rights: When a determination for denial, reduction or termination of services is issued to one of the parties identified on the left, they have a right to appeal that determination. Details of these rights and instructions for filing an appeal will be included with the written determination.

Please do not sign this notice until you have read it and understand its contents.

This is to certify that I have read the **Notice of Right to File a Complaint** and that I have been given the opportunity to ask questions about its contents.

Print Name: _____

Signature: _____

Date: _____

This document contains vital information about the requirements, rights, determinations and/or responsibilities of access to the services of the workforce system. Language services, including interpretation and translation documents, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

Tài liệu này có thông tin quan trọng về các yêu cầu, quyền hạn, quyết định, và/hoặc trách nhiệm để sử dụng các dịch vụ của hệ thống nhân lực. Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch/chuyển ngữ tài liệu này, có sẵn miễn phí khi quý vị yêu cầu.

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM

Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)