



Child Care Services Application

Completed applications and supporting documents may be delivered in-person or mailed to our office at **3120 Eddy Street, Amarillo, TX 79106**. Incomplete applications will not be accepted and all ineligible applications will be shredded for security reasons.

For assistance with completing the application in-person, please request the front desk staff to connect you to a Child Care Representative or call 806-372-2836.

Para obtener ayuda para completar la solicitud en persona, solicite al personal de recepción que lo conecte con un representante de cuidado de los niños o llame al 806-372-2836.

Applicant Information

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	Primary language spoken in the home		
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 <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 <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Former foster child <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address- Submit one of the following - must be for the current month

<input type="checkbox"/> Rent receipt (listing current address) <input type="checkbox"/> Lease agreement <input type="checkbox"/> Mortgage statement	<input type="checkbox"/> 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 (listing current address)	<input type="checkbox"/> Pay stub (listing current address) <input type="checkbox"/> Section 8 award letter <input type="checkbox"/> Residency Information form – Request assistance for homelessness determination
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Household Information

How many people live in your household? Please include applicant, 2nd Parent, (if applicable), and all children living in the home _____

Complete the following information for the 2nd PARENT RESIDING in the home (if applicable)

2 nd Parent Name Only complete if 2 nd parent resides in your household		Social Security Number * (2 nd parent)		Gender	Date of Birth
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or another Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Former foster child <input type="checkbox"/> Yes <input type="checkbox"/> No		

Complete the following information for ALL CHILDREN RESIDING 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 <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <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	
			Does child have disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race <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	
			Does child have disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
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					

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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					

*Optional – Information not required

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 <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Does child have disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Race <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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For additional dependents, please print an additional form.

Documents Required

Proof of Age for each child needing care (if you are not the natural parent, adoptive parent, stepparent or legal guardian, for in-person assistance with questions, please request front desk staff to connect you to a Child Care Representative or call 806-372-2836 for required additional documentation)

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

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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*Optional – Information not required

Employment – Training / Education

Please list all sources of income and monthly gross total of each source: Income type - _____ Amount - _____

Income type - _____ Amount - _____ Income type - _____ Amount - _____

Do your total assets exceed \$1,000,000? No Yes

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

Documents Required

Employment – Submit one of the following for each income source for Applicant and 2nd Parent, if applicable.

(Skip if unemployed)

<input type="checkbox"/> Number of pay stubs to submit for the previous 3 months of employment if you are paid: Weekly = 13, Bi-weekly = 7, Twice a month = 6, Monthly =3 <input type="checkbox"/> Pay History Verification Form - available @ wspanhandle.com > Child Care > Parent FAQ <input type="checkbox"/> Employment Verification Letter <input type="checkbox"/> Compensation award letter or offer letter <input type="checkbox"/> Workers Compensation documentation/statement <input type="checkbox"/> Award letter from Veterans Affairs <input type="checkbox"/> SSDI Benefit Statement <input type="checkbox"/> Retirement/Pension statement	<p>Self-Employment Income - For additional requirements / questions For in-person assistance, please request front desk staff to connect you to a Child Care Representative or call 806-372-2836.</p> <p>Verification of self-employment business must be established prior to determining income.</p> <p>Please be prepared to submit:</p> <input type="checkbox"/> Documents required for the previous three months <input type="checkbox"/> IRS form 1040 Schedule D for capital gains <input type="checkbox"/> IRS form 1099-DIV, -INT, for dividends or interest
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Training/Educational Program – Submit one of the following for the Applicant and 2nd Parent who is attending Training/Educational Program

(Skip if not attending)

<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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PLEASE NOTE THE PARTICIPATION REQUIREMENT FOR THE FOLLOWING:

Single Household - Average of 25 Hours per week

Dual-Parent Household - Combination of 50 Hours per week

Employed and/or Training / Education Applicants

I attest that the following selected statement, or statements, are accurate and true according to my household:

- Employed and need child care; and/or
- Attending training/educational program and need child care

Skip to the next page if employed and/or attending Training / Education and meeting the participant requirement

PLEASE NOTE CHILD CARE DURING INITIAL JOB SEARCH FOR THE FOLLOWING:

An applicant, including a parent in a dual-parent family, is eligible for child care during initial job search if the family does not meet the minimum participation requirements and income does not exceed 85 percent of the state median income. Child care during initial job search is limited to one initial three-month job search period per family within a 12-month period.

Unemployed / Underemployed Applicants

I attest that the following selected statements are accurate and true according to my household:

- Unemployed / underemployed, not meeting participation hours, and need child care to seek employment / seek additional employment to meet participation requirements; and
- Current household income is below the 85% SMI Gross Monthly Income, based on my family size according to the chart below:

Family Size	85% SMI Gross Monthly Income
2	\$4550
3	\$5621
4	\$6691
5	\$7762
6	\$8833
7	\$9033
8	\$9234
9	\$9435
10	\$9636

I also attest that I agree/understand that child care during initial job search will be provided for 3 months while I search for employment or additional employment.

Lastly, I agree / understand that upon the end of the initial 3 months:

- My child care will continue, **if** participation requirements are met within three months (*25 hours for a single-parent family or a total of 50 hours per week for a two-parent family. These hours can be a combination of school and work but must include at least 12 hours of employment for a single parent family or 25 hours of employment for a two-parent family to meet continued eligibility for child care services*), submit my documentation verifying employment and hours of participation, and am determined eligible for services. Eligibility will continue for a total of 12 months, inclusive of the initial three-month period.
- My child care will end, **if** I have not submitted employment documentation verifying that I meet the participation requirement.

By signing this form, I understand that: **(1)** 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 hours; household income; and family size at the time of submission, **(2)** 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, and **(3)** I must repay the child care program for services received fraudulently, and criminal charges may be filed against me with local prosecuting authority.

Signature _____

Date _____

Printed name _____

The selection of the child care provider is parent choice. A map of our providers is available at www.wspanhandle.com or you may visit the statewide Child Care Portal at <https://find.childcare.texas.gov/welcome>. If additional assistance is needed to locate a provider, for in-person assistance with questions, please request front desk staff to connect you to a Child Care Representative or call 806-372-2836 for assistance with your provider search.

Please list the child care provider(s) you have selected and verified that they have space for your child.

1. _____ 2. _____

PLEASE NOTE: Upon submission of a **completed** application, including all required documents and forms, our office will send notification of the **determination** of your eligibility within 20 calendar days from that date. All documentation and forms must be received in order to determine eligibility for child care services. When the **notification of eligibility** is sent, you will be asked to confirm the name of the child care provider that you have selected.

Please use the check off list below to submit a completed application.

Please submit the following, as applicable:

- Child Care Application - completed application
- Proof of Physical Address – as requested on page 1
- Proof of Age for each child needing care – as requested on page 3
- Proof of Citizenship/Immigration Status for each child needing care– as requested on page 3
- Proof of Income (If applicable) – as requested on page 4
- Proof of hours in Training/Educational program (If applicable) – as requested on page 4

Please read, complete, sign, and submit each of the forms below

- Parents Rights
- Orientation to Discrimination Complaint Procedures
- Consent for Release and Disclosure of Info
- Notice of Right to File a Complaint
- Parent Agreement to Report Child Care Attendance
- Transfer Policy

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, 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.

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.