



## 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		
<b>Marital Status (Check One)</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Race</b> <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		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Former foster child</b> <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, 2<sup>nd</sup> Parent, (if applicable), and all children living in the home \_\_\_\_\_

### Complete the following information for the 2<sup>nd</sup> PARENT RESIDING in the home (if applicable)

2 <sup>nd</sup> Parent Name Only complete if 2 <sup>nd</sup> parent resides in your household		Social Security Number * (2 <sup>nd</sup> parent)		Gender	Date of Birth
<b>Race</b> <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	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Former foster child</b> <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	Citizenship Check One	Ethnicity	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	
	<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 _____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other Eligible Non-Citizen	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  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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	<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 _____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other Eligible Non-Citizen	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  Does child have disability  <input type="checkbox"/> Yes <input type="checkbox"/> No		
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\*Optional – Information not required

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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

<b>Applicant</b>		<b>Employment - Training /Education</b>				
		if more than 2 jobs include employer info on separate page				
1)Employer Name & Phone #	Employer's Address, City, State, Zip	<b>Pay Frequency</b>	<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	<b>Pay Frequency</b>	<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		
<b>2<sup>nd</sup> Parent</b>		<b>Employment - Training /Education</b>				
		Only Complete if 2 <sup>nd</sup> parent resides in your household if more than 2 jobs include employer info on separate page				
1)Employer Name & Phone #	Employer's Address, City, State, Zip	<b>Pay Frequency</b>	<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	<b>Pay Frequency</b>	<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 2<sup>nd</sup> Parent, if applicable.**

**(Skip if unemployed)**

<input type="checkbox"/> Number of <b>pay stubs</b> 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 @ <a href="http://wspanhandle.com">wspanhandle.com</a> > 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><b>Self-Employment Income</b> - 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 2<sup>nd</sup> 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](http://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.



## 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, to include possible termination for excessive absences.
- 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.

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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: Leslie Hardin  
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. 15<sup>th</sup> St., Room 556  
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

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.

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**AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM**

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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 \_\_\_\_\_

Signer IP Address:

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## 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 NAPT, 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 (FEPR) 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

Babel Notice in Spanish

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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)

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## NOTICE OF RIGHT TO FILE A COMPLAINT

### General

Participating in workforce services administered by the Panhandle Workforce Development 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. There is a separate process in place.**

### 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 Employment & Training (SNAP E&T) Program; Workforce Innovation and Opportunity Act (WIOA) Adults, Dislocated Workers, 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 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 Panhandle 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 6<sup>th</sup> 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 6<sup>th</sup> 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:  
Leslie Hardin  
PRPC  
415 SW Eighth Ave  
Amarillo, Texas 79101  
(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 15<sup>th</sup> St., Room 556  
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: \_\_\_\_\_

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## Parent Agreement to Report Child Care Attendance

As a requirement for my child to receive child care services, I understand and agree to the following:

- I understand that if my services are no longer needed, I must complete the Voluntary Termination Form located in my secure portal.
- I will ensure that my child attends child care on a regular basis consistent with the child's authorization for enrollment.
- I understand that failure to meet attendance standards may result in termination of care for the child due to excessive unexplained absences
- I understand if a child exceeds 40 total unexplained absences in the current eligibility period, then the child can be terminated from care for excessive unexplained absences
- I understand that failure to meet the provider's established policy regarding attendance may result in the provider ending the child's enrollment at that facility.
- I understand if a child has exceeded 40 total unexplained absences and has been terminated from care as a result, then the child is ineligible to reapply for child care services or to be placed on the waiting list for services for 60 calendar days if the child's enrollment or parent's eligibility is terminated.

Meeting attendance standards for child care services consists of no more than 40 total unexplained absences in a 12-month eligibility period

- Unexplained absences include:
  - Any absence that is not due to a child's documented chronic illness, disability, or court ordered custody or visitation agreement.
  - Any missed attendance that cannot be explained.

I acknowledge that I have read and agree with the Attendance Standards and Requirements listed above.

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Signature

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Date

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## Transfer Policy

### Transfer Policy for Child Care Services

- I understand that selecting a child care provider is parent's choice. The selected provider must be an eligible participant in the child care services program
- I understand if I am requesting a transfer to another eligible provider that there is a waiting period of two weeks (14 Calendar Days) from the date of request before the effective date of a transfer. The exceptions to the two-week wait time:
  - The daycare provider is subject to Child Care Regulation probationary status or corrective action
  - The transfer is authorized by Child Protective Services for a child in protective services
  - On a case-by-case bases determined by the Panhandle Workforce Development Board
- I understand that I will receive a notice from child care services when the transfer is complete and has been approved. If I move my child prior to receiving the authorization from child care services it will be an out of pocket expense and will not be paid for by child care services.
- I understand that if I move to another area but remain within the state, I am eligible to transfer and continue to receive services for the duration of my current eligibility period. I understand it is my Responsibility to report to Panhandle Child Care Services any changes to my address and request care end at my current daycare. I understand it is my responsibility to contact the child care services in the area I am relocating to and request a transfer of my services.

I acknowledge that I have read and agree to comply with the Transfer Policy listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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