Workforce Solutions - Child Care Services (CCS)
Eligibility Requirements

Dear Parent(s)/Guardian(s):

This packet contains important information regarding CCS eligibility requirements, along with the complete eligibility application. Child Care Services may be able to assist you with the cost of care for your child(ren) while you work, are in training or continue your education.

Please read, complete, sign and date all the forms on this packet that apply to your household and return with all the required documentation. Once the complete eligibility packet is received, a Child Care Specialist will review the information submitted and determine if you qualify for Child Care Services.

ELIGIBILITY REQUIREMENTS

Your family may be eligible for child care assistance if:
1. you reside in Hidalgo, Willacy, or Starr County;
2. you have a child(ren) under the age of 13 (or a child(ren) with disabilities under the age of 19);
3. your family’s income does not exceed 85% of the state median income (see chart below);
4. each child receiving child care is a US citizen or legal immigrant of the United States; and
5. the family requires child care to participate in training, education, and/or a combination of employment activities for a minimum of 25 hours per week for a single-parent family or 50 hours per week for a two-parent family.

On the chart below, find your household size and then your pay frequency to determine if you meet the income guidelines for your family size.

**Maximum Gross Income Eligibility for Child Care Services**
**October 1, 2016-September 30, 2017**

<table>
<thead>
<tr>
<th>Pay Frequency</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Bi-Monthly</th>
<th>Monthly</th>
<th>Maximum Gross Income 85% State Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$793</td>
<td>$1,585</td>
<td>$1,717</td>
<td>$3,435</td>
<td>$3,435</td>
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<tr>
<td>3</td>
<td>$979</td>
<td>$1,958</td>
<td>$2,121</td>
<td>$4,243</td>
<td>$4,243</td>
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<tr>
<td>4</td>
<td>$1,166</td>
<td>$2,331</td>
<td>$2,525</td>
<td>$5,051</td>
<td>$5,051</td>
</tr>
<tr>
<td>5</td>
<td>$1,352</td>
<td>$2,704</td>
<td>$2,930</td>
<td>$5,859</td>
<td>$5,859</td>
</tr>
<tr>
<td>6</td>
<td>$1,539</td>
<td>$3,077</td>
<td>$3,334</td>
<td>$6,667</td>
<td>$6,667</td>
</tr>
<tr>
<td>7</td>
<td>$1,575</td>
<td>$3,150</td>
<td>$3,410</td>
<td>$6,819</td>
<td>$6,819</td>
</tr>
<tr>
<td>8</td>
<td>$1,610</td>
<td>$3,219</td>
<td>$3,485</td>
<td>$6,970</td>
<td>$6,970</td>
</tr>
<tr>
<td>9</td>
<td>$1,645</td>
<td>$3,290</td>
<td>$3,561</td>
<td>$7,122</td>
<td>$7,122</td>
</tr>
<tr>
<td>10</td>
<td>$1,680</td>
<td>$3,359</td>
<td>$3,637</td>
<td>$7,273</td>
<td>$7,273</td>
</tr>
</tbody>
</table>

For example, if you are a household of 4 and you are paid biweekly, and the total gross pay amount on your check is less than $2,331 then you may be eligible for child care services.

*-Please READ and KEEP for your Records-*

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Revised: 06/01/2017
PARENT INFORMATION FOR CHOOSING
A CHILD CARE PROVIDER

Parent Choice of Provider Types
You have the option to choose the provider type that best meets your child care needs. Provider types include:

- Licensed child care centers,
- Licensed child care homes, and
- Registered child care homes.

To learn more about these provider types, visit the Texas Department of Family and Protective Services (DFPS) website at: dfps.state.tx.us/

You may also choose an eligible relative. Relatives are required to undergo background checks and be listed with DFPS.

Texas Department of Family and Protective Services (DFPS)
The Department of Family and Protective Services inspects and monitors child care providers. You can view child care providers for their compliance with state standards at:

DFPS Office in Harlingen  DFPS Office in Edinburg
(956) 423-0130       (956) 316-8275

Choosing a Quality Child Care Provider
Choosing a high quality program can have a significant impact on your child’s readiness for success in kindergarten and later grades. Children who attend high quality programs can make significant gains in their knowledge, skills, and abilities. In Texas, child care programs can pursue higher quality through several avenues. Texas Rising Star is one of these options for child care providers, and for parents looking for high quality child care for their children. Additionally, child care providers participating in the Texas School Ready! grant program provide quality Child Care Services focusing on preschool children. You can find more information at:

texasrisingstar.org

Texas Rising Star
The Texas Rising Star (TRS) program is a voluntary, quality-based child care rating system of child care providers participating in the Texas Workforce Commission’s subsidized child care program. TRS Certification is available to Licensed Center and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification system offers three levels of certification (Two-Star, Three-Star, and Four-Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level. You can find more information at:

texasrisingstar.org

2-1-1 Texas
A program of the Texas Health and Human Services Commission is committed to helping Texas citizens connect with the services they need. Whether by phone or internet, their goal is to present accurate, well-organized and easy-to-find information from state and local health and human services programs. They accomplish this through the work of 25 Area Information Centers (AICs) across the state. 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year. No matter where you live in Texas, you can dial 2-1-1, or (877) 541-7905, and find information about resources in your local community. Whether you need help finding food or housing, child care, crisis counseling or substance abuse treatment, one number is all you need to know.

By selecting a child care provider and entering into Child Care Services, I acknowledge that I have read and understand the above information regarding Choosing a Child Care Provider.

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CCS Eligibility Packet Checklist

Use the following checklist as a guide to be certain you complete the entire Child Care Services Eligibility Packet. You may go to your nearest Workforce Solutions Office to use a computer, printer, and/or fax machine free of charge. To locate the Workforce Solutions Office nearest you, please visit wfsolutions.org.

Once complete, the application and verification documents may be mailed, faxed or hand-delivered to the address below.

<table>
<thead>
<tr>
<th>Mail or Hand Deliver:</th>
<th>Hours: Monday-Friday, 8am – 5pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Solutions – Child Care Services</td>
<td>Workforce Solutions – Child Care Services</td>
</tr>
<tr>
<td>WFS Mission Office</td>
<td>WFS Weslaco Office</td>
</tr>
<tr>
<td>901 Travis St., Suite 7</td>
<td>1600 N Westgate, Suite 400</td>
</tr>
<tr>
<td>Mission, TX 78572</td>
<td>Weslaco, TX 78599</td>
</tr>
<tr>
<td>Direct: (956) 519.4300</td>
<td>Direct: (956) 969.6100</td>
</tr>
<tr>
<td>Fax: 1.866.580.6089</td>
<td>Fax: 1.866.890.5452</td>
</tr>
</tbody>
</table>

PLEASE BE CERTAIN TO SIGN, DATE, AND KEEP COPIES OF ALL THE DOCUMENTS YOU SUBMIT.

- **Child Care Eligibility Certification Application** – This is your **official application**. You must ensure this application is complete and accurate or your child care assistance may be denied. You must ensure that the application:
  - is completely filled out; [DO NOT leave any blanks. NO “whiteout” corrections],
  - is completed in ink only; [no pencil - Please Print and Use Blue or Black Pen], and
  - is signed and dated [the day you submit the application].

- **Proof of Physical Address**
  - Current State Driver License
  - Current Picture Identification Card
  - Rent Receipt (showing current address)
  - Mortgage Statement
  - Water, Light, or Gas Bill
  - Lease Agreements
  - Section 8 Award Letter

- **Parent Identity:** You must submit one of the following **for each parent in the household** to verify parent’s identity.
  - Valid Driver’s License **OR** State ID Card*
  - Birth Certificate
  - Certificate of birth, issued by a foreign service post (FS-545)
  - Adoption papers or records
  - U.S. Passport **OR** Foreign Passport*
  - U.S. Military Card **OR** Draft Record
  - U.S. Coast Guard Merchant Mariner ID card*
  - Certificate of U.S. Citizenship (N-561)
  - Employment Authorization Card* (I-766)
  - School ID Card*
  - Native American Tribal Document/card (I-872)
  - Certificate of Degree of Indian Blood **OR** other U.S. American Indian/Alaskan Native and Tribal document*
  - Travel Document Card*
  - Permanent Resident Card* (I-551 “Green Card”)
  - Military Dependent’s ID card*
  - Form I-94 Arrival/Departure Record
  - Employee ID Card*
  - TANF, SNAP benefits (food stamps) or other related public assistance records

*Issued with a photograph

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**Age & Citizenship – Child(ren):** You must submit one from each category for each child in your household who will receive child care to verify age/citizenship.

### Age
- Birth Certificate (U.S. or its possessions)
- Current U.S. Passport
- Hospital or public health birth records (U.S. or its possessions)
- Church or Baptismal Record (U.S. or its possessions)
- TANF, SNAP (food stamps) benefits, Medicaid, or other related public assistance records
- School Records
- School Identification Card
- Native American Tribal Document
- Adoption Papers on Records
- Child Support Paternity Records
- Divorce or Court Custody Decrees

### Citizenship
- Birth Certificates (U.S. or its possessions)
- Current U.S. Passport
- Hospital or public health birth records (U.S. or its possessions)
- Church or Baptismal Record (U.S. or its possessions)
- TANF, SNAP (food stamps) benefits, Medicaid, or other related public assistance records

### Legal Immigrant/Qualified Alien
- Immigration Form I-551 (“Green Card”)
- Immigration Form I-94, stamped with applicable rule citation(s)
- Immigration Form I-571 (Refugee Travel Document)
- Order from Immigration Judge
- Cuban/Haitian passport and supporting documents
- USCIS Petition and supporting documents

**Frequently Asked Questions**

“*What if my child was born in the United States, but I was not?”*
- **Answer:** Only the child receiving assistance is required to be a US Citizen or Legal Immigrant.

“*What if I do not have any of the above documents to verify a child’s age/citizenship?”*
- **Answer:** Contact our office at (956) 519.4300 or (956) 969.6100 and ask to speak to one of our CCS Staff.

**Household Income:** You must submit the following to verify your household income.

If employed and paid by check:
- Copies of check stubs for each parent in the household for the last 3 months, **and/or**
- Employment/Income Verification form completed by the employer for each parent in the household, and
- Please provide documentation for any additional earned and unearned income for the last 3 months.

Please Contact your Child Care Specialist If you DO NOT have check stubs.

<table>
<thead>
<tr>
<th>Pay Frequency</th>
<th># of Check Stubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>13</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>7</td>
</tr>
<tr>
<td>Twice a Month</td>
<td>6</td>
</tr>
<tr>
<td>Monthly</td>
<td>3</td>
</tr>
</tbody>
</table>

If new hire:
- Employment/Income Verification form - sign the top section of the form and have your employer complete, sign and date form, **and**
- Provide copies of check stubs, if available.

*In addition, please submit verification of all household members’ earned and unearned income for the last 3 months.

**Note:** Dependent(s) over 14 years of age not attending school and working; must report their earnings.

If questions please contact our office at (956) 519.4300 or (956) 969.6100 and ask to speak to one of our CCS Staff.

**If participating in a Job Training/Educational Program:** You must provide the following to verify your participation in a Job Training/Educational Program.

If attending a college or university:
- Current School Schedule, **and** Current Transcript

If attending a vocational school:
- School or Training Schedule Verification Form - completed by the school

For High School or GED Students only:
- School or Training Schedule Verification Form - completed by the school

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**Child Care Automated Attendance (CCAA):** You must sign and return the following to verify your understanding of your responsibilities in using the CCAA system and to receive CCAA cards for yourself and/or up to (3) designees.
- Parent Agreement for use of CCAA
- CCAA Primary and Secondary Cardholder Request Form

Reporting absences and attendance daily is a CCS requirement. Failure to do so may result in termination of your child care services at your redetermination and will be placed on a twelve (12) month mandatory waiting period.

**Parent Rights (PR):** You must sign and return the PR form which advises you of your rights while receiving this assistance.

**Parents Reporting Requirements Form:** You must sign and return the Parent Reporting Requirements form which informs you:
- of your responsibilities to report changes within 14 days of occurrence,
- that Failure to report required changes timely may result in fact finding for suspected fraud of program services.
  - Changes in family income or family size that would cause the family to exceed income eligibility for child care services,
  - Permanent changes in work or attendance at a job training or educational program, and
  - Any changes in family residence, primary phone number, or e-mail (if available).

**Orientation to Discrimination Complaint Procedures Form:** You must sign and return this Form which informs you of your rights and procedures for filing complaints related to services received.

**Child with a Disability:** A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include, but are not limited to caring for oneself; performing manual tasks; walking; hearing; seeing, speaking, or breathing; learning; and working.

Please provide one or more of the following documentation:
- Supplemental Security Income (SSI) Benefits Statement
- Texas Department of Assistive and Rehabilitative Services (DARS) Early Childhood Intervention (ECI) Program Contract
- Head Start Contact that Identifies the Child as having a Disability
- Public School Special Education Services, Including Public School Services for Children Ages 3 through 5 (PPCD), Contract
- Statement or Letter from a Qualified Clinician

You may report the cost of ongoing medical expenses for a child with disabilities. The amount paid may be deducted from the family income. Note: Payment receipts for the cost of ongoing medical expenses are required.

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CHILD CARE SERVICES
PARENT AGREEMENT FOR USE OF THE
CHILD CARE ATTENDANCE AUTOMATION (CCAA) SYSTEM

To report attendance...you or your secondary cardholder must use Point of Service (POS) or Interactive Voice Response (IVR)

1. Swipe your card.
2. Key in your PIN and press Enter.
   Choose Attendance Type (1 = Check-in, 2 = Check-out, 3 = Previous Check-in, 4 = Previous Check-out)
   Note: Previous Check-in and Check-out allows you to "backdate" attendance for the current or previous day. When this feature is used for a previous Check-In, you must make sure to enter the correct date and time. If this is done incorrectly, your CCAA will lock out and you will not be able to swipe for five (5) days. These non-swipes will be counted as absences. Your childcare services will be discontinued when you reach 65 absences at your eligibility end date and will result in a 12 month mandatory waiting period.
3. Key in the Child Number and press Enter.
4. Repeat for each child. When finished, press Enter again.

To report absences...you or your secondary cardholder must:

1. Swipe your card.
2. Key in your PIN and press Enter.
3. Choose 5 = Absence Day.
4. Select Absence
5. Type and press Enter.
6. If not a General Absence type, select a Specific Reason.
   C Court Ordered (Documentation Required)
   I Illness (Verifiable Documentation May Be Requested)
7. Key in the Child Number and press Enter (obtain child # in your notice of child cares service authorization form)
8. Repeat for the next child. When finished, press Enter again.

To report attendance and absences in homes or facilities where there is no POS device, you or your secondary cardholder must use the Interactive Voice Response (IVR):

1. Call 1-866-960-6496 from the provider’s phone.
2. Enter your card number.
3. Enter your PIN.
4. Follow the instructions.

You or your secondary cardholders are responsible for making sure attendance is approved for the day by:

1. Checking the message on the POS machine or receipt after each swipe to see if it is approved.
   • If the response is denied you must inform your provider.
   • If the response is 'Store and Forward' (SAF), you must notify the provider that the transaction was SAF, and
   • The provider will check at the next transaction to see if transaction was successful.
2. If using an IVR, you must listen to the IVR message after each recorded attendance to confirm attendance is approved and follow the same steps above if denied.
3. If attendance is not approved through the POS or IVR for three (3) consecutive days, you will need to notify your CCS worker. Failure to report this may result in absences counted toward the maximum 65 paid absences.
4. To replace a lost, stolen, or damaged card, you must call CCS and report it immediately. Failure to do so will cause your child to accumulate absences.
5. To request a replacement card, contact the child care department via contact submission form at wfsolutions.org
6. To reset a PIN, you must call the Child Care Attendance Card Customer Service number (1-866-960-6496).
7. When you or your secondary cardholder first receives the CCAA card, please call 1-866-960-6496 to select a personal identification number (PIN). You will need to enter the 16-digit card number and the cardholder’s date of birth to establish the PIN.

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### Child Care Eligibility Certification Application

Application MUST be completely filled out, or it will delay the eligibility process.

**TWIST #:**

<table>
<thead>
<tr>
<th>Parent or Guardian Information/Informacion de Padre o Guardian</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicant Name (First, M/L, Last) / Nombre: (Inicial, apellido)</td>
<td>Social Security (optional) / Número de seguro social (opcional)</td>
</tr>
<tr>
<td>Physical Address / Dirección del Domicilio</td>
<td>City / Ciudad:</td>
</tr>
<tr>
<td>Mailing Address / Dirección postal</td>
<td>Same</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone # / Teléfono del hogar</td>
<td>Cell Phone # / Teléfono celular</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you a Veteran or Spouse of a Veteran? Yes No N/A</td>
<td>E-Mail Address / Correo Electrónico</td>
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<tr>
<td>Race/Raza</td>
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</tr>
<tr>
<td>White</td>
<td>Asian</td>
</tr>
<tr>
<td>Hawaiian Native or Pacific Islander</td>
<td>Black or African American</td>
</tr>
<tr>
<td>Foster Youth Yes No N/A</td>
<td>Migrant Yes No N/A</td>
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<tr>
<td>H-Yes adoptivo(s) Si No N/A</td>
<td>Migrante Si No N/A</td>
</tr>
<tr>
<td>Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed</td>
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</tr>
<tr>
<td>Estado civil: ( ) Casado ( ) Soltero ( ) Divorciado ( ) Separado ( ) Viudo</td>
<td></td>
</tr>
<tr>
<td>Family Size/Número de miembros que componen la unidad familiar:</td>
<td></td>
</tr>
</tbody>
</table>

**Employer Information/Informacion del Empleador**

<table>
<thead>
<tr>
<th>Employer #1/Empleador #1</th>
<th>Employer #2/Empleador #2</th>
</tr>
</thead>
<tbody>
<tr>
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<td>N/A</td>
</tr>
<tr>
<td>Place of Employment/Lugar de Empleo</td>
<td>Place of Employment/Lugar de Empleo</td>
</tr>
<tr>
<td>Self-Employed/Autónomo(a)</td>
<td>Self-Employed/Autónomo(a)</td>
</tr>
<tr>
<td>Work Address/Direccion del Trabajo</td>
<td>Work Address/Direccion del Trabajo</td>
</tr>
<tr>
<td>Supervisor Name &amp; Work Phone # / Nombre de Supervisor y Teléfono del Trabajo</td>
<td>Supervisor Name &amp; Work Phone # / Nombre de Supervisor y Teléfono del Trabajo</td>
</tr>
<tr>
<td>Your Job Title/Su Titulo del Trabajo</td>
<td>Your Job Title/Su Titulo del Trabajo</td>
</tr>
<tr>
<td>Work Schedule/Horario de Trabajo</td>
<td>Work Schedule/Horario de Trabajo</td>
</tr>
<tr>
<td>Hire Date/Fecha Contratado</td>
<td>Hire Date/Fecha Contratado</td>
</tr>
<tr>
<td>Hourly Pay Rate/Salario por Hora $__________</td>
<td>Hourly Pay Rate/Salario por Hora $__________</td>
</tr>
<tr>
<td>Number of Hours/Numero de Horas</td>
<td>Number of Hours/Numero de Horas</td>
</tr>
<tr>
<td>Other Income/Otros Ingresos None</td>
<td>Other Income/Otros Ingresos None</td>
</tr>
<tr>
<td>Tips:$__________ Bonus:$__________</td>
<td>Tips:$__________ Bonus:$__________</td>
</tr>
<tr>
<td>Workman’s Comp $__________</td>
<td>Workman’s Comp $__________</td>
</tr>
<tr>
<td>Commission $__________</td>
<td>Commission $__________</td>
</tr>
<tr>
<td>Pay Frequency/Frecuencia de Pago</td>
<td>Pay Frequency/Frecuencia de Pago</td>
</tr>
<tr>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td>Monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Bi-Monthly</td>
<td>Bi-Monthly</td>
</tr>
</tbody>
</table>

**School/Training/Informacion de la Escuela/Institución de Formación**

|  |
|----------------------|----------------------|
| N/A | N/A |
| Name of School or Training Institution/Nombre de la escuela o Institución de formación |  |
| Degree Pursuing/Persiguiendo Titulo | School Schedule/Horario Escolar |
| Semester Credit/Clock Hours/Horas Semestre |  |

**Applicant Signature / Firma Del Solicitante:** ___________________________  **Date / Fecha:** ______________________

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**CHILD CARE ELIGIBILITY CERTIFICATION APPLICATION**

**Application MUST be completely filled out, or it will delay the eligibility process.**

**TWIST #: ______________**

### Second Parent in Household / Segundo Padre de la Casa

- [ ] N/A  Check N/A If Second Parent is NOT Part of the Household / Marque N/A Si Segundo Padre NO es Parte de la Casa
- **Please sign and date below: Por favor firme y ponga fecha a continuación**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (First, MI, Last) / Nombre: (Inicial, apellido)</td>
<td></td>
</tr>
<tr>
<td>Social Security (optional) / Número de seguro social (opcional)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth / Fecha de nacimiento</td>
<td></td>
</tr>
<tr>
<td>Cell Phone # / Teléfono celular</td>
<td>N/A</td>
</tr>
<tr>
<td>Secondary Contact # w/Name / Teléfono alternativo nombre y relación</td>
<td>N/A</td>
</tr>
<tr>
<td>Ethnicity/Etnicidad</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>Gender:</td>
<td>M F</td>
</tr>
<tr>
<td>Are you a Veteran? / Es usted veterano?</td>
<td>Yes/Si</td>
</tr>
<tr>
<td>Foster Youth? / Hijos adoptivos?</td>
<td>Yes/Si No N/A</td>
</tr>
<tr>
<td>Migrant/Migrante?</td>
<td>Yes/Si No N/A</td>
</tr>
<tr>
<td>Race/Raza</td>
<td>White Asian American Indian or Alaskan Native Hawaiian Native or Pacific Islander Black or African American</td>
</tr>
</tbody>
</table>

### Employer Information / Información del Empleador

<table>
<thead>
<tr>
<th>Employer #1/Empleador #1</th>
<th>Employer #2/Empleador #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Employment / Lugar de Empleo</td>
<td>N/A</td>
</tr>
<tr>
<td>Self-Employed/Autónomo(a)</td>
<td>Place of Employment / Lugar de Empleo</td>
</tr>
<tr>
<td>Work Address / Dirección del Trabajo</td>
<td>Work Address / Dirección del Trabajo</td>
</tr>
<tr>
<td>Supervisor Name &amp; Work Phone # / Nombre de Supervisor y Teléfono del Trabajo</td>
<td>Supervisor Name &amp; Work Phone # / Nombre de Supervisor y Teléfono del Trabajo</td>
</tr>
<tr>
<td>Your Job Title / Su Título del Trabajo</td>
<td>Your Job Title / Su Título del Trabajo</td>
</tr>
<tr>
<td>Work Schedule / Horario de Trabajo</td>
<td>Work Schedule / Horario de Trabajo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire Date / Fecha Contratado</td>
<td></td>
</tr>
<tr>
<td>Hourly Pay Rate / Salario por Hora</td>
<td>$</td>
</tr>
<tr>
<td>Number of Hours / Numero de Horas</td>
<td></td>
</tr>
<tr>
<td>Hire Date / Fecha Contratado</td>
<td></td>
</tr>
<tr>
<td>Hourly Pay Rate / Salario por Hora</td>
<td>$</td>
</tr>
<tr>
<td>Number of Hours / Numero de Horas</td>
<td></td>
</tr>
<tr>
<td>Other Income / Otros Ingresos</td>
<td>None</td>
</tr>
<tr>
<td>Tips $</td>
<td>Bonus $</td>
</tr>
<tr>
<td>Pay Frequency / Frecuencia de Pago</td>
<td>Weekly</td>
</tr>
<tr>
<td>Other Income / Otros Ingresos</td>
<td>None</td>
</tr>
<tr>
<td>Tips $</td>
<td>Bonus $</td>
</tr>
<tr>
<td>Pay Frequency / Frecuencia de Pago</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

### School / Training Information / Información de la Escuela / Institución de Formación

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School or Training Institution / Nombre de la escuela o Institución de formación</td>
<td>N/A</td>
</tr>
<tr>
<td>Degree Pursuing / Persiguiendo Titulo</td>
<td></td>
</tr>
<tr>
<td>School Schedule / Horario Escolar</td>
<td></td>
</tr>
<tr>
<td>Semester Credit / Clock Hours / Horas Semestre</td>
<td></td>
</tr>
<tr>
<td>Start Date / Fecha de Inicio</td>
<td></td>
</tr>
</tbody>
</table>

**Applicant Signature / Firma Del Solicitante: ______________**

**Date / Fecha: ______________**

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**EQUAL OPPORTUNITY IS THE LAW**

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### Additional Income
List any other sources of income or assistance your family receives and the amounts. Retirement Benefits, Taxable Capital Gains, Dividends and Interest, Rental Income, Income from Estate and Trust Funds, Workers Compensation, Death Benefits, and Disability Payments, including Social Security Disability Insurance (SSDI) payments, Lottery Winnings, or Spousal Maintenance or Alimony must be included. Note: You will need to provide CCS documentation for all income and/or benefits received on this list.

<table>
<thead>
<tr>
<th>Source of Income/ Fuente de Ingreso</th>
<th>Who Receives the Income/ Quien Recibe los Ingresos</th>
<th>Amount/ Cantidad</th>
<th>How Often Received/ Frecuencia lo Recibe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### List All Children in the Home

1. M F Y/SI No Y/SI No Y/SI No Y/SI No
2. M F Y/SI No Y/SI No Y/SI No Y/SI No
3. M F Y/SI No Y/SI No Y/SI No Y/SI No
4. M F Y/SI No Y/SI No Y/SI No Y/SI No
5. M F Y/SI No Y/SI No Y/SI No Y/SI No
6. M F Y/SI No Y/SI No Y/SI No Y/SI No

### Provider Information/Informacion del Proveedor

<table>
<thead>
<tr>
<th>Day Care Name:</th>
<th>DC License #:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for child care services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority.

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 Lower Rio Grande Valley Workforce Development Board (a.k.a. Workforce Solutions) 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; (3) I give permission to Workforce Solutions or their child care contractor to contact a third party to verify income or family size, and use the social security numbers for identification of Social Security and income; and (4) I understand that social security numbers (SSN) are voluntary and not a requirement to receive child care services.

Entiendo que a sabiendas información falsa un divulgar un hecho material para que me aparezca elegible para recibir servicios de cuidado infantil, que pueda tener que pagar el programa de cuidado de niños para servicios recibidos fraudulently, y cargos criminales pueden ser hechos contra mí con la autoridad ministerial local.

Al firmar esta forma, entiendo que: (1) Una persona que obtiene o intenta obtener, por medios fraudulentos, servicios a los que la persona no tenga derecho podrá ser procesado bajo las leyes estatales y federales aplicables, (2) Estoy solicitando servicios del Lower Rio Grande Valley Development Board (Workforce Solutions) y toda la información en esta solicitud representa una declaración completa y exacta de mis horas de trabajo, de educación o formación; ingreso de los hogares; y tamaño de la familia en el momento de la sumisión. (3) Le doy permiso a Workforce Solutions o al contratista de cuidado de niños que contacten a terceros para verificar ingresos o la cantidad en la unidad de familia, y el uso de los números sociales para identificar ingresos y seguro social. (4) Entiendo que el número social es voluntario y no un requisito para recibir servicios de cuidado infantil.

This box must be checked off:

**Does Your Total Family Assets Exceed S1 Million?/¿Su Familia Total Bienes Superan los $1 Millones de Dólares**

- Yes/Si
- No

**Applicant Signature / Firma Del Solicitante:**

**Date / Fecha:**

---

**Office Use Only:**

- Permanent, Fixed or Adequate Residence,  
- Yes
- No

**Eligibility Period Start Date**

- Family Size:  
- 85% SMI:  
- Total HH Income: 

**Eligibility Period End Date**

**CCS Representative Signature:**

**Date:**

---

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Revised: 06/01/2017
CHILD CARE SERVICES
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 that the providers will not charge 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 or re-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 withdrawal (written statement) 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 (see Parent Reporting Requirements)

• Be informed that you have the right to report the cost of ongoing medical expenses for a child with disabilities which may be deducted from the family income. Note: Payment receipts for the cost of ongoing medical expenses are required.

• 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

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 Signature: _______________________________ Date: _______________
CHILD CARE SERVICES
PARENT REPORTING REQUIREMENTS

Please read the information on this form carefully before you sign and date. Contact your child care worker immediately if you have any questions regarding the information or requirements on this form. Please understand Child Care Services can end at any time if you become ineligible.

Reporting Requirements

Once Child Care Services have begun you must report any of the following changes within 14 calendar days.

- Permanent loss of job, training, or education
- Change of address, email, or phone number
- Change of child care provider
- Any changes to family size or income over the amount in the chart for your family size

Failure to report the above changes may be grounds for suspected fraud and cause for our board to conduct fraud fact-finding or for the Texas Workforce Commission to initiate a fraud investigation.

Additionally, you may report a:

- reduction in income/hours or family size increase that could result in a decrease of your parent share of cost.
- temporary change in employment that could result in a decrease of parent share of cost.

Parent share of cost:

- Failure to make payment could affect your care options.
- You may request a temporary parent share of cost reduction for extenuating circumstances.

If you have any questions, concerns, want to request a transfer or report a change, please contact your CCS Specialist or visit our website at wfsolutions.org elect Contact Child Care Department

Parent Signature: ____________________________ Date: ____________

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

Maximum Gross Income Eligibility for Child Care Services
October 1, 2016 – September 30, 2017

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Bi-Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$ 793</td>
<td>$1,585</td>
<td>$1,717</td>
<td>$ 3,435</td>
</tr>
<tr>
<td>3</td>
<td>$ 979</td>
<td>$1,958</td>
<td>$2,121</td>
<td>$ 4,243</td>
</tr>
<tr>
<td>4</td>
<td>$1,166</td>
<td>$2,331</td>
<td>$2,525</td>
<td>$ 5,051</td>
</tr>
<tr>
<td>5</td>
<td>$1,352</td>
<td>$2,704</td>
<td>$2,930</td>
<td>$ 5,859</td>
</tr>
<tr>
<td>6</td>
<td>$1,539</td>
<td>$3,077</td>
<td>$3,334</td>
<td>$ 6,667</td>
</tr>
</tbody>
</table>

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As a requirement for my child to receive Child Care Services, I understand and agree to the following:

I understand and agree to the following attendance standards:

- I will ensure that my child attends child care on a regular basis. My child must meet monthly attendance standards for Child Care Services, which consist of fewer than:
  - Five (5) consecutive absences during the month and/or ten (10) total absences during the month

- I understand that failure to meet monthly attendance standards may:
  - Result in suspension of care, at my option;
  - Result in a finding that a change in my work/training schedule has occurred and care may be ended.

- I understand that if a child exceeds sixty-five (65) total absences during their current 12-month eligibility period, then the child is not eligible for care at the next eligibility determination. Also, my child will not be eligible for the program for 12 months from the end of the most recent eligibility period.

I understand and agree to the following attendance reporting requirements:

- I will use attendance card to report attendance and absences.
- I will report to my provider any issues encountered with card use.
- I understand a failure to report issues may result in absences.
- I understand no one under 16 can be designated a cardholder unless they are the parent of the child.
- I understand an owner, assistant director, or director of my child care facility cannot be a secondary cardholder.
- I understand a secondary cardholder cannot misuse the attendance card, and must understand and comply with the responsibilities of attendance card usage.
- I will not share my personal identification number (PIN) or attendance card with another person, including the child care provider.
- I understand that failure to meet the provider’s established policy regarding attendance may result in the provider ending the child’s enrollment at the facility.
- I understand that absences due to a child’s documented chronic illness, disability, or court ordered visitation are not counted in the number of absences allowed with proper documentation provided.

I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for Child Care Services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority. 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 Lower Rio Grande Valley Workforce Development Board 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.

Parent Signature: ___________________________________________________  Date:_____________

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Revised: 06/01/2017
CHILD CARE SERVICES
CHILD CARE ATTENDANCE AUTOMATION (CCAA)
PRIMARY AND SECONDARY CARDHOLDER REQUEST FORM

As the parent/caretaker you may request up to 3 different cardholders in addition to you, the primary cardholder. Please complete this form and fax to your child care worker immediately if you have a change in secondary cardholder or their card is lost or stolen. Additional cards will not be ordered or reissued if the information below is incomplete and the signature is missing. Parents/Caretakers and secondary cardholders must keep their CCAA cards and PIN in their possession. Sharing or leaving the CCAA card and PIN with anyone else including the child care provider is a violation of the CCAA Requirements and as a CCS customer, you and your provider may be subject to fact finding for suspected fraud.

Primary Cardholder Name: _________________________________  Phone #: _____________________
TWIST #: ______________________________     Do you have your CCAA Card?  ☐ Yes  ☐ No

Please complete the following section for current and new secondary cardholders.
Note: If applicable, list ALL secondary cardholders and indicate if they already have a card or if they need a replacement card.

Be aware that if you do not list your secondary cardholders below, their cards will be inactivated.
Please ensure that this form is completely filled out.

<table>
<thead>
<tr>
<th>Secondary Cardholder #1:</th>
<th>☐ Has Card</th>
<th>☐ Needs Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________ Gender: ☐ Male  ☐ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Relationship to you:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Cardholder #2:</th>
<th>☐ Has Card</th>
<th>☐ Needs Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________ Gender: ☐ Male  ☐ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Relationship to you:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Cardholder #3:</th>
<th>☐ Has Card</th>
<th>☐ Needs Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________ Gender: ☐ Male  ☐ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Relationship to you:</td>
<td></td>
</tr>
</tbody>
</table>

Primary Cardholder Signature: ________________________________________ Date: __________________

Check If: ☐ Mailing Address is the same as on the CCS Application (if different, please document below)

Primary Cardholder Mailing Address: ______________________________________

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Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available on request to individuals with disabilities. Relay Texas 711 or TTY 1-800-735-2988.

Equal Opportunity is the Law.

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/Noncustodial Parent (NCP)

Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)

Child Care Services (CC)

Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)

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**The Recipient of the Federal Financial Assistance Is:**

**LRG Workforce Development Board**

3101 West Business 83

McAllen, TX 78501

**Equal Opportunity (EO) Officer:** Luis Bodden

**Telephone Number:** (956) 928-5000

**Relay Texas:** 1-800-735-2989/TTY 1-800-735-2988 (Voice)

The LRGV 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 discrimination process, you should contact:

**Texas Workforce Commission (TWC)**

**Employment Opportunity Monitoring**

101 E. 15th St, Room 242-T

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, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-federally 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-federally 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.

**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-federally 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 a complaint with the recipient, you must wait at least 30 days from the date of the receipt of 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 do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. 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 not 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.

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**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 90 days following the 90-day deadline to file a complaint with CRC. If 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 do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. 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 not give you 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 the date on which you received the Notice of Final Action.

- **Temporary Assistance for Needy Families (TANF) / Choices/Noncustodial Parent (NCP) 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, D.C. 20250-9410, (202) 205-1026. 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 filing with the U.S. Department of Agriculture.

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**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-Page application form is not a legally binding application 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 program services.

---

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LA IGUALDAD DE OPORTUNIDADES ES LA LEY

El destinatario de asistencia financiera del Gobierno Federal tiene prohibido, por ley, discriminar, con base en los conceptos a continuación: discriminar a cualquier persona en los Estados Unidos por motivos de su raza, color, religión, sexo, origen nacional, edad, incapacitación, afiliación o ideología política, discriminar a cualquier individuo que reciba asistencia federal, o discriminar a la persona designada por el destinatario para ese efecto, o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja al CRC, el destinatario de asistencia federal, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja al CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja, usted puede presentar una queja con el CRC. Por otra parte, la queja con el CRC debe presentarse dentro de los 30 días del vencimiento del plazo de 90 días, es decir, dentro de 120 días a partir de la fecha en que presentó su queja con el destinatario. Si éste le entrega un Aviso de Acción Definitiva por escrito, usted tiene 30 días para presentar su queja al CRC. Si éste le expide un Aviso de Acción Definitiva por escrito, usted tiene 60 días para presentar su queja al CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja al CRC, el destinatario de asistencia federal debe presentar una queja con el CRC. Hay que presentarla dentro de los 30 días siguientes a la fecha en que recibió el Aviso de Acción Definitiva.

INSTRUCCIONES DETALLADAS PARA CLASIFICAR UNA QUEJA

- **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) / TRADE READINGUSTMENT ALLOWANCES (TRA):** Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del Título I de la WIOA o TAA/TRA, puede presentar una queja dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Si presenta su queja con el destinatario de asistencia federal, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja al CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja, usted tiene 30 días para presentar una queja con el CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja, usted tiene 30 días para presentar una queja con el CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) después de presentar su queja, usted tiene 30 días para presentar una queja con el CRC. 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CHILD CARE SERVICES
SELF-EMPLOYMENT VERIFICATION

Name: ___________________________ TWIST ID: ________

Business: ___________________________ Phone #: ________

Type of Business: ___________________________

To verify your business, please provide one of the following:

☐ Current property titles, deeds, tax records, or rental agreement for the place of business
☐ Recent business bank statement
☐ Recent business phone, utility, or insurance bill
☐ Recent state sales tax return
☐ Recent business records that provide proof of income and expenditures, such as
  Copies of money orders or checks received and lists of individuals/customers served
  (if applicable)
☐ Personal wage records with third party signed verification
☐ Current business registration or license (i.e., DBA license or professional license)

To verify your gross business income, please provide one of the following:

☐ Most recent IRS Form 1040 with Schedule C, F, or SE federal income tax returns
☐ Most recent IRS Tax Transcript
☐ Most recent statement of profit/loss
☐ Most recent three months of business bank statements
☐ Most recent 3 months of invoices or lists of customers served with dates and identifying
  information (such as addresses)
☐ Personal receipt books of business activity and income
☐ Personal payment records with 3rd party signed verification

A. Gross Income

Gross income or receipts during the 3-month determination period:

<table>
<thead>
<tr>
<th>Week #</th>
<th>Week ending date</th>
<th>Gross income for week</th>
<th>Week #</th>
<th>Week ending date</th>
<th>Gross income for week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
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<td>3</td>
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<td>4</td>
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<td>5</td>
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<td>6</td>
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<td>13</td>
<td></td>
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<tr>
<td>7</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

EQUAL OPPORTUNITY IS THE LAW
Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).
CHILD CARE SERVICES
SELF-EMPLOYMENT VERIFICATION

B. Expenses

You have the option to itemize expenses or not itemize expenses and use the gross income. If you choose to itemize your expenses, please provide receipts for operating expenses such as rent, utilities, gas, booth rental, payroll, etc.

Please select one:

☐ Itemized expenses
☐ Standard deduction (30% of gross income)

If itemizing expenses, please complete the following for the 3-month determination period:

Receipts provided must be related to Business.

<table>
<thead>
<tr>
<th>Rent</th>
<th>$</th>
<th>Other (specify)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Supplies</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Total Expenses or standard deduction (B): $______________

Subtract expenses (B) from gross income (A) for net profit (includable income): $______________

I, __________________________, certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

__________________________________________  ________________
Applicant Signature                      Date

__________________________________________  ________________
CCS Specialist Signature                  Date

Office Use Only:

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School or Training Schedule Verification Form
(To be completed by School or Training Institution)

Case Name: ____________________________  TWIST #: ________________

Student Name: ____________________________  Phone #: __________________

Note to School or Training Institution: Your student is applying for or is currently receiving child care assistance from Workforce Solutions – Child Care Services. To determine their eligibility, we must receive a detailed summary of the student’s class/training schedule and attach enrollment form. Please complete the following information:

School or Training Institution Name: ____________________________

Address: ______________________________________________________

Student’s Date of Enrollment: ________________  Projected End Date: ________________

Please indicate the student’s class schedule for each day listed (ex: Monday 9am – 5pm)

<table>
<thead>
<tr>
<th>Day</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Thursday</td>
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<td>Friday</td>
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</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

Does individual attend school regularly, and are they working toward successful completion? ☐ Yes ☐ No
If no, please explain (comment is optional):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SIGNATURE (Must be signed by SCHOOL or TRAINING INSTITUTION)

<table>
<thead>
<tr>
<th>Person completing this form (please print name)</th>
<th>Title &amp; Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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