



## CHILD CARE ELIGIBILITY CERTIFICATION APPLICATION

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

**TWIST #:**

Parent or Guardian Information					
1. Applicant Name (First, MI, Last)			Social Security (optional)		Date of Birth
Physical Address		City	Zip Code		County
Mailing Address <input type="checkbox"/> Same		City	Zip Code		Gender: M F
Home Phone # <input type="checkbox"/> N/A		Cell Phone # <input type="checkbox"/> N/A	Secondary Contact # w/Name and Relation: <input type="checkbox"/> N/A		
Are you a Veteran or Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		E-Mail Address <input type="checkbox"/> N/A			Highest Grade Completed
		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Black or African American			
Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No		Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed			Family Size		
Employer Information					
<input type="checkbox"/> N/A <b>Employer #1</b>			<input type="checkbox"/> N/A <b>Employer #2</b>		
Place of Employment <input type="checkbox"/> Self-Employed			Place of Employment <input type="checkbox"/> Self-Employed		
Work Address (Complete Address)			Work Address		
Supervisor Name & Work Phone #			Supervisor Name & Work Phone #		
Your Job Title			Your Job Title		
Work Schedule (ex. Mon – Fri 8AM -5PM)			Work Schedule (ex. Mon – Fri 8AM -5PM)		
Hire Date:	Hourly Pay Rate \$ _____	Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Hire Date:	Hourly Pay Rate \$ _____	Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Other Income <input type="checkbox"/> None		Pay Frequency	Other Income <input type="checkbox"/> None		Pay Frequency
Tips:\$ _____ Bonus:\$ _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Tips:\$ _____ Bonus:\$ _____		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Workman's Comp \$ _____		<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	Workman's Comp \$ _____		<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
Commission \$ _____			Commission \$ _____		
School/Training Information Enrolled					
Name of School or Training Institution					
Degree Pursuing:		Semester Credit/Clock Hours:		Start date:	
School Schedule:					
<b>Applicant Signature:</b>			<b>Date:</b>		



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TWIST #: \_\_\_\_\_

**Second Parent in Household**

<input type="checkbox"/> <b>N/A</b> Check N/A If Second Parent is NOT Part of the Household			
2. Applicant Name (First, MI, Last)		Social Security (optional)	Date of Birth
Cell Phone # <input type="checkbox"/> N/A	Secondary Contact # w/Name and Relation <input type="checkbox"/> N/A	Hispanic Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: M    F
Are you a Veteran or Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Black or African American		Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No

**Employer Information**

<input type="checkbox"/> <b>N/A</b> <b>Employer #1</b>			<input type="checkbox"/> <b>N/A</b> <b>Employer #2</b>		
Place of Employment <input type="checkbox"/> Self-Employed			Place of Employment <input type="checkbox"/> Self-Employed		
Work Address (Complete Address)			Work Address		
Supervisor Name & Work Phone #			Supervisor Name & Work Phone #		
Your Job Title			Your Job Title		
Work Schedule (ex. Mon – Fri 8AM -5PM)			Work Schedule (ex. Mon – Fri 8AM -5PM)		
Hire Date:	Hourly Pay Rate \$ _____	Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Hire Date:	Hourly Pay Rate \$ _____	Number of Hours Scheduled: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Other Income <input type="checkbox"/> None Tips: \$ _____ Bonus: \$ _____ Workman's Comp \$ _____ Commission \$ _____	Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly		Other Income <input type="checkbox"/> None Tips: \$ _____ Bonus: \$ _____ Workman's Comp \$ _____ Commission \$ _____	Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	

**School/Training Information Enrolled**

Name of School or Training Institution		
Degree Pursuing:	Semester Credit/Clock Hours:	Start date:
School Schedule:		

<b>Applicant Signature:</b>	<b>Date:</b>
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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.

Note: You will need to provide CCS documentation for all income and/or benefits received on this list.

Source of Income	Who Receives the Income	Amount	How Often Received

List All Children in the Home										
Name(s)	Relation	Birth Date	Gender	Race	Ethnicity <i>Hispanic</i>	Social Security Number (optional)	Child Care Required?	Child with Special Needs?	Receiving SSI Benefits?	Grade School
1.		/ /	M F		Yes No		Yes No	Yes No	Yes No	
2.			M F		Yes No		Yes No	Yes No	Yes No	
3.			M F		Yes No		Yes No	Yes No	Yes No	
4.			M F		Yes No		Yes No	Yes No	Yes No	
5.			M F		Yes No		Yes No	Yes No	Yes No	
6.			M F		Yes No		Yes No	Yes No	Yes No	

Provider Information
Day Care Name: _____ DC License #: _____ Phone Number: _____

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.

<b>This Box Must Be Checked Off:</b>	<b>Does Your Total Family Assets Exceed \$1 Million?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only:</b> Permanent, Fixed or Adequate Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Eligibility Period Start Date</b> _____ <b>Eligibility Period End Date</b> _____
	<b>Family Size:</b> _____ <b>85% SMI:</b> _____ <b>Total HH Income:</b> _____
	<b>CCS Representative Signature:</b> _____ <b>Date:</b> _____



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).