

**Child Care Services Waitlist Overview**

Finding a way to pay for child care is a constant challenge for many families who are working and/or attending school. Workforce solutions provides financial assistance, to eligible parent (s), to help pay for the cost of child care with the Child Care Services (CCS) program. Although a waitlist is in effect, families will be contacted in the order they are placed onto the waitlist once a slot for subsidized child care assistance becomes available.

# Minimum Eligibility Requirements:

|  |  |
| --- | --- |
| **Income Guidelines Chart**  **Gross Monthly Income**  **October 1, 2019-September 30, 2020** | |
| **Family Size** | **85% SMI** |
| 2 | $3,775 |
| 3 | $4,663 |
| 4 | $5,552 |
| 5 | $6,440 |
| 6 | $7,328 |
| 7 | $7,495 |
| 8 | $7,661 |
| 9 | $7,828 |
| 10 | $7,994 |

* Child(ren) must be a U.S citizen or legal immigrant.
* Meets one of the following age requirements:
  + Be under 13 years of age; or
  + A child with disabilities under 19 years of age.
* The family must reside within Hidalgo, Willacy, or Starr County.
* Parent(s) must be participating in training, education or employment activities an average of 25 hours a week for a single parent household, and average 50 hours a week for a two parent household.
* The family should have a total gross income that does not exceed 85% of the State Median Income (see Income Guidelines Chart).

CCS also considers:

* All income received in the household.
* The family composition and benefits received.

**Required Documents: Be prepared to submit documents listed below once contacted by a Workforce Specialist.**

* **Proof of Identity** -Current Valid Driver License or Government Issued Picture ID or Permanent Resident Alien Card for each parent/ caretaker in the household.
* **Proof of Age & Citizenship for Child(ren):**  You must submit one of the following documents for each child in your household:

**For Age & Citizenship:** Birth Certificates (U.S. or its possessions), U.S. Passport (must be current), Hospital or public health birth records (U.S. or its possessions), Church or Baptismal Record (U.S. or its possessions), TANF, food stamp benefits, Medicaid, or other related public assistance records, School Record, School Identification Card, Native American Tribal Document, Adoption Papers on Records, Child Support Paternity Records, and Divorce or Court Custody Decrees.

**For Citizenship:** School Record, School Identification Card, Native American Tribal Document, Adoption Papers on Records, Child Support Paternity Records, and Divorce or Court Custody Decrees.

**For Legal Immigrant/Qualified Alien:**Immigration form I-554 (“green card”), Immigration Form I-94, stamped with applicable rule citation (s), Immigration Form I-571 (refugee Travel Document), Order form Immigration Judge, Cuban/Haitian Passport and supporting documents, and USCIS Petition and supporting documents.

* Social security cards for all household members (optional).
* **Proof of Residency**: Current Valid Driver License, Current Government Issued Picture ID with physical address, Current Water, Light, or Gas Bill, Lease Agreements, Section 8 Award Letter, Rent Receipt (showing current address), Mortgage Statement, Determination-Residency Information Form
* **If Employed**: 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. Documentation for any additional earned and unearned income for the last 3 months.

(Pay Frequency: weekly – 13 check stubs, bi-weekly – 7 check stubs, twice a month – 6 check stubs, and monthly – 3 check stubs)

*This includes earned and unearned income from anyone 14 years or older not attending school and is working. Note: Employment income for child(ren) between the ages 14 to 19 who are attending school will not be included in determining household eligibility, unless the individuals is the parent(s) of the child(ren).*

* **If self-employed** submit a Self-Employment Verification form along with proof to verify your business and proof to verify your gross business income.
* **If attending a college or university**: Current School Schedule **and** Current Transcript
* **If attending a vocational school:** Enrollment Letter from the school **and** School or Training Schedule Verification Form -completed by the training/education provider
* **If attending High School or GED**: Program enrollment form **or** Letter from school verifying enrollment **and** School or Training Schedule Verification Form -completed by the training/education provider.

**For CCS Purposes: A Teen Parent is someone who is 19 years of age or younger, attending High School or a GED Program and has a child.**

**Child Care Services / Servicios de Cuidado De Niños (CCS)**

Mission Fax: 1-866-580-6089

Weslaco Fax: 1-866-890-5452

# Waitlist Form / Formulario de Lista de Espera

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application MUST be completely filled out, or it will delay the waitlist process / *La solicitude debe ser llenada completamente, o se va a retrasar el proceso de lista de espera***    **Ssf** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent */*Caretaker Information *(Información del Padre/Guardián)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Last, First, MI / *Apellido, Primer Nombre, Segundo Nombre* | | | | | | | | | Social Security (optional) / *Numero*  *de seguro social (opcional)*: | | | | | | | | E-Mail Address / *Correo Electrónico*: | | | | | | | | | |
| Physical Address / *Dirección del Domicilio*: | | | | | | | | | | | | | | | | City / State  *Ciudad* /*Estado*: | | | | | | Zip Code / *Código*  *Postal*: | | | County / *Condado*: | |
| Mailing Address / *Dirección de Correo*: Same / *Mismo* | | | | | | | | | | | | | | | | City / State  *Ciudad* /*Estado*: | | | | | | Zip Code / *Código*  *Postal*: | | | County / *Condado*: | |
| Home Phone / *Numero de Hogar* # | Cell Phone / *Teléfono móvil* # | | | | | Date of Birth / *Fecha de*  *Nacimiento* | | | | | | | | | | Marital Status / *Estado Civil*:  Married *Casado(a)*  Single *Soltero(a)* | | | | | | | | | | |
| Place of Employment / *Lugar de Empleo*: | | | | | | | | | | | Hours worked weekly /*Horas trabajadas por*  *semana:* | | | | | | | | | Receiving SSDI/*Recibe SSDI*: Yes/*Si*  No/*No* | | | | | | |
| Training *Formación* /Attending School *Asistir a la escuela?*  Yes/*Si*  No*/No*  Name of School / *Nombre de Escuela*: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse Name / *Nombre del Cónyuge*  N/A | | | | | Date of Birth / *Fecha de*  *Nacimiento* | | | | | | | | | | Social Security (optional) / *Numero*  *de seguro social (opcional)*: | | | | | | Cell Phone / *Teléfono móvil* # | | | | | |
| Place of Employment / *Lugar de Empleo*: | | | | | | | | | | Hours worked weekly /*Las horas trabajadas por semana*: | | | | | | | | | | | | | | | | |
| Training *Formación* /Attending School *Asistir a la escuela?*  Yes/*Si* No/*No*  Name of School / *Nombre de Escuela*: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a Veteran or Spouse of a Veteran /  *Es usted un Veterano o Esposo/Esposa de un veterano?*: Yes /*Si* or No/*No* | | Are you a Foster Youth? / *Hijo o Hija Adoptivo?*  Yes/*Si*  No/*No* | | | | | | Are you a Teen Parent (19 yrs of age or under attending High School or GED)/ *Es usted un padre Adolescente?(19 años de edad o menor asistiendo High School o GED):* Yes/*Si* or No/*No* | | | | | | | | | | | | | | | Is your residence Temporary or Permanent?/*Es su residencia Temporal o Permanente*? | | | |
| ***List All Children in the Home / Listar Todos los niños en el Hogar*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Nombre | | | Date of Birth/  *Fecha de Nacimiento* | | Relationship to Applicant/ *Relación con el Solicitante* | | | | | | | Gender*/*  *Genero* | | SSN (optional)/ *Número de Seguro Social (opcional)* | | | | Child Care  Needed?/Se *requiere cuidado de niños?* | | | | | Race/  *Raza* | Hispanic  *(Hispano/a)* | | Does child have a disability? /*Tiene el niño una discapacidad?* |
| *1.* | | |  | |  | | | | | | | M  F | |  | | | | Yes/*Si*  No/*No* | | | | |  | Yes/*Si*  No/*No* | | Yes/*Si*  No/*No* |
| *2.* | | |  | |  | | | | | | | M  F | |  | | | | Yes/*Si*  No/*No* | | | | |  | Yes/*Si*  No/*No* | | Yes/*Si*  No/*No* |
| *3.* | | |  | |  | | | | | | | M  F | |  | | | | Yes/*Si*  No/*No* | | | | |  | Yes/*Si*  No/*No* | | Yes/*Si*  No/*No* |
| *4.* | | |  | |  | | | | | | | M  F | |  | | | | Yes/*Si*  No/*No* | | | | |  | Yes/*Si*  No/*No* | | Yes/*Si*  No/*No* |
| *5.* | | |  | |  | | | | | | | M  F | |  | | | | Yes/*Si*  No/*No* | | | | |  | Yes/*Si*  No/*No* | | Yes/*Si*  No/*No* |
| *6.* | | |  | |  | | | | | | | M  F | |  | | | | Yes/*Si*  No/*No* | | | | |  | Yes/*Si*  No/*No* | | Yes/*Si*  No/*No* |
| **This section is required in order to determine if you meet the income eligibility.** Proof of income will be required when funds become available and you are contacted for intake / *Se require prueba de ingresos cuando se disponga de fondos y que se ponen en contato para la ingesta.*  **HOUSEHOLD INCOME:**  Please include all household (gross) income from wages earned by all household members. 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. *Por favor incluya todos los ingresos de la familia de los salarios ganados por todos los miembros del hogar. Beneficios de jubilación, ganancias de capital tributables, dividendos e intereses, ingresos por alquiler, ingresos de bienes y fondos fiduciarios, compensación a los trabajadores, beneficios por fallecimiento, y pagos por incapacidad, incluyendo pagos de seguro social por incapacidad (SSDI), ganancias de lotería, o manutención conyugal o pensión alimenticia deben ser incluidos.*  **Gross Household Income / Household Size /** *Ingresos del Hogar* **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Cantidad de familia en el hogar***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Caretaker Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Firma del Padre/Guardián Fecha* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY/ USO EXCLUSIVO DE LA OFICINA** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Transitional:** Y N **Teen Parent**: Y N **Children w/Special Needs:** Y N **Veteran/Spouse** Y N **Homeless:** Y N | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CCS Representative Name: | | | | Waitlist?  Yes  No | | | Date Entered: | | | | | | Notification of WL Status Mail Date: | | | | | | Stamp Date Received Here: | | | | | | | |