



Child Care Services

Child Care Services Application

PLEASE COMPLETE ENTIRELY, USE BLACK INK, PRINT CLEARLY, AND DO NOT USE WHITE OUT.

IDENTIFYING PARENT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

Home Phone Number: _____ Alternate Number: _____

How did you hear about us?

Newspaper _____ Radio _____ Community Agency _____ Employer _____ Flyer _____ Other (specify) _____

IT IS MANDATORY TO BE WORKING, IN SCHOOL OR TRAINING, UNLESS INCAPACITATED.

WORKING?

Name of Employer _____

Address, City, State, & Zip of Employer _____ Phone # _____

Pay Rate \$ _____ per (Check): _____ Hour _____ Salary

Average #of hours worked per week _____ What is your work schedule? _____

How often are you paid? (Check): _____ Weekly _____ Biweekly _____ Bimonthly _____ Once a Month

TRAINING/SCHOOL?

Are you attending (Check): _____ High School _____ GED classes _____ Community College _____ University

Name of School _____ What grade are you in? _____

How many college years attended? _____ How many college hours do you have accumulative? _____

How many college hours are you currently registered for? _____

School Schedule: **Days** (Circle): Mon. Tues. Wed. Thurs. Fri. **Hours:** _____

What is your major? _____ When do you expect to graduate? _____

LIST THE NAMES OF ALL MEMBERS OF YOUR HOUSEHOLD INCLUDING ALL ADULTS (YOUR SPOUSE, SIGNIFICANT OTHER, etc.) LIVING WITH YOU AND ALL CHILDREN IN YOUR HOME.

✓✓✓✓✓✓✓✓ **CHECK BOX ONLY FOR CHILDREN NEEDING CARE** ✓✓✓✓✓✓✓✓

	Name	Relationship	Social Security #	Date of Birth	Race	Age	Sex	✓
1		Self						
2								
3								
4								
5								
6								

USE ADDITIONAL SHEET IF NECESSARY

Please list other household members working or going to school _____

WORKING?

Name of Employer _____

Address, City, State, & Zip of Employer _____ Phone # _____

Pay Rate \$ _____ per (Check): _____ Hour _____ Salary

Average #of hours worked per week _____ What is your work schedule? _____

How often are you paid? (Check): _____ Weekly _____ Biweekly _____ Bimonthly _____ Once a Month

TRAINING/SCHOOL?

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Name of School _____ What grade are you in? _____

How many college years attended? _____ How many college hours do you have accumulative? _____

How many college hours are you currently registered for? _____

School Schedule: **Days** (Circle): Mon. Tues. Wed. Thurs. Fri. **Hours:** _____

What is your major? _____ When do you expect to graduate? _____

PLEASE INDICATE THE AMOUNT YOU OR ANYONE IN YOUR HOUSEHOLD IS RECEIVING FOR ANY OF THE FOLLOWING BENEFITS.

Social Security, SSDI	\$	Alimony	\$
SSI	\$	TANF	\$
Veteran's Pension	\$	Educational Loans, Scholarships, Grants	\$
Refugee Assistance	\$	Unemployment Compensation	\$
Pensions and Annuities	\$	Worker's Compensation	\$
Dividends, Interest	\$	Other: _____	\$

Child Support	\$
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Is your Child Support Case though (Check): **Court Order** _____ **Office of Attorney General** _____ **Other:** _____

DISABILITY INFORMATION

Does your child(ren) have a physical (motion, vision, hearing, etc.) or mental (including learning or developmental) disability that substantially limits one or more of his/her major life activities? __ Yes or __ No

Are you or your significant other currently participating in any other Workforce Center Programs?

Workforce Investment Act (WIA) Adult _____ Dislocated Worker _____ Youth _____

Choices _____ Food Stamp Employment & Training _____ Project RIO _____

Are you or your significant other a Veteran? __ Yes or __ No

In the past 12 months, have you been denied for TANF? _____ Yes or _____ No If yes, provide verification.

I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that the information I provided will be used to determine eligibility and that I may be required to document the accuracy of the information. The information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment as result of falsifying information on any WNI documents and may be prosecuted for fraud and for perjury.

DISCLAIMER

I understand that this application does not entitle me to receive services. If found eligible, it places me on the **waiting list only**. Eligibility for services will be determined once child care funding becomes available.

Applicant's Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(If Applicant is under 18)

Alice	Beeville	Kingsville	Sinton	Corpus Christi
601 East Main, 3 rd Floor	202 North St. Mary's	1417 East Corral	1113 East Sinton	520 North Staples
Alice, Texas 78332	Beeville, Texas 78102	Kingsville, Texas 78363	Sinton, Texas 78387	Corpus Christi, Texas 78401
1-800-388-5813	1-800-666-0479	1-800-864-3520 ext 130	1-800-727-4356	882-7491

State-Certified Texas Workforce Centers • Encouraging Women in Non-Traditional Careers • Workforce Investment Act (W.I.A.) Rules Apply • Auxiliary Aids/Services are available, upon request, to individuals with disabilities • 1-800-RELAY TX (TDD) & 1-800-RELAY WV (Voice) or 1-711-RELAY WV (Voice) • EO Employer/Program • Funded by WorkSource