



ChildCareGroup

Dear Mr./Ms.
Case No.:

As a participant in the Child Care Assistance program, you are **required to renew your family activity and income information** to verify that you are still eligible for the assistance program.

HERE'S WHAT YOU NEED TO DO:

- Find the attached "Eligibility Renewal Guide" form – please complete everything on this checklist and return all forms as requested.

IMPORTANT DATES TO REMEMBER:

Paperwork Due Date:

This is the date we must receive all forms and documents as requested on the enclosed "Eligibility Renewal Guide" to assist us in determining if you still qualify for our program. It is very important that we receive all requested information **on or before this due date to avoid interruption in your Child Care Assistance.**

Eligibility Expiration Date:

- This is the date your current information on file with us expires.
- If all required forms and documents are not received by this date, we will be unable to determine your eligibility and this expiration date will not be renewed.

WHAT TO EXPECT:

If you continue to be eligible for the assistance program – an eligibility specialist will be contacting you and you will be mailed a letter stating your new eligibility dates, co-payment, and other important information for your records.

If the eligibility specialist is unable to reach you, it may cause you to lose your assistance so please be sure the contact numbers we have for you are current.

The phone numbers we have on file are _____ and _____.

If your expiration date is not renewed or it is determined that you are no longer eligible for the Child Care Assistance program (not enough participation hours, over the income guidelines, etc.), your Child Care Assistance will end and you will be mailed a letter, stating the reason(s) your assistance is ending and giving you 15 calendar days from the Eligibility Expiration Date to get prepared for the increase in child care payments or make alternative child care arrangements. Notification will also be given to your child care facility that payment assistance is ending.

It has been a pleasure serving you and we thank you in advance for your cooperation.

ChildCareGroup – Child Care Assistance
Customer Service – 214-630-5949

Eligibility Packet Guide Checklist

Please use this checklist as a guide to help you **complete** the eligibility renewal packet. All of this information may be mailed, or faxed to our office. You may also go to your nearest Workforce Solutions Center to use a computer, printer or fax machine free of charge. See <http://www.wfsdallas.com/centers.shtml> for the Center nearest you. For assistance from ChildCareGroup, please visit our website at www.childcaregroup.org or contact us at 214.630.5949.

RETURN ALL FORMS TO CHILD CARE ASSISTANCE (CCA) BY THE DEADLINE DATE AS INDICATED ON COVER LETTER TO:

FAX: 214-688-4436
Mail or Drop Off: 8585 N Stemmons Frwy, Suite 600 South,
Dallas, Texas 75247

<input type="checkbox"/>	*Parents Guide to Child Care Services Overview – Please read this form and keep for your records.
<input type="checkbox"/>	*Frequently Asked Questions - Please read this form and keep for your records.
<input type="checkbox"/>	<p>*Certification Eligibility Form - This form is your official certification document. By completing this form, you are certifying that the information on this form is complete and accurate. If this form is not complete and accurate child care assistance will not be authorized.</p> <p>You must ensure that this document:</p> <ul style="list-style-type: none"> • Does not have any white out corrections • Is NOT written in pencil but in BLUE or BLACK ink • Has all information that is applicable, completed • Is signed and dated
<input type="checkbox"/>	*Parent Rights and Responsibilities - This form details what your rights and responsibilities are while receiving assistance. <i>Please make a copy and keep for your records.</i>
<input type="checkbox"/>	*Parent Agreement For Use Of The Child Care Automated Attendance Card – Parent acknowledgment form outlining your rights and responsibilities while recording attendance. <i>Please make a copy and keep for your records.</i>
<input type="checkbox"/>	*Authorization of Release of Information – This form is to be signed and returned to CCA allowing us to contact third party organizations when necessary.
<input type="checkbox"/>	<p>*Attorney General Verification of Child Support –</p> <p>Texas law requires that anyone who receives child care assistance through certain funds must be actively pursuing child support, have all children under 18 years of age attending public school as required by the Texas Education Agency, and parents not abusing illegal substances.</p> <p>ChildCareGroup must have a payment history printout from the Attorney General’s office or from the private agency that shows an open case and current child support payment history for <u>each</u> child. You may access your information, or apply online via the OAG website @ www.oag.state.tx.us or visit your nearest OAG satellite office.</p> <p><i>If you do not have an open case with the Texas Attorney General's office, then you may provide a copy of one of the following documents:</i></p> <ul style="list-style-type: none"> • Child Support through a private agency – we must have a printout from that agency that shows a current child support payment history for each child. <p>If you have an informal agreement with the non-custodial parent, please see the box on the next page.</p>

PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS

Please See Reverse Side →

Eligibility Packet Guide Checklist

<input type="checkbox"/>	<p>* Informal Child Support Agreement Form- Please find the enclosed form titled “Parent Responsibility Agreement /Informal Child Support Form”. Please make copies of this form, if necessary. Both the custodial AND non-custodial parent of EACH child are required to sign and date this form and return to us. Again, <u>each</u> non-custodial parent must sign and document the payment history. <i>Please Note: Child Support does not have to be a monetary/financial amount; it can be any contribution that the non-custodial parent is providing for the welfare of the child.</i></p> <p>With an Informal Child Support agreement, both the custodial AND non-custodial parent of EACH child are required to sign and date the Parent Responsibility Agreement/Informal Child Support Form and return to ChildCareGroup. Again, each non-custodial parent must sign and document the payment history.</p> <p><u>Note: You do NOT have to return if you have an open child support case with the office of the Attorney General or you have applied.</u></p>
<input type="checkbox"/>	<p>*Income Verification Documents – This form outlines what documents you will need to submit for verification of work income.</p> <p>Employment – Copies of your last three check stubs. Please include all current jobs.</p> <p>Self Employment – Acceptable documentation: Most recent tax returns, signed year-to-date profit and loss statements, calendar or work appointments and money earned through these appointments, business ledgers, records, receipts, check receipts, work orders.</p> <p>Cash Paid – Customers who are paid in cash (self employed) can submit the following documentation: Verification on company letterhead outlining your rate of pay, weekly work hours, and work schedule. We will also accept receipts.</p>
<input type="checkbox"/>	<p>*Work Schedule Verification Form – This form is used to verify that hours of child care match your work schedule. This form must also be filled out, signed, and dated by your supervisor. If you have more than one job, please make copies of this form and have it completed from each place of employment. <i>Please note: An official printout of your work schedule is also acceptable.</i></p>
<input type="checkbox"/>	<p>*School/Training Verification Form – This form is used to verify that hours of child care match your current school or training schedule. This form must be filled out, signed and dated by your school/training institution. If you attend a college, university, or are taking online classes, you must submit this form along with the following:</p> <ul style="list-style-type: none"> • transcripts • registration receipts <p>Please Note: You <u>must</u> be passing your classes in order to be eligible for child care assistance.</p>
<input type="checkbox"/>	<p>*Parent Responsibility Agreement/School Attendance Verification Form (Child) – This form is used to verify that ALL children 6-18 years old, living in your household, whether they are receiving assistance or not is attending a public school as required by the Texas Education Agency. This form is to be completed, signed, and dated by the school that your child attends and if necessary, please make copies of this form for each child. <i>Please Note: A recent report card would also be acceptable if the School Attendance Form cannot be completed.</i></p>
<input type="checkbox"/>	<p>*Parent Responsibility Agreement Substance Abuse Form – This form must be completed by each parent in the household (if applicable) to verify that neither parent abuses illegal substances.</p>
<input type="checkbox"/>	<p>*Citizenship and Age Verification Documents – Please include a copy of one of the following:</p> <ul style="list-style-type: none"> • your child or children’s birth certificates • U.S. Passport • hospital or public health birth records (must be an official record with the Hospital name and seal) • church or baptismal records • proof of residency • Medicaid cards • other related public assistance records <p>These documents are used to verify citizenship and only the child receiving assistance is required to be a US citizen or a US resident.</p>

PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS

Please See Reverse Side →

Parents Guide to Child Care Services Overview

Applying for Child Care Services

Your Rights:

- You have the right to have someone represent you.
- You may ask for help when you apply for child care services.
- You may ask for help in finding out what quality child care is.
- You may trust that the information you give us is confidential.

Your Responsibilities:

- You must meet the income limits for your family size.
- You must be in an educational program, job training, or employed a minimum numbers of hours per week to be eligible for these services: Single parent 25 hours, two-parent family 50 hours.
- We must be able to prove citizenship and age for the children receiving assistance.
- You must meet all of the requirements as outlined in the **Parent Responsibility Agreement**. This includes child support for each child living in your household, acceptable public school attendance, and not abusing illegal substances. **Note: You must be in compliance at the Eligibility Renewal (recertification).**
- You must live in Dallas County.
- You must provide income verification or verification of enrollment in school or training.
- You must provide the information we request to help us determine your eligibility for child care services.
- You must sign the forms we ask you to sign.
- You must return all requested forms by the deadline date we've provided.

Enrolling Your Child

Your Rights:

- You have the right to use any regulated child care provider or an eligible relative provider.
- You may and should visit the child care provider before you decide where you want your children to go.

Your Responsibilities:

- You are responsible for the quality of care from the provider you choose.
- You must call us at least 5 days before transferring your child to a different child care provider.

Using a Child Care Provider

Your Rights:

- You may ask about how to move your child to a different child care provider.
- You may visit your child any time during the day.
- If your child is diagnosed with a disability, which requires one-on-one adult assistance for child care, we can arrange for that assistance.

Your Responsibilities:

- You must follow our rules and the child care provider rules, or your child care services will end.
- You must respect the provider's starting and closing hours and pick up your child on time.
- If your child rides a bus to and from child care, you or someone else must be at home when the bus picks up or brings home your child.
- You must report any safety or health problems at the child care provider that could harm the children in care to the Department of Family and Protective Services by calling **1.800.582.6036**.

If Your Child Is Absent From Care

How do I report absences?

- You can report absences from **ANY** phone, anywhere by calling **1.866.960.6496**.
- You can use a phone for absence reporting even if your provider uses a card reading machine for regular attendance reporting.
- You can also report absences on the card reading machine at your provider.
- You can report absences up to 3 days in advance if you know your child is going to be absent.
- You can catch up on missing days by using "Previous Check-In" and "Previous Check-Out".
Note: The last check-in must be within 6 days

Remember...

- Your child is only allowed to be absent for 30 days in a 12 month period.
- Failure to report attendances or absences for 5 consecutive days may be considered a voluntary withdrawal from the child care program and your child care assistance may end.

Parents Guide to Child Care Services Overview

Paying Your Child Care Fees

- You must pay the fees in advance, directly to the child care provider, before receiving child care.
- Any child care help that you receive from another agency must be reported to Child Care Assistance.
- The fee you must pay for child care is based upon household income and the number of children receiving assistance.
- The child care fee must be paid, even when your child is absent.
- You must pay any overtime charges you are billed due to picking your child up late at the child care provider.
- If the child care provider is closed, you must pay for holiday child care yourself.
- If you do not pay child care fees, your child care services will end.

How to Contact Us

ChildCareGroup

8585 N. Stemmons Freeway, Suite 600 South
Dallas, Texas, 75247

Phone: 214-630-5949

Fax: 214-688-4436

Website: www.childcaregroup.org

An equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities. For TTD/TTY, please call Relay Texas 7-1-1.

Failure to report changes will result in the termination of your child care assistance, and you will be responsible for paying back any funds used during this time. This could result in suspected fraud, and additional fact finding to determine if a criminal activity has occurred.

Letting Us Know About Changes

Your Rights:

- We will tell you in writing at least 15 days before your child care services end or are reduced (exceptions include: CPS and WorkForce Solutions Center customers).
- If funding is limited, your child care may end at any time. You will receive a 30 day notice prior to care ending.
- You may appeal when child care is ended, denied or reduced. We will inform you of how to appeal the action.
- **JOB LOSS:** You have the right to receive a maximum of 4 weeks to search for employment during a 1 year period (October through September).

Your Responsibilities:

- You cannot change your child's care provider until you talk with us. We must tell the provider that you are changing child care facilities, and make sure the parent fee is paid in full.
- You must tell us **and** the child care provider when you change your address, your telephone number, where to contact you in an emergency, or if your child care schedule changes.
- You must report these changes to us within 10 business days from when it happens. If you do not report changes, your child care services will end.
 - A new job, a lost job, or a change in job
 - A pay raise or other new income
 - Family changes such as marital status, additional children, etc.
 - Loss of TANF benefits
 - A change in school or training
 - Any other change in your life, which could change your eligibility
- **JOB LOSS:** You must contact us within 10 business days from the date of job loss in order to be eligible for child care during that time. Please contact your nearest Workforce Solutions Center for assistance in locating employment.
- You must recertify your case information with us, showing that your family continues to be eligible for assistance.



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Frequently Asked Questions

1. Who qualifies for Child Care Assistance?

- ✓ *Anyone living in Dallas County meeting the income requirements and working, attending school or enrolled in a training program or doing a combination of both for at least 25 hours a week can qualify for Child Care Assistance.*

2. How do I apply?

- ✓ *You have several options to be able to apply for services. You can apply online at www.childcaregroup.org or by contacting the customer service department at 214.630.5949.*

3. What does the total number of persons in my household include?

- ✓ *The number of persons in your household includes yourself and your dependents under the age of 18 or dependents that you have legal custody of that are attending school, your spouse, or the other father or mother of the children.*
 - **Note: A dependent can be defined as anyone that you are legally able to claim on your tax return.**

4. How do I choose the right child care?

- ✓ *We are a provider choice program where parents have the option to choose their own provider. You can refer to the Consumer Guide brochure located in your packet for more information. If you would like assistance in choosing a provider, please visit www.GetchildcareNow.com or http://www.dfps.state.tx.us/Child_Care/About_Child_Care_Licensing/. You can also call 2-1-1 for further information. **Please keep in mind a provider must be licensed or registered with the State of Texas or can be an eligible family member.***

5. If I am eligible for Child Care Assistance, will I have to pay part of the child care costs myself?

- ✓ *Yes, depending on your monthly employment income before taxes (gross amount including commission pay, tips, incentive pay, overtime, etc.) and total household income which may include but is not limited to: Child Support, TANF, Social Security, etc. as well as your family size. You will be responsible for your parent share of cost also known as your co-payment.*

6. How is my co-payment determined?

- ✓ *Your monthly amount is determined by your monthly employment income before taxes (gross amount, including commission pay, tips and overtime) and total household income which may include but is not limited to: Child Support, TANF, Social Security, etc. as well as your family size and number of children receiving care.*

7. If I get paid in cash and I don't receive pay stubs from my job what documents would I need to send in?

- ✓ *If you get paid in cash, you would need to send in supporting documents such as receipts from your employer showing your hours worked, your total employment income before taxes (gross amount), and/or tax documents, or copies of cancelled checks.*

For more information and for more Frequently Asked Questions, please visit our website at www.childcaregroup.org or call Customer Service at 214-630-5949



ChildCareGroup

Frequently Asked Questions

8. **I heard that you must establish paternity and working on getting child support, is this true?**
- ✓ Yes. *One of the requirements to be able to receive assistance is that you must be actively seeking child support for all of your children living in your household under the age of 18. You must have an open case with the Attorney General's Office or an Informal Child Support agreement with the non-custodial parent if they are consistently contributing to the welfare of the child(ren).*
 - **Note: Child Support does not have to be a monetary amount; it can be any contribution that the non-custodial parent is providing for the welfare of the child.**
9. **The public school that my children attend is closed and I am unable to get the PRA - School Attendance form filled out for my child. What documents may I submit to prove they are meeting the requirement for attendance?**
- ✓ *If you are unable to have the School Attendance form filled out by an administrator at your children's school, you can submit a recent report card.*
10. **I am having trouble paying my co-payment, are there options available to assist me?**
- ✓ *Fee reductions are available for unexpected expenses. You will need to provide receipts, invoices, or other documents to support your unexpected expense and an Eligibility Specialist will determine approval.*
11. **I lost my job but I am currently looking for work. Would I still be eligible to receive assistance?**
- ✓ *You must report your job loss within 10 business days of the last day of employment. We offer child care assistance while seeking employment for a short term temporary time if you are eligible. The Eligibility Specialist can discuss your specific needs. For more information, please contact customer service at 214-630-5949 or e-mail us at www.childcaregroup.org.*
12. **I am about to have a new baby! Do I need to report my new baby before or after I go on maternity leave from my job?**
- ✓ *You will need to report your change-when you go on Maternity Leave within 10 business days of last day you attended work to request a Maternity Leave. We offer 60 days for a medical leave but you must send in medical documents from your doctor and your employer verifying dates of your absence and that you will have a job to return to.*
13. **I am unhappy with my child care provider. Can I take them to another center or choose another provider?**
- ✓ *Yes but you will need to contact Customer Service first to assess the situation. Transfers are done at the beginning of the month between the 1st and the 10th. You must also be current with your co-pay amount owed to your provider. If there is a health or safety issue, or if you move, the transfer can be done immediately. Care **MUST** be authorized by Child Care Assistance before children can begin care with a new provider.*

For more information and for more Frequently Asked Questions, please visit our website at www.childcaregroup.org or call Customer Service at 214-630-5949

Program Referral Name: _____

Please fax to CCA @ 214.688.4436 or mail to 8585 N. Stemmons Frwy, Suite 600 South, Dallas, Texas 75247

Parent or Caretaker Info:

Last Name		First Name		MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male	
Date of Birth: / /		Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed					
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native					
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Other					
Are you a Foster Parent or CPS Caretaker? <input type="radio"/> Yes <input type="radio"/> No		Language spoken in the household:					
Are you a former Foster child? <input type="radio"/> Yes <input type="radio"/> No							
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No					
Physical Address				Apt #	City/State/Zip		
Mailing Address (if different than above)				Apt #	City/State/Zip		
Home Phone			Cell Phone		E-Mail Address:		
Current Employer:				Current School/Training:			
Address:				Address:			
City/State/Zip:				City/State/Zip:			
Work Phone:		Ext:		Hours:			
Hours Working per Week:		Hourly Pay Rate (required): \$		Date of Enrollment:			
Date of Hire: / /		Training/Certification Degree you are pursuing:					
Pay Frequency: <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly							
Other Monthly Income:		Tips \$	Unemployment \$	Overtime \$	Bonuses \$	Workman's Comp \$	
		Commission \$	Other \$				

Second Parent Info (Only if living within the same household) or Additional Employment Information:

Last Name		First Name		MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male	
Date of Birth: / /		Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed					
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native					
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No					
Current Employer:				Current School/Training:			
Address:				Address:			
City/State/Zip:				City/State/Zip:			
Work Phone:		Ext:		Hours:			
Hours Working per Week:		Hourly Pay Rate (required): \$		Date of Enrollment:			
Date of Hire: / /		Training/Certification Degree you are pursuing:					
Pay Frequency: <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly							
Other Monthly Income:		Tips \$	Unemployment \$	Overtime \$	Bonuses \$	Workman's Comp \$	
		Commission \$	Other \$				

Do you or the second parent receive any of the following?

Food Stamps:	<input type="radio"/> Yes <input type="radio"/> No	Housing Assistance:	<input type="radio"/> Yes <input type="radio"/> No
Child Support:	<input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	Social Security :	<input type="radio"/> Yes <input type="radio"/> No
SSI:	<input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	SSI for whom?	
TANF:	<input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	TANF for whom?	

PLEASE RESPOND: Should you be eligible for services, you will be asked to renew your information on file with us in 3 months. At that time, you will be required to prove that you are actively seeking child support for all of your children living in household under the age of 18. **Do you agree to meet this requirement?** Yes No

Note: THIS FORM MUST BE COMPLETE; failure to do so will DELAY OR DENY ASSISTANCE.

FORM MUST BE COMPLETE; failure to do so will delay your determination for eligibility and assistance may be DISCONTINUED OR DENIED.

Information Regarding Each Child Needing Care:

1. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

2. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

3. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

4. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

Note: If you have additional children who need child care assistance, please complete the following page and return with your form.

Other Members of Household - children who do not need care or any individuals who you claim as a dependent for Income Tax purposes.

1. Last Name	First Name	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown			

2. Last Name	First Name	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown			

Total Number of Persons in Household:

What is the TOTAL NUMBER OF PERSONS living in the household (this includes parent/caretaker, spouse, all children, and any other dependent persons)?

Certification:

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 entitled to be notified about my eligibility for services within 20 calendar days from the date of this application; (3) I, or my representative, may appeal denial, reduction, or termination of services; (4) services will be provided without regard to sex, race, creed, color, national origin, or disability; (5) the information on this application is confidential; (6) By signing this form, I am applying for services from **Workforce Solutions or their child care contractor**. 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 listed for identification and verification of Social Security benefits and income.

All information provided represents a complete and accurate statement of my family's circumstances at the time of application. I agree to report any changes to this information within 10 business days of the change.

Parent or Caretaker Signature: Date:

OFFICE USE ONLY

CCA Employees: Complete the information below or complete the Automated Case Data in the computer system.

Group Code: # of children in care:	Family Size: Monthly Parent Fee:	Total Income:	Elig Dates:	Days in Care:
ELIGIBILITY SPECIALIST SIGNATURE: <input type="text"/>		DATE: <input type="text"/>		

Please fax to CCA @ 214.688.4436 or mail to 8585 N. Stemmons Frwy, Suite 600 South, Dallas Texas 75247

FORM ADDENDUM:

PLEASE COMPLETE if you have need additional space.

Applicant Name:

Information Regarding Each Child Needing Care (children over 13 years of age are typically not eligible for assistance):

1. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
2. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
3. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
4. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
5. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
6. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
7. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		
8. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

Parent Acknowledgement of Rights and Responsibilities For Child Care Services

Parent Name (Print Name Here):	Social Security # or Case #:
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Please read the information on this page carefully. Before you sign this form, please read the enclosed document "Parents Guide to Child Care Services", to help you understand your rights and responsibilities while receiving child care services through Child Care Assistance (CCA). **Understand that this is temporary funding and can end at anytime if you become ineligible or funding has been exhausted.**

"I acknowledge the following by my signature located on the bottom of this page."

Work/Training/Education:

- I understand that I am able to get child care so that I can work, go to school, or be in job training classes. I cannot get child care if I am not working, going to school, or in job training classes for at least 25 hours a week for a single parent household, and 50 hours a week for a two parent household.
- If I am no longer working, no longer in school, or no longer in job training classes, for the required number of hours, I will notify you within 10 business days of the change.
- I understand that I am only eligible for a total of 4 weeks of job search activity every year (October to September) (non-applicable for CPS and workforce center customers).

Family/Income:

- I understand that I qualify for child care based on my family's income or size. If my family's income or size changes, I will notify you within 10 business days of the change. This includes all income such as overtime, bonuses, incentive pay, commission, or an increase in child support or other non-employment income. If I get married, I must report this to you within 10 business days.
- I understand that it may be considered stealing child care services if I continue to receive child care and I do not notify you within 10 business days of any changes in my work, training, or education status; my income; benefits; family; or marital status. I understand that if I fail to notify you within 10 business days as I'm supposed to, criminal charges may be filed against me with the district attorney or county attorney, child care will be terminated, and I will have to repay the amount owed. **These consequences apply to a failure to report any of the changes in status discussed above.**

My Rights and Responsibilities:

- I understand that parent fees must be paid in advance, and failure to pay the required amount will result in the denial of my child care assistance.
- I understand that I am responsible for returning all necessary documents to determine eligibility timely or child care services will be denied.
- I have the right to be represented when applying for child care services.
- I understand that I have the right to receive child care regardless of race, creed, color, national origin, age, sex, disability, political beliefs, or religion.
- I understand that information regarding my case is confidential.
- I understand that I have the right to appeal a termination decision (non CPS, and workforce center customers), **unless it is time limited funding.**
- I understand my responsibilities related to child support, substance abuse, and school attendance of my child/children.
- I understand that my child/children are only allowed child care absences for a period not to exceed 30 days per enrollment year.

Child Care:

- I was given information regarding different types of child care programs.
- I understand I have the right to receive assistance in choosing initial or additional child care referrals.
- I understand that I have the right to visit child care programs before making my choice.
- I was allowed to choose the child care provider of my choice (Not applicable for CPS in-home cases).

Parent Signature

Date

ChildCareGroup Representative

Date

**PARENT AGREEMENT FOR USE OF THE
CHILD CARE AUTOMATED ATTENDANCE CARD**

As a requirement for receiving child care services, I agree to the following:

- I understand that use of the Child Care Automated Attendance card (attendance card) is mandatory.
- I must use the attendance card to report attendance and absences.
- If I do not report attendance or absences using the attendance card:
 - my child care services may be terminated; and
 - I may be responsible for paying my provider.
- I can designate up to three individuals as secondary cardholders to report attendance and absences on my behalf.
- The secondary cardholder must be at least 18 years old, unless the individual is the child's parent.
- I must not designate the owner or director of the child care facility as a secondary cardholder.
- I am responsible for any misuse of the attendance card by any secondary cardholder.
- I am responsible for informing any secondary cardholders of these requirements and their responsibility for using the attendance card.

I also understand that my child care services can be terminated if I or the secondary cardholder:

- gives the attendance card to someone else—including the child care provider; or
- gives the personal identification number to someone else.

I acknowledge that I have read and agreed to this parent agreement, and all of my questions about this agreement have been answered:

Parent/Caretaker (Please Print):

Last Name:

First Name:

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 hot line at (800) 252-3642.



ChildCareGroup

Authorization for Release of Information

8585 N. Stemmons Frwy, Suite 600 South
Dallas, Texas 75247

I, **(print parent name here)** _____, and **(print spouse/significant other name here, if applicable)** _____, authorize the release of information requested by ChildCareGroup. The requested information will only be used in the administration of the Child Care Subsidy Program and will not be released to any person or agency other than ChildCareGroup, Texas Workforce Commission, and Workforce Solutions without my consent. This release of information will be in effect while I am an applicant or recipient of Child Care Assistance and for any later investigations pertaining to my eligibility and program benefits.

Persons or organizations that may be contacted include, but are not limited to, former and current employers, landlords, school authorities, Social Security Administration, financial institutions, public assistance program contractors and grantees.

Parent Signature

Date

Spouse/Significant Other Signature

Date

Case No.

IMPORTANT

Child Support Information

ChildCareGroup no longer has access to the Office of the Attorney General Web Portal, which allowed our agency to verify your formal child support cooperation on your behalf.

Eligibility requirements state that in order for you to be eligible for services you must prove that you are actively seeking child support (formal or informal agreements) for all of your children living in your household under the age of 18. It will be your responsibility to provide verification of compliance with this requirement in order to be considered eligible for child care assistance.

If you do not have an informal arrangement with the non-custodial parent, you must:

- Locate an office near you, apply online, or utilize the interactive child support portal for existing cases. Please go online at www.oag.state.tx.us. Verification of the application or payment history will be required by CCA in order for services to be authorized or re-authorized.

*Please attach your child support verification
here and return to CCA.*

Parent Responsibility Agreement Informal Child Support Form

Parent Name (Print Name Here):	Social Security # or Case #:
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State law requires that any family receiving child care assistance comply with the Parent Responsibility Agreement. This Agreement includes receiving child support for **each individual child**. **Failure to comply with this requirement will result in termination of services.**

When to use this form: **This form is to be used ONLY in the event that there is an informal child support arrangement between the custodial and non-custodial parent(s)**, not filed with the Attorney General’s office or private child support agency.

***Please Note:** Child Support does not have to be a monetary amount; it can be any contribution that the non-custodial parent is providing for the welfare of the child.*

Who completes this form: This form is to be completed by the parent NOT living in the household, the non-custodial parent.

IMPORTANT: If the children in the household have informal arrangements with different non-custodial parents, we need verification of support *for each child*.

Please make copies of this form for each child’s non-custodial parent to complete and sign. Child care assistance will be terminated or denied if we do not receive this documentation on each child.

Name of custodial parent (first, last): _____
 Name of non-custodial parent (first, last): _____

Please include informal cash support payments, and/or other assistance used for child’s current living costs.

Child Name (First, Last Name)	Amount of Monthly Financial Support (\$)	Non-Financial Support

SIGNATURES

Custodial Parent Signature Date

Non-Custodial Parent Signature Date

Income Verification Documents

IF YOU OR YOUR SPOUSE IS WORKING, WE MUST HAVE RECENT CHECK STUBS (dated within the last 30 days) TO DETERMINE ELIGIBILITY.

“What if my pay or hours vary?”

ANSWER: If your pay or hours vary, please send in 3 current check stubs so we can average your pay information. Also, the check stubs **MUST** have your name on it. No exceptions!

“What if I started a new job or I’m paid in cash and do not have a check stub?”

ANSWER: If you are paid in cash or if you’ve started a new job and haven’t received your first paycheck yet, we must have a signed letter from your supervisor on company letterhead detailing your name, your rate of pay and work hours. If paid in cash, we recommend that you purchase a receipt book and track your income. We will accept copies of receipts.

“What if I’m self-employed and do not have a check stub?”

ANSWER: If you are self-employed and do not have a check stub, we must have a copy of your latest 1040 Schedule C Tax Return **AND** ledgers, receipts, and accounting records that detail your profit and expenses.

**ATTACH YOUR WORK
DOCUMENTS TO THIS FORM**

(Please attach all work verification documents for every person working)

Work Schedule Verification Form
(To be completed by employer)
Formulario de Verificación de Trabajo
(para ser completado por el empleador)

Parent Name (Print Name Here): Nombre del Padre (Imprima el nombre aqui):	Social Security # or Case #: # de Seguro Social o # de Caso:
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Note to employer: Your employee is applying for or is currently receiving Child Care Assistance with ChildCareGroup. To determine eligibility, we must receive a detailed summary of working hours. Please complete the following information:

Nota para el empleador: Su empleado esta solicitando o actualmente recibe Asistencia para el Cuidado Infantil de ChildCareGroup. Para determinar su elegibilidad, debemos recibir un resumen detallado de las horas laborales. Este formulario se utiliza únicamente para verificar horario y las horas a base de necesidades para el cuidado infantil. Por favor complete la siguiente información:

Employee Name:

Nombre del Empleado: _____

TO BE COMPLETED BY EMPLOYER/ PARA SER COMPLETADO POR EL EMPLEADOR:

Company Name:

Nombre de la Compañía: _____

Company Address:

Dirección de la Compañía: _____

Rate of Pay:

Tasa de Pago: _____

Total Hours Working Per Week:

Total de horas por Semana laborales: _____

Date of Hire:

Fecha de Contratación: _____

Has this employee had a recent reduction in work hours?

YES/SI

NO

¿Este empleado tenía una reciente reducción en las horas de trabajo?

If yes, please explain the reason for the reduction:

Si la respuesta es si, explique la razon de la reducción:

Please indicate the shift hours for the employee listed (ex: Monday 9am – 5pm):

Por favor indique las horas que el empleado trabaja para cada día mencionado (ejemplo: Lunes de 9am – 5pm):

Monday/Lunes: _____

Friday/Viernes _____

Tuesday/Martes: _____

Saturday/Sábado: _____

Wednesday/Miércoles _____

Sunday/Domingo _____

Thursday/Jueves: _____

Does this schedule vary?

YES/SI

NO

If yes, please explain in detail:

¿Varía este horario?
con detalles:

Si la respuesta es si, explique

SIGNATURE (MUST BE SIGNED BY EMPLOYER)/ FIRMA (DEBE SER FIRMADO POR EL EMPLEADOR)

Person Completing This Form (Please Print):

Persona completando este formulario (porfavor imprima)

Title & Phone #/Cargo y N° de teléfono:

Signature/Firma

Date/Fecha

Parent Name (Print Name Here): Nombre del Padre (Imprima el nombre aqui):	Social Security # or Case #: # de Seguro Social o # de Caso:
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This is only to be completed if you are enrolled in a school or training program.

Este documento se completa sólo en caso de inscripción en un programa de estudios/formación.

Student Name:

Nombre del Estudiante:

**TO BE COMPLETED BY SCHOOL OR TRAINING INSTITUTION:
PARA SER COMPLETADO POR LA INSTITUCIÓN DE ESTUDIOS O FORMACIÓN:**

Note to training institution: Your student is applying for or is currently receiving Child Care Assistance with ChildCareGroup. To determine eligibility, we must receive a detailed summary of working hours or class schedule. Please complete the following information

Nota para la institución de Formación: Su estudiante esta solicitando o actualmente recibe Asistencia para el Cuidado Infantil de ChildCareGroup. Para determinar su elegibilidad, debemos recibir un resumen detallado de las horas laborales o el horario de clases. Por favor complete la siguiente información.

Training Institution Name: Nombre de la institución:	
Address: Dirección:	
Date of Enrollment: Fecha de inscripción:	
Semester End Date:	
Graduation Date: Fecha de Finalización:	

Please indicate the student's class schedule for each day listed (ex: Monday 8-10am; 12 – 2pm)
Por favor indique el horario de clases del estudiante para cada día mencionado (ejemplo: Lunes 8-10am; 12 – 2pm)

Monday/Lunes:	_____	Tuesday/Martes:	_____
Wednesday/Miércoles:	_____	Thursday/Jueves	_____
Friday/Viernes	_____	Saturday/ Sábado:	_____
Sunday/Domingo:	_____		

Does individual attend school regularly, and working toward successful completion?

¿La persona asiste regularmente a clases o al trabajo para lograr finalizar el programa con éxito?

YES/SI NO If no, please explain (comment is optional):

Si no, por favor explique (comentario es opcional):

Certificate or Degree student is pursuing:

Título que el estudiante está llevando a cabo:

**SIGNATURE (MUST BE SIGNED BY SCHOOL OR TRAINING INSTITUTION)
FIRMA (DEBE ESTAR FIRMADO POR INSTITUCIÓN DE ESTUDIOS/ FORMACIÓN)**

Person Completing This Form (Please Print)
Persona completando este formulario (Porfavor imprima)

Title & Phone #
Cargo y N° de teléfono

Signature/Firma

Date/Fecha

**Parent Responsibility Agreement
Substance Abuse Document**

Parent Name (Print Name Here):	Social Security # or Case #:
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State laws require that a family receiving assistance abide by the Parent Responsibility Agreement.

As a parent/guardian, I understand that in order to receive and continue Child Care Services I must:

- **Not use, sell, or possess marijuana or a controlled substance, or abuse alcohol; and**
- **By signing below, I am agreeing that I will comply with these government requirements.**

Self-Declaration

Custodial Parent

1. I have used, sold, or possessed marijuana or other controlled substance, in the last 12 months.	YES	NO
If "yes," I am currently in or have completed a drug rehabilitation program in the last year and have attached documentation from the program.	YES	NO
2. I have abused alcohol in the last 12 months.	YES	NO
If "yes," I am currently in or have completed a drug rehabilitation program in the last year and have attached documentation from the program.	YES	NO

Note: Two Parent Households – both parents need to sign and date the form.

Mother Name (Print)

Mother Signature

Date

Father Name (Print)

Father Signature

Date

Citizenship/Age Verification Documents

IN ORDER TO BE ELIGIBLE FOR SERVICES, EACH CHILD RECEIVING CHILD CARE ASSISTANCE MUST BE A CITIZEN OF THE UNITED STATES.

“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.

“What should I send in that would verify the citizenship?”

ANSWER: We will accept the following:

- Birth Certificate
- U.S. Passport
- Hospital or public health birth record (Must be an official document)
- Church or Baptismal record
- Temporary Assistance for Needy Families (TANF), food stamp benefits, Medicaid, or other related public assistance records

“What if I do not have anything to verify the citizenship?”

ANSWER: Child care assistance can not be authorized or re-authorized.

**ATTACH YOUR CITIZENSHIP
AND AGE VERIFICATION
DOCUMENTS TO THIS FORM**

(Please attach all citizenship and age verification documents for every child receiving assistance)