

Killeen Office:
300 Cheyenne Drive
Killeen TX 76542

**Workforce Solutions of Central Texas
Child Care Services Application**

Temple Office:
201 Santa Fe Way Suite 201
Temple TX 76502

Phone Number: 254-200-2009 / Fax Number: 844-273-4579

Phone Number: 254-742-4461 / Fax Number: 844-273-4579

You must complete the information requested and return a completed application; failure to do so will delay your determination for eligibility and assistance may be discontinued or denied. All documents must be completed in Blue or Black ink only, no colored ink or pencils. No White-Out used for correction. Please print legibly.

CHECKLIST

Please use this checklist as a guide when completing your child care services application. All required documentation must be submitted at time of application in order for it to be accepted.

- New Application
 Review

Due date: _____
End date: _____

Parent/Caretaker Name: _____

TWIST ID: _____

Family Income (all that applies)	<input type="checkbox"/> Paystub (3 months of gross wages and income) <input type="checkbox"/> Employment/Income Verification form <input type="checkbox"/> Daycare employee letter (if employed by a daycare) <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Alimony/Maintenance Payments <input type="checkbox"/> Workers Compensation <input type="checkbox"/> SSDI payments <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C)	<input type="checkbox"/> Self-employment verification form <input type="checkbox"/> IRS form 1099 <input type="checkbox"/> Family or business financial records <input type="checkbox"/> Rental Income <input type="checkbox"/> IRS form 1099-DIV, -INT for dividends or interest <input type="checkbox"/> Capital Gains <input type="checkbox"/> Income from Estate or Trust funds <input type="checkbox"/> Lottery winnings <input type="checkbox"/> Other
Proof of Residence (only 1 needed)	<input type="checkbox"/> Copy of current utility bill <input type="checkbox"/> Pay stub (if address is printed on stub) <input type="checkbox"/> Rent receipt (showing current address) <input type="checkbox"/> Lease agreement <input type="checkbox"/> Mortgage statement <input type="checkbox"/> Section 8 award letter	<input type="checkbox"/> Homelessness determination-Residency Information form <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> Other
Proof of identity for household members not needing services (only 1 needed per person)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Cards (optional) <input type="checkbox"/> US passport <input type="checkbox"/> Valid Driver's License – or – State issued photo ID	<input type="checkbox"/> Naturalization certification <input type="checkbox"/> Immigration form I-551 (“green card”) <input type="checkbox"/> Other
Training/Education program documents (all that applies)	<input type="checkbox"/> Class schedule <input type="checkbox"/> Transcripts <input type="checkbox"/> Degree plan	<input type="checkbox"/> Enrollment agreement <input type="checkbox"/> Training or Education Verification Form <input type="checkbox"/> Other
Other Supporting Documents	<input type="checkbox"/> DD-214 (needed to receive priority placement) <input type="checkbox"/> Copy of divorce decree <input type="checkbox"/> Copy of Court Order Visitation document (if applicable) <input type="checkbox"/> If separated from spouse: proof of separate households for both – rental lease or mortgage and a utility bill <input type="checkbox"/> If separated and your spouse is an active duty military member – a letter from the company commander verifying the military member's living status. The separation must not be due to geographical reasons. <input type="checkbox"/> Proof of spouses incarceration	

Complete and accepted

Incomplete and not accepted

Parent or Caretaker Signature

Date

CCS Staff

Date

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Parent or Caretaker Information

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Marital Status: <input type="radio"/> Single / Never been married <input type="radio"/> Married <input type="radio"/> Common Law <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Spouse incarcerated		
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"/> Native American/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Are you a veteran or a spouse of a qualified veteran? <input type="radio"/> Yes <input type="radio"/> No				
Primary language spoken at home: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____				
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 towards your GED? <input type="radio"/> Yes <input type="radio"/> No				
Are you a current or former foster care youth and currently between the ages of 14-22? <input type="radio"/> Yes <input type="radio"/> No				
Do you have a college degree? <input type="radio"/> Yes <input type="radio"/> No → If yes, <input type="radio"/> Associate <input type="radio"/> Bachelor <input type="radio"/> Masters Field of study:				
Are you working? <input type="radio"/> Yes <input type="radio"/> No Place of employment:		Are you in a training / education institution? <input type="radio"/> Yes <input type="radio"/> No Name of training / education institution:		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

Physical Address	Apt #	City	State	Zip code
Mailing Address (if different than above)	Apt #	City	State	Zip code
Primary Telephone #	Alternate Telephone #	E-mail address		

Spouse or Significant Other Info (ONLY if living in the same household)

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Marital Status: <input type="radio"/> Single / Never been married <input type="radio"/> Married <input type="radio"/> Common Law <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Spouse incarcerated		
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"/> Native American/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Are you a veteran or a spouse of a qualified veteran? <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 towards your GED? <input type="radio"/> Yes <input type="radio"/> No				
Are you a current or former foster care youth and currently between the ages of 14-22? <input type="radio"/> Yes <input type="radio"/> No				
Do you have a college degree? <input type="radio"/> Yes <input type="radio"/> No → If yes, <input type="radio"/> Associate <input type="radio"/> Bachelor <input type="radio"/> Masters Field of study:				
Are you working? <input type="radio"/> Yes <input type="radio"/> No Place of employment:		Are you in a training / education institution? <input type="radio"/> Yes <input type="radio"/> No Name of training / education institution:		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

Total number in household (include all dependents):	
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Basic Eligibility for Child Care Services

Information Regarding Each Child Needing Care (attach an additional page for each child who requires care):

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caregiver: <input type="radio"/> Son/Daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other If relationship is not son or daughter, do you have legal custody or proof of custody for this child? <input type="radio"/> Yes <input type="radio"/> No		
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"/> Native American/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Does this child have a disability? <input type="radio"/> Yes <input type="radio"/> No		Type of care needed: <input type="radio"/> Full day <input type="radio"/> Part day or <input type="radio"/> Blended care (Before & After school with Full day summers and holidays)		
If yes, please list disability:				
Is this child attending school? <input type="radio"/> Yes <input type="radio"/> No → If no, when will the child start?				
Is this a child of a qualified veteran or spouse? <input type="radio"/> Yes <input type="radio"/> No				
Is this a child of a foster youth (currently between the ages of 14-22)? <input type="radio"/> Yes <input type="radio"/> No				
Is this a child of a teen parent (currently attending high school)? <input type="radio"/> Yes <input type="radio"/> No				
Is this a child of a parent on military deployment? <input type="radio"/> Yes <input type="radio"/> No				
Is this a child experiencing homelessness? <input type="radio"/> Yes <input type="radio"/> No				
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

To receive services, all children must meet the following eligibility criteria. Supporting documentation for the child's age, citizenship/immigration status must be submitted. One document from each list is sufficient to meet documentation requirements for the particular eligibility criteria. Complete this section for each child who requires care.

CHILD ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Child's Age (under 13; under 19 if disabled)	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Current U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Church or baptismal record <input type="checkbox"/> Public assistance / social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Adoption papers or records <input type="checkbox"/> Child support paternity records <input type="checkbox"/> Divorce or court custody decrees
<input type="checkbox"/> Child's Citizenship / Immigration Status	Citizenship: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Current U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Church or baptismal record <input type="checkbox"/> Public assistance / social service records Legal Immigrant / Qualified Alien: <input type="checkbox"/> Immigration form I-551 ("green card") <input type="checkbox"/> Immigration form I-94, stamped with applicable rule citation <input type="checkbox"/> Immigration form I-571 (Refugee Travel Document) <input type="checkbox"/> Order from immigration judge <input type="checkbox"/> Cuban / Haitian passport showing 501 (e) <input type="checkbox"/> USCIS petition and supporting documents
<input type="checkbox"/> Child with disabilities OR <input type="checkbox"/> Not applicable	<input type="checkbox"/> Supplemental Security Income (SSI) benefits statement <input type="checkbox"/> DARS Early Childhood Intervention program contact <input type="checkbox"/> Head Start contact that identifies the child as having a disability <input type="checkbox"/> Public school special education services, including PPCD, contact <input type="checkbox"/> Statement or letter from a qualified clinician

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Information on Other Members of Household

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caregiver: <input type="radio"/> Son/Daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other: (explain)		
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"/> Native American/Alaskan Native <input type="radio"/> Asian		
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caregiver: <input type="radio"/> Son/Daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other: (explain)		
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"/> Native American/Alaskan Native <input type="radio"/> Asian		
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caregiver: <input type="radio"/> Son/Daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other: (explain)		
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"/> Native American/Alaskan Native <input type="radio"/> Asian		
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caregiver: <input type="radio"/> Son/Daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other: (explain)		
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"/> Native American/Alaskan Native <input type="radio"/> Asian		
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

First Name	MI	Last Name	SSN (optional)	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /		Relationship to Parent/Caregiver: <input type="radio"/> Son/Daughter <input type="radio"/> Niece/Nephew <input type="radio"/> Other: (explain)		
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"/> Native American/Alaskan Native <input type="radio"/> Asian		
Do you claim this person as a dependent? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Unknown		
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Refugee <input type="radio"/> Permanent Resident/Alien <input type="radio"/> Other Eligible Non-Citizen				

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Information Regarding Total Household Income

Source of Monthly Income	Monthly Amount
Total Household Wages/Salaries from Employment	
Self-Employment Income	
Railroad retirement	
Interest/Dividends	
SSDI	
Other	

Source of Monthly Income	Monthly Amount
Alimony/Maintenance Payments	
Worker's Compensation	
Retirement	
Capital Gains/Losses	
Lottery Winnings	

Do your total family assets exceed \$1,000,000.00? Yes No

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 the application is complete;
3. I, or my representative, may appeal denial, reduction or termination of services;
4. services will be provided without regards 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 of Central Texas.
7. You must report the following within 14 days:
 - a. Changes in income or family size that would cost the family to exceed income eligibility for child care services
 - b. Permanent changes in work or attendance at a job training, or education program
 - c. Any change in family residence, primary phone number, or email (if available)

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that giving false information to Workforce Solutions of Central Texas (WSCT) can result in the denial and/or termination of child care services.

I give permission to WSCT to contact a third party to verify that all the information is true and accurate and will be used for identification of benefits and income. I release any and all parties providing information to WSCT from any liability associated with the release of such information. I understand that the information I provide is for determining my eligibility for child care services.

Parent or Caretaker Signature

Date

Spouse/Significant Other Signature

Date

This document contains vital information about requirements, rights, determinations and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

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TRAINING OR EDUCATION VERIFICATION FORM

Student Name: _____

TWIST ID: _____

NOTE TO TRAINING/EDUCATION INSTITUTION: This is your authorization to release the information concerning my training/education as required below. In order to establish eligibility for child care services, verification of enrollment is needed. Please complete this form as soon as possible as it is required before I, or a member of my family can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated. For questions, or to complete by phone, please contact:

Killeen Office at 254-200-2009 or Temple Office at 254-742-4443

Thank you,

Student signature

Date

Is student named above currently enrolled? Yes No

Training / Education Information				
School Name:				
Address:		City:	State:	Zip Code:
Phone Number:		Fax Number:		
Date of Enrollment:	Degree Plan/Training Plan			
Semester Start Date:	Anticipated Graduation/Completion Date:			
Hours Currently Enrolled or Credit hours:	Lab Hours:	Days of Scheduled Classes:		
Training/Education Institution Representative (print):	Title:	Phone number:		

High School / GED				
School Name:				
Address:		City:	State:	Zip Code:
Phone Number:		Fax Number:		
Date of Enrollment:	<input type="radio"/> High School Diploma <input type="radio"/> GED			
Has student attended school regularly meeting school attendance requirements and completing class Objectives for advancement to next level? <input type="radio"/> Yes <input type="radio"/> No		Anticipated Graduation/Completion Date:		
Hours Currently Enrolled:	Days of Scheduled Classes:			
High School / GED Representative (print):	Title:	Phone number:		

This information pertains to the student's eligibility for Child Care Services and is subject to validation against state and federal databases, in-person interviews, and/or submittal of additional supporting documentation. I acknowledge that this information is true and correct. I understand that a person who provides false or incorrect information for someone to obtain or attempt to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws.

Training/Education Institution Representative Signature

Date

For Office Use

Telephone verification completed by: _____ Date: _____

Representative Name, Title: _____ Phone: _____

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CHILD CARE SERVICES ATTENDANCE CARD

You are required to use the Child Care Automated Attendance (CCAA) card to report your child's attendance and absences. After you are enrolled in Child Care Services, you will automatically receive your card with instructions. Please allow 6-10 days to receive your primary card. Any additional card holder cards you request will follow. *Parents who are reapplying for services and already have a card can use the card at any child care center once they return to care. If you have any questions about the card please contact Child Care Services.*

To order your CCAA cards, please complete the information below, even if you already have a card. **PRINT legibly** the first and last name of each person you select, and be careful to provide the correct date of birth or the card holder will not be able to activate the card. Please check the appropriate box that applies to each card holder.

Primary card holder name: _____ Date of Birth: _____

Do you have your CCAA card? Yes No

You may choose up to three additional persons to pick up/drop off your children. Each person you elect will need their own card. The additional card holder must be at least 16 years of age and CANNOT be the owner, assistant director, or director of the daycare your child attends.

Additional Card Holder: Has Card Needs Card
• Name _____ Sex: Male Female
• Date of Birth _____ Relationship to you: _____

Additional Card Holder: Has Card Needs Card
• Name _____ Sex: Male Female
• Date of Birth _____ Relationship to you: _____

Additional Card Holder: Has Card Needs Card
• Name _____ Sex: Male Female
• Date of Birth _____ Relationship to you: _____

Primary card holder signature: _____ Date: _____

Mailing address: _____

Phone number: _____

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