



TEEN PARENT'S VERIFICATION OF SCHOOL ENROLLMENT/ATTENDANCE

The student listed below is receiving childcare services paid by the Workforce Solutions for Middle Rio Grande /CCPS. Please fill out this form to provide verification of the student's enrollment and attendance in your program.

STUDENT NAME: _____

DATES OF SCHOOL YEAR: _____

EXPECTED GRADUATION DATE: _____

HOURS/DAYS OF SCHEDULED CLASSES: _____

GRADE LEVEL: _____

Good Standing? Yes _____ No _____

This information is needed by: Child Care Provider Services-CCPS

Applicant/Client Release Signature _____ (please complete)

Signature and Title of Person Completing Form

Name of School

Address of School

Phone Number

Date

Authorization for release of client information

I, _____, hereby authorize the Workforce Solutions Child Care Services to release
(Teen Parent's Name)

and/to obtain confidential information to/from (please list the name(s) of the people you are authorizing

WFMRG-CCPS to release the information to) _____

(Teen Parent's Signature)

(Date)

05/18/17

Revised 09/21/18 effective 10/1/18 - MC

EQUAL OPPORTUNITY IS THE LAW

Middle Rio Grande Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service or (TDD) 1-800-735-2989/1-800-735-2988 (voice).



#CCPSF004

School or Training
Schedule Verification Form

(To be completed by School or Training Institution)

Case Name: _____

TWIST #: _____

Student Name: _____

Phone #: _____

Note to School or Training Institution: Your student is applying for or is currently receiving child care assistance from Workforce Solutions - Child Care Services. To determine their eligibility, we must receive a detailed summary of the student's class/training schedule and attach enrollment form. Please complete the following information:

School or Training Institution Name: _____

Address: _____

Student's Date of Enrollment: _____

Projected End Date: _____

Please indicate the student's class schedule for each day listed (ex: Monday 9am - 5pm)

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

Does individual attend school regularly, and are they working toward successful completion? Yes No
If no, please explain (comment is optional):

SIGNATURE (Must be signed by SCHOOL or TRAINING INSTITUTION)

Person completing this form (please print name) Title & Phone #

Signature Date

Authorization for release of client information

I, _____, hereby authorize the _____ to release and/to obtain confidential information to
(Parent's Name) (Name of School or Training Institution)

Workforce Solutions Child Care Services.

(Parent's Signature)

(Date)

Revised 09/21/18 effective 10/01/18 MC

EQUAL OPPORTUNITY IS THE LAW

**WORKFORCE SOLUTIONS MIDDLE RIO GRANDE
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

Workforce Solutions Middle Rio Grande Board
216 W Main ST
Uvalde, Texas 78801

Equal Opportunity (EO) Officer: Rosalind Lozano
Telephone Number: (830) 278-7507
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)

The Workforce Solutions Middle Rio Grande shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001

Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity, providing opportunities in, or treating any person with regard to, such a program or activity, or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

PROCEDURES ON HOW TO FILE A COMPLAINT

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. These filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Applicant Signature _____

Printed Name _____

Date _____

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM

Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)

September 2017

MIDDLE RIO GRANDE DEVELOPMENT COUNCIL
CHILD CARE PROVIDER SERVICES
CHILDREN WITH DISABILITIES
SCREENING PROCESS

#CCPSF009

CASE NAME: _____ DATE OF INTERVIEW _____

CHILD'S NAME _____ DATE OF BIRTH _____

The following series of questions need to be incorporated into your intake steps. By listening closely to the answers provided you may have greater success in identifying families with children with disabilities. (Please use the space provided to document the parent's response.)

1. Does your child attend a program for 3-year olds at you public elementary school?
Yes _____ No _____ If yes, please note that school district and a contact person.

School District: _____ Name: _____
Address: _____ Phone Number: _____

2. Has your child ever received Early Childhood Intervention (ECI) Services?
Yes _____ No _____ If yes, please note the name and address of the person assigned to the case. Name: _____ Address: _____
Phone Number: _____

3. Does your child have a special education or resource room teacher?
Yes _____ No _____ If yes, please note the name of the teacher and a phone number
Teacher's name: _____ Phone number: _____

4. Does your child receive Supplemental Security Income (SSI)? Yes _____ No _____

5. In your opinion, do you feel your child's physical and emotional abilities are at his/her age level? Yes _____ No _____ If no, please give a few brief examples.

6. Does your child receive services from any professional? Example: speech therapist, physical therapist, etc. Yes _____ No _____
Physician's name: _____ Phone number: _____
Address: _____ City, Town, & Zip Code: _____

7. Is your child taking any medication that has been prescribed by a physician for a long period of time?
Yes _____ No _____ if yes, please list the name, purpose of the medication, and how often the medication is administered. _____

If the child is an infant, please continue:

8. Does your baby:
*acknowledge sounds Yes _____ No _____
*reach for toys Yes _____ No _____
*walk or crawl Yes _____ No _____
*make sounds Yes _____ No _____
(cooing, single words, etc...)

Comments: 1 month old

Attached: () F6 () F7 () Parent Interview () Uniscope Confirmation, if SSI recipient

Client Services Specialist Date

Provider Management Specialist

Date

MIDDLE RIO GRANDE DEVELOPMENT COUNCIL
CHILD CARE PROVIDER SERVICES
CHILDREN WITH DISABILITIES
SCREENING PROCESS

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Teacher's name: _____ Phone number: _____

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(cooing, single words, etc...)

Comments: 1 month old

Attached: () F6 () F7 () Parent Interview () Uniscope Confirmation, if SSI recipient

Client Services Specialist Date

Provider Management Specialist

Date



Child Care Services CUSTOMER AWARENESS FORM

Work/Training/Education:

1. 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. If I am no longer working, no longer in school, or no longer in job training classes, for at least 25 hours a week, I will notify you within 14 calendar days of the change.

Family/Income:

2. I understand that once Child Care services have begun or continued, I must report any of the following changes within 14 calendar days:

- a loss of job, training, or education
- a change of address, email, or phone
- any changes to family size or income over the amount in the chart below for my family size.

Maximum Gross Income Eligibility for Child Care Services - Effective October 1, 2022			
Family Size	Weekly	Bi-Weekly	Bi-Monthly
1	\$1220	\$2440	\$5283
2	\$988	\$1975	\$4276
3	\$1452	\$2905	\$6289
4	\$1685	\$3370	\$7295
5	\$1917	\$3834	\$8301

Customer's initials X _____

False Information:

3. I understand that it may be considered fraud and criminal charges may be filed against me with the local prosecuting authority, child care may be terminated, and I may have to repay the amount owed for failure to report these changes.

I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions-Middle Rio Grande Development Council/MRGDC-WFB and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

Eligibility Validation:

4. I understand that information I provide to determine my eligibility is subject to validation through cross-checks against state and federal databases and that I may be asked to participate in face-to-face interviews and provide original documents to verify my identity and eligibility for child care services. I understand that it is my responsibility to report true and correct information to child care services within 14 calendar days. All my questions about reporting eligibility changes were answered before/when I signed and initialed this form.

Customer Name: _____

Customer Signature: _____
Date: _____

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Equal Opportunity Employer/Program

PARENT RIGHTS

#CCPSF007

You have the right to:

- Be informed of all child care options available to you and choose the type of child care provider (licensed center, licensed home, registered home, relative care) that best suits your needs
- Visit available child care providers before making a choice
- Receive assistance in choosing child care including information about the Board's policies regarding transferring children from one provider to another
- Be informed of rules related to providers charging parents the difference between the Board's reimbursement and the provider's published rate
- Be represented when applying for child care services
- Be notified of your eligibility to receive child care services within 20 calendar days from the day the Board's child care contractor receives all necessary documentation required to initially determine or re-determine eligibility for child care
- Have the Board and the Board's child care contractor treat information used to determine eligibility for child care services as confidential
- Receive written notification at least 15 calendar days before termination of child care services
- Reject an offer of child care services or voluntarily withdraw your child from child care, unless the child is in protective services and be informed of the possible consequences of rejecting or ending the child care that is offered
- Be informed of the eligibility documentation and reporting requirements (see Parent Agreement to report Child Care Attendance)
- Be informed of your right to appeal, reduction or termination of services, including the right to continue care during the appeal and the potential for repayment if the appeal is rendered against you.
- To have my information used to determine eligibility kept confidential.
- To receive services without regard to race, sex, color, national origin, age, political beliefs, religion, or disability.
- Be informed of the process to file a written complaint of alleged discriminatory acts within 180 calendar days from the date of the alleged discriminatory act.
- Be informed of possible consequences of rejecting or ending the child care that is offered.

I understand the requirements of the child care facility.

- I will meet the enrollment requirements of the child care facility.
- I will notify the provider when my child is going to be absent and tell the reason for the absence. I understand that my child's care will end if my child has more than 40 unexplained absences within a 12-month eligibility period.
- I will provide will provide information including health and immunization records, authorization to secure medical assistance, and parent contact information to be used in case of an emergency.
- I will be on time and honor the child care facilities starting and closing hours. I will pay any charges incurred if I am late picking up my child.
- I will report to TDFPS licensing office any possible violation of licensing standards within the child care facility.
- If I need child care on any of the provider's nine paid holidays, I will make and pay for my own arrangements.
- I will make other arrangements for payment of child care when I am no longer eligible for child care services.
- I release MRGDC CCPS contractor, the Board and TWC from any responsibility for the quality of the child care services my child may receive from the facility of my choosing.

By selecting a child care provider and entering into child care services, I acknowledge that I have read and understand the above information regarding Parent Rights.

Parent Signature

Date

Equal opportunity employer/program
Auxiliary aids and services available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice)

Revised 10/2016
Revised 2/01/2017
Revised 02/01/2018 -MC
Revised 08/01/2018 -MC
Revised 01/08/2019 - MC

The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud, call the fraud hotline at 800-252-3642.



Workforce Solutions Middle Rio Grande

PARENT AGREEMENT TO REPORT CHILD CARE ATTENDANCE

Effective as of April 1, 2021

As a requirement for my child to receive child care services, I understand and agree to the following:

I will ensure that my child attends child care on a regular basis and is expected to meet attendance standards for child care services which consist of the following:

- Five (5) consecutive absences will be reported to CCS by the child care provider. The child care provider will submit a provider absence report to CCS.
Each provider report will count toward the child's 40 absences limit.
Five consecutive days absences = one provider report
Eight provider reports = 40 absences limit
- I understand that if a child reaches forty (40) total absences during their current 12 month eligibility period, then the child's child care may be terminated.
- I understand that if care is terminated due to excessive unexplained absences, a mandatory waiting period of 60 calendar days must be observed before being eligible for placement or waitlisted.
- I understand, and I am informed that absences due to the child's documented chronic illness, disability, or court visitation (on file with CCS) are not counted in the number of absences allowed.

I acknowledge that I read, understand, and agree to the above information regarding the Parent Agreement to Report Child Care Attendance and received a copy for my records.

Parent Name

Date:

Parent Signature

Auxiliary aids and services available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice)

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Child Care Services

Employment/Income Verification

Employee Name: _____ TWIST id: _____

NOTE TO EMPLOYER: This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care services, verification of income actually received for the period _____ to _____ 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.

Thank you,

Date:

Signature of Employee

TO BE COMPLETED BY THE EMPLOYER

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Employed From: _____ / _____ / _____ to _____ / _____ / _____
Month/Day/Year Month/Day/Year Position: _____

Gross Pay (before deductions) per pay period: \$ _____ Average # of Hours Scheduled per Week: _____

Pay Frequency: Weekly Every Two Weeks Twice a Month Monthly

Typical Work Schedule (i.e., Monday – Friday 8-5:00): _____

Overtime Pay Frequency: Frequently Rarely Never Estimated Monthly Overtime Pay: _____

Does this Employee Receive Tips: Yes No Estimated Monthly Tip Income: _____

Does this Employee Receive Bonuses: Yes No Estimated Monthly Bonus Income: _____

Comments:

Name and Title of Employer Representative (PLEASE PRINT) _____

Signature of Employer Representative _____
Date _____

Pre-Assessment for Child Care Services 2

#CCPSF001

2nd Parent's Employment or Your SECOND Employment:		Work Schedule (ex. M-F 8am-5pm)	Work Phone:	Work start date:
Address:		Number of hours you work weekly:		
Hourly Pay Rate \$ _____	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	Other Income: <input type="checkbox"/> Tips \$ _____ <input type="checkbox"/> Bonuses \$ _____ <input type="checkbox"/> Commission \$ _____ /mo. <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Workman's Comp \$ _____ <input type="checkbox"/> SSDI \$ _____		
Name of School or Training Institution:		School Schedule (ex. M-F 8am-5pm)	Hours this semester:	School start date:
Area of Concentration / Major:				

Family Members (not previously listed)

Total number of people in your household including self and spouse or significant other: _____

1. Name:	Date of Birth:	SSN (voluntary/optional):	Relationship to you:
2. Name:	Date of Birth:	SSN (voluntary/optional):	Relationship to you:
3. Name:	Date of Birth:	SSN (voluntary/optional):	Relationship to you:

This Box must be checked off

Does your total family assets exceed \$1 million dollars?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Do You Receive Any of the Following? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> Other _____	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for child care services. I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority.

By signing this form, I understand that:

- (1) An individual who obtains or attempts to obtain, by fraudulent means, services to which the individual is not entitled may be prosecuted under applicable state and federal laws; and
- (2) I am applying for services from Workforce Solutions Middle Rio Grande Board and all information on this application represents a complete and accurate statement of my work, education, or training hours; household income; and family size at the time of submission.

Head of Household Signature: X _____	Date: X _____
--------------------------------------	---------------

Workforce Solutions MRG

Child Care Services

Pre-Application

Pre-Assessment for Child Care Services

1
#CCPSF001

Email: maria.reyes@mrgdc.org or Fax:830-773-1194

Direct line: 830-757-6108
Phone #1-800-888-9436 / 211

Case Information (Mother or Father)					
Name: Last, First, M		Date of Birth:	Social Security Number (voluntary/optional)	Sex:	Ethnicity:
Address:		Apt #:	City/State:	Zip Code:	Race:
Mailing Address (if different):				County:	
E-mail Address	Work Phone:	Cell Phone:	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
			<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Place of Employment:		Work schedule (ex. M-F 8am-5pm)	Hire Date:		
Address:		Number of hours you work weekly:			
Hourly Pay Rate:	Pay Frequency:	Other Income:			
\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Tips \$ _____			
	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Commission \$ _____/mo			
		<input type="checkbox"/> Workman's Comp \$ _____			
		<input type="checkbox"/> Bonuses \$ _____			
		<input type="checkbox"/> Unemployment \$ _____			
		<input type="checkbox"/> SSDI \$ _____			
Name of School or Training Institution:		School Schedule (ex. M-F 8am-5pm)	Hours this semester:	School start date:	
Area of Concentration / Major:					

Children Needing Care					
1. Name:		Date of Birth:	Social Security Number (voluntary/optional)	Sex:	Ethnicity:
		US Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race:	
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Relationship to you:	
If yes, list disability:		Name of School & Grade:			
2. Name:		Date of Birth:	Social Security Number (voluntary/optional)	Sex:	Ethnicity:
		US Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race:	
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Relationship to you:	
If yes, list disability:		Name of School & Grade:			
3. Name:		Date of Birth:	Social Security Number (voluntary/optional)	Sex:	Ethnicity:
		US Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race:	
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Relationship to you:	
If yes, list disability:		Name of School & Grade:			
4. Name:		Date of Birth:	Social Security Number (voluntary/optional)	Sex:	Ethnicity:
		US Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race:	
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Relationship to you:	
If yes, list disability:		Name of School & Grade:			
5. Name:		Date of Birth:	Social Security Number (voluntary/optional)	Sex:	Ethnicity:
		US Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race:	
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes		Relationship to you:	
If yes, list disability:		Name of School & Grade:			