



**CHILD CARE SERVICES**  
**2389 E. SAUNDERS ST., LAREDO, TEXAS 78041**  
**Phone: 956-794-1500 or Fax 956-794-1530**

**CLIENT PRE-ASSESSMENT FOR CHILD CARE SERVICES**

**CHECK APPLICABLE ACTIVITY(IES):**    Working    Training    High School    Post Secondary

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security #(OPTIONAL) \_\_\_\_\_

Address: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Marital Status:    Single    Married    Separated    Divorced    Widowed                      Zip Code \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_.com

**APPLICANT**

**SPOUSE**

Place of employment \_\_\_\_\_

Training/school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dept: \_\_\_\_\_

Days &    Monday    Tuesday    Wednesday    Thursday

Friday    Saturday    Sunday # days/week \_\_\_\_\_

Hours worked: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

# of hours per pay period \_\_\_\_\_ Hourly Rate:\$ \_\_\_\_\_

Paid:  Weekly    Bi-weekly    2 X/ Month    Monthly

Are you receiving any of the following Benefits:    Foodstamps    Housing Assistance    Financial Aid

Are the total family assets less than \$1 million?    Yes    No

**CHILD(REN) INFORMATION-** (To receive services child(ren) must be under 13 years of age or 19 if a child with a disability.)

NAME Include all household members	SOCIAL SECURITY # ***OPTIONAL***	DOB	AGE	Needs Child Care Services (Y/N)	Enrolled In School (Y / N )

NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_ HAVE YOU EVER RECEIVED CCS BEFORE?   YES   NO

**CHOICE OF PROVIDER:**    SELF ARRANGED W/ RELATIVE OR CENTER    CCS CONTRACT CENTER

NAME OF PROVIDER: \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE



WAIT LIST DATE: \_\_\_\_\_

TO REMAIN ON THE WAITLIST YOU MUST CALL EVERY 30 DAYS TO UPDATE YOUR APPLICATION.

**IN ORDER TO RECEIVE CHILD CARE SERVICES YOU MUST MEET THE FOLLOWING REQUIREMENTS:**

- ❖ PARENT(S) MUST BE WORKING, TRAINING OR ATTENDING SCHOOL AT LEAST 25 HOURS PER WEEK AND (MUST NOT HAVE RECEIVED FOUR YEARS OF CHILD CARE SERVICES FOR POST SECONDARY EDUCATION).
- ❖ FOR HOUSEHOLDS THAT HAVE A NONCUSTODIAL PARENT, THE CUSTODIAL PARENT SHALL COOPERATE WITH THE OFFICE OF THE ATTORNEY GENERAL TO ESTABLISH PATERNITY OF THE CHILD(REN) AND TO ENFORCE CHILD SUPPORT.
- ❖ EARN LESS THAN THE INCOME GUIDELINES SET BASED ON FAMILY SIZE (85% SMI).
- ❖ CHILDREN UNDER 13 YEARS OF AGE OR 19 YEARS OF AGE IF CHILD IS A CHILD WITH A DISABILITY.
- ❖ YOUR CHOICE OF CHILD CARE PROVIDER

**AND TO BRING ALL THE FOLLOWING DOCUMENTATION THAT PERTAINS TO YOUR CASE TO YOUR INTERVIEW:**

- ❖ PROOF OF RESIDENCE (Current Utility Bill)
- ❖ SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS **\*\*(OPTIONAL)\*\***
- ❖ BIRTH CERTIFICATES FOR CHILDREN THAT WILL RECEIVE SERVICES
- ❖ DOCUMENTATION FOR ALL HOUSEHOLD INCOME:
  - LAST FOUR 4 CHECKSTUBS IF EMPLOYED BY A COMPANY.
  - LAST TWO MONTHS OF INCOME /INVOICES AND EXPENSES/RECEIPTS IF SELF-EMPLOYED.
  - EMPLOYMENT/WAGE VERIFICATION FORMS FOR EMPLOYMENT OF LESS THAN TWO MONTHS.
- ❖ COOPERATION WITH THE OFFICE OF THE ATTORNEY GENERAL FOR HOUSEHOLDS WITH A NONCUSTODIAL PARENT
  - SEALED LETTER FROM THE OFFICE OF THE ATTORNEY GENERAL
  - IF CASE IS OPEN — PLEASE PROVIDE CIN (CLIENT IDENTIFICATION NUMBER)
- ❖ SCHOOL DOCUMENTATION
  - HIGH SCHOOL STUDENTS - SCHOOL REGISTRATION/CLASS SCHEDULE**
  - POST SECONDARY EDUCATION**
    - RECEIPT SHOWING CLASSES PAID IN FULL OFFICIAL TRANSCRIPT (MUST HAVE A 2.0 G.P.A. OR ABOVE)
    - DEGREE PLAN (CLASSES ENROLLED FOR MUST BE IN THE DEGREE PLAN)
  - SCHOOL-AGED CHILDREN - COPY OF THE MOST CURRENT REPORT CARDS**

IF YOU ARE CHOOSING A DAY CARE PLEASE CALL AHEAD OF TIME TO VERIFY SPACE AVAILABILITY FOR YOUR CHILD(REN) AT THE DAY CARE CENTER.

FOR SELF-ARRANGED CARE, BE SURE TO BRING IN YOUR PROVIDER AND HE/SHE WILL NEED TO SUPPLY US WITH A SOCIAL SECURITY CARD AND A VALID TEXAS ID OR DRIVER'S LICENSE. MUST BE LISTED PROVIDER WITH TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

**CHILD CARE SERVICES – 2389 E. SAUNDERS ST. – LAREDO, TX. 78041 – PH. 956-794-1500 – FAX 956-724-1530**

Workforce Solutions for South Texas is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.  
Relay Texas: (800)735-2989 (TDD) or (800)735-2988(Voice) or 711