

## Child Care Services Waitlist Application

**Please fill out the ENTIRE application & answer ALL questions.**

We cannot accept incomplete applications.  
Application must be signed and dated.

1406 Jacaman Road, Suite A  
Laredo, TX 78041  
Phone: 956-794-1500  
Fax us your document to:  
956-794-1530  
Or e-mail it to:  
ccs@southtexasworkforce.org

### Applicant (Parent/Guardian) Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Social Security Number (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female County where you live: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Parents must be participating in Training or Education or Employment Activities or Actively Seeking Employment (Initial Job Search)  
Select the one that applies to you \_\_\_ Training \_\_\_ Education \_\_\_ Employment Activities \_\_\_ Actively Seeking Employment (Initial Job Search)

- **Are you a Federal Qualified Veteran or Spouse?**  
 Yes  No
- **Are you or your Spouse deployed military?**  
 Yes  No
- **If you are under 21 years of age: Were you or are you currently a Foster Youth**  
 Yes  No  N/A
- **If you are under 19 years of age: Are you enrolled in high school or high school equivalency classes?**  
 Yes  No  N/A
- **Have you received TANF or SNAP in the past 30 days?**  
 Yes  No
- **Do you have assets totaling over \$1 Million?**  
 Yes  No
- **Does the child(ren) needing care, have a disability?**  
 Yes  No
- **Are you currently homeless?**  
 Yes  No  
If "Yes", please specify shelter/other: \_\_\_\_\_

Are you the biological parent of the child(ren)? \_\_\_ YES \_\_\_ NO

**Household Members Chart** (include only those that live in your household: children, each parent/guardian, step-parent, and adult dependents)

First and Last Name	Relationship to You	Date of Birth	Social Security # (optional)	Child Care Needed
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

(List additional household members on separate page and attach.)

Does each parent, step-parent, and adult dependent in the household work and/or go to school **at least 25 hours each week?**

**Yes No**

*If you do not answer this question, your application will be denied.*

Is the household income, before taxes, **less than** the income amount listed in this chart, for your household size?

**Yes No**

*If you do not answer this question, your application will be denied.*

Maximum Income Eligibility for Child Care Services  
October 1st, 2023

Family Size	Weekly	Bi-weekly	Twice a Month	Monthly
2	\$ 1,050.81	\$ 2,101.62	\$ 2,275.00	\$ 4,550.00
3	\$ 1,298.15	\$ 2,596.30	\$ 2,810.50	\$ 5,621.00
4	\$ 1,545.27	\$ 3,090.53	\$ 3,345.50	\$ 6,691.00
5	\$ 1,792.61	\$ 3,585.22	\$ 3,881.00	\$ 7,762.00
6	\$ 2,039.95	\$ 4,079.91	\$ 4,416.50	\$ 8,833.00
7	\$ 2,086.14	\$ 4,172.29	\$ 4,516.50	\$ 9,033.00
8	\$ 2,132.56	\$ 4,265.13	\$ 4,617.00	\$ 9,234.00

**\*\* PLACEMENT ON THE WAITLIST IS NOT A GUARANTEE OF SERVICES \*\***

*You are responsible for reporting and meeting requirements for all members in your household considered in determining your eligibility for child care services. By signing and dating below, you understand that all information on this application represents a complete and accurate statement of your family's circumstances at this time.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Deaf, hard-of-hearing and speech impaired customers may contact: Relay Texas (800) 735-2989 (TTY) or 711 (Voice).