



April 1, 2022

Dear Parent

Your request for Child Care Services (CCS) Thank you for your interest in the CCS program.

Please utilize the Enrollment Checklist to ensure you have all of the required documents turned in within 10 days. You will need to turn in all documents. This is very important since funds are limited.

Please provide information using via email ccs@southtexasworkforce.org, fax number 956-794-1530, drop off documents at the Workforce Solutions center, or upload your documents through your WorkInTexas profile.

Remember to include your preferred child care provider when submitting your documents.

If you have any questions or concerns, please feel free to contact us.

Sincerely,

Workforce Solutions for South Texas — Child Care Services

956-794-1500

1406 Jacaman Rd. Suite A Laredo, TX 78041 Phone: 956-794-1500 Fax: 956-794-1530 E-mail: ccs@southtexasworkforce.org

Page 1 of 2



Document Checklist for Child Care Eligibility

WHEN YOU ARE REMOVED FROM THE WAITLIST, YOU WILL NEED TO PROVIDE THE FOLLOWING DOCUMENTS TO CHILD CARE SERVICES WITHIN 5 DAYS

1) **Identification Information —for all adults in household:**

- _____ Photo ID of parent applying for Child Care Services (state issued photo ID)
- _____ Current Utility bill to determine residence in Jim Hogg, Webb or Zapata – OR –
- _____ Driver’s license with valid Jim Hogg, Webb or Zapata address

2) **Documentation for Age & Citizenship – all children in household (one of the following for each child)**

- _____ Birth Certificate (U.S. or its possessions)
- _____ U.S. Passport (must be current)
- _____ Hospital or public health record (U.S. or its possessions) signed by physicians
- _____ Church or Baptismal record (U.S. or its possessions)
- _____ Medicaid Card, or other related public assistance records

3) **Employment Income (For all household members who are working)**

_____ Last 90 days consecutive paychecks showing gross income and hours worked for all working adults in household over age of 13 (**Weekly Pay: 13 ck stubs, Biweekly Pay: 7 ck stubs, Semi-Monthly Pay: 6 ck stubs, Monthly Pay: 3 ck stub**)

-OR-

_____ IF NEW JOB (less than 90 days) — “Employment Verification Form” – must be filled out and signed by a supervisor or manager; need company name, and contact number needed for verification, and copies of all checks received to date

-OR-

_____ IF SELF EMPLOYED – The Self-Employment Form 4150 along with copies of business ledgers showing itemized self-employment income for the past 3 months and the previous year’s federal tax return documentation.

Other income

_____ Documentation of other income including TANF, SNAP benefits, SSDI, Medicaid, or other related public assistance records.

4) **A) Education: (For all parents who are pursuing a college degree)**

- _____ **Unofficial** transcript from college or University / Ne Students (freshman) – copy of award letter
- _____ Current class schedule
- _____ Financial aid documentation
- _____ Degree Plan

B) Education: (For all parents who are pursuing GED or high school equivalency)

_____ Letter from career center of GED class documenting days and hours attending, coursework, and expected day of completion.

5) **Proof of Residency:**

_____ Acceptable forms of residency are: Current Utility Bill, Current Lease agreement, Public assistance/social service records, School records, Pay stub (if address is printed on stub), rent receipt (showing current address), Mortgage statement, Section 8 award letter, Homelessness determination — *Residency information form*.

_____ You may be asked to provide Separation of Household documentation by your caseworker depending on your current living situation.

Remember: Call or email CCS at least once every 60 days to ensure your name remains active on the Waitlist.

For Questions or Concerns, please contact the CCS Office.

Application for Child Care Services

Main Office & Mailing: 1406 Jacaman Road
Laredo, TX 78041
Phone: 956-794-1500
Fax: 956-794-1530
Questions: CCS@southtexasworkforce.org

Please complete entire form, do not leave any question blank.

SECTION I - APPLICANT INFORMATION

TWIST ID: _____

Name: <u>First</u> <u>Middle Initial</u> <u>Last</u>		
Date of Birth:	Social Security Number (Optional):	County of Residence:
Residence Address:		Mailing Address:
City, State, and Zip Code:		City, State, and Zip Code:
Primary Phone:		Secondary Phone:
Email Address:	Household Status: <input type="checkbox"/> Single <input type="checkbox"/> Living with Partner <input type="checkbox"/> Living with Parent(s) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Preferred Method of Contact:	Preferred Language:	

Did you or your spouse serve in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a former Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you or your spouse a Migrant Seasonal Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a teen or young adult who is pregnant or Parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have assets that exceed \$1,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENCE

Do any of the situations apply to your family?

You reside with a parent or guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
You reside with friends/family other than parent or guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently living with a parent/guardian or other friends/family, your case worker will request proof of Separation of Household to go with your application.	

Your current nighttime residence is:

Motel, Car, or Campsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shelter or temporary housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently working with a shelter or temporary housing facility, your case worker will request a letter Or form from the shelter to go with your application.	

FEDERAL REPORTING DATA

Race (Optional) - Check all that apply:			
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hawaiian Native or Pacific Islander	<input type="checkbox"/> Other	
Ethnicity - Hispanic/Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

ADDITIONAL INFORMATION

CHECK ANY BENEFITS YOU (OR A FAMILY MEMBER) RECEIVE NOW OR RECEIVED IN THE LAST SIX MONTHS:

Current	Last Six Months	Never		You	Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutritional Assistance (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance (UI)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trade Act Assistance (TAA)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free or Reduced price school lunch	<input type="checkbox"/>	<input type="checkbox"/>



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Workforce Solutions for South Texas Application for Child Care Services

Please complete entire form, do not leave any question blank.

SECTION II - WORK, EDUCATION, AND TRAINING

Complete the section below about **all the people who live in your home** who are working, attending job training, or an educational program. Begin with your information and then list the additional members of your household along with **all of their current sources of income**.

EMPLOYMENT

Applicant Name:	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Current Employer (#1):	Supervisor Name:
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Start Date :	Number of Hours per Week :	Hourly Pay Rate :	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
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Name of Current Employer (#2):	Supervisor Name:
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Start Date :	Number of Hours per Week :	Hourly Pay Rate :	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
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Do you have any other employers or sources of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please provide documentation to your caseworker.
---	---

Name of Additional Employed Household Member:	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Name of Current Employer (#1):	Supervisor Name:
---------------------------------------	-------------------------

Start Date :	Number of Hours per Week :	Hourly Pay Rate :	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
---------------------	-----------------------------------	--------------------------	---

Name of Current Employer (#2):	Supervisor Name:
---------------------------------------	-------------------------

Start Date :	Number of Hours per Week :	Hourly Pay Rate :	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly
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Do you have any other employers or sources of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please provide documentation to your caseworker.
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Is anyone else in your household employed or have a source of income not included above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please provide documentation to your caseworker.
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SCHOOL AND TRAINING

Are you, or anyone in your household, currently attending school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No

If YOU are attending high school, name of school:	What grade are you currently in?
---	----------------------------------

If YOU are attending post-secondary school or training, name of school:	Number of semester credit hours:
---	----------------------------------

If ANOTHER INDIVIDUAL is attending post-secondary school or training, name of school:	Number of semester credit hours:
---	----------------------------------

Name of Individual attending post-secondary school or training:

Do you or anyone in your household receive scholarships, grants, or loans to help you go to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter amount, if known: \$
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Please Note: You will be asked to provide proof of school or training as well as scholarships to your case worker.

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Please complete entire form, do not leave any question blank.

SECTION III - FAMILY INFORMATION

Complete the section below about **all individuals who live in your home**. Begin with your information, and then list the people who live with you and their relationship to you. List each person's date of birth and approximate gross monthly income.

Name (Mandatory) Social Security Number (Optional)	Relationship	Date of Birth	Any Income in the last six months?	Check if this person has a disability (Optional)	Check if this person requires child care	Type of Care Required
1.	SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
2.	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
3	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
4	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
5	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
6	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
7	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
8	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
9	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>
10	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Blended Care <input type="checkbox"/>

If you have more than ten people living in your home, please list them here:



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Workforce Solutions for South Texas Application for Child Care Services

Please read the entire form before signing.

SECTION IV - DISCLAIMER AND SIGNATURE (IF APPLICANT IS A MINOR, PARENT/GUARDIAN MUST ALSO SIGN)

I received, read, and signed a copy of the Orientation to Complaint Procedure document. Yes No

I certify that my answers are true and complete to the best of my knowledge. Yes No

I understand that a person may be prosecuted if the person obtains or attempts to obtain, by fraudulent means, services to which he/she is not entitled. Yes No

It may be considered fraud, if I receive or continue to receive services and I do not notify Workforce Solutions for South Texas within 14 calendar days of any changes in my work, training, or education status; my income: benefits: family: or marital status. Yes No

I understand that failure to notify Workforce Solutions for South Texas as required, may result in criminal charges being filed against me with the district attorney or county attorney, services will be terminated, and I will have to repay the full amount owed. Yes 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) 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 for South Texas 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.

Signature of Applicant (Parent/Guardian #1)

Date

Signature of Applicant (Parent/Guardian #2)

Date

Signature of Parent/Guardian if Applicant is a Minor

Date

Workforce Solutions for South Texas Application for Child Care Services

SECTION V - LANGUAGE LINE NOTICE	
ENGLISH	<p>IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (956) 794-1500 for assistance in the translation and understanding of the information in this document.</p>
SPANISH	<p>¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (956) 794-1500 para pedir asistencia en traducir y entender la información en este documento.</p>
	<p>LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Gọi cho Jessica Truong theo số (956) 794-1500 để được hỗ trợ dịch và hiểu thông tin trong tài liệu này.。</p>
\U CHINESE	
KOREAN	
HINDI	



Release of Information

Form must be signed and dated by all parent(s)/guardian(s).

Return Completed Form:
1406 Jacaman Rd., Suite A.
Laredo TX 78041
Fax: (956) 794-1530
Email: ccs@southtexasworkforce.org
Phone: (956) 794-1500

TWIST ID# _____

Please read carefully the information contained in this form. When you have finished, please initial in the spaces provided. Once you have signed and dated it, please return the original to CCS at the address provided.

I hereby authorize Workforce Solutions for South Texas (WSST) Child Care Services (CCS) to conduct such inquiries as may be deemed necessary to:

- Verify eligibility for all Child Care programs administered by the WSST or its representatives
- Confirm any information on the application used to determine eligibility
- Secure appropriate services for me from community resources
- Release any information requested to officially recognized organizations
- Determine the effectiveness of this program in assisting participants in achieving self-sufficiency

I hereby authorize the Texas Workforce Commission, or any private sector service provider maintaining such records, to release to the WSST any information with regard to my entitlement to benefits or program effectiveness.

I expressly agree to waive liability for any effect the information received from contacted sources, given by myself, or released to outside sources may produce.

WSST will maintain the confidentiality of any such information received.

By signing this form, I certify that I have been made aware of my rights and responsibilities and have been given a copy of them.

Signature of Applicant (Parent/Guardian #1)

Printed Name

Date Signed

Signature of Applicant (Parent/Guardian #2)

Printed Name

Date Signed

Signature of Parent/Guardian if Applicant is a Minor

Printed Name

Date Signed

Workforce Solutions for South Texas is an 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](http://RelayTexas.org): (800) 735-2989 (TTY) or 711 (Voice).

**WORKFORCE SOLUTIONS FOR SOUTH TEXAS DEVELOPMENT BOARD
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 for South Texas Development Board
500 E. Mann Road Suite B5
Laredo, Texas 78044**

**Equal Opportunity (EO) Officer: Bertha Millan
Telephone Number: (956) 722-3973
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

El Workforce Solutions for South Texas Development Board (the Board) 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 242-T
Austin, TX 78778-0001**

**Telephone Number:
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, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her 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.

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 do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. 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) v 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. Those 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 Service.

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 content.

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

Applicant signature

Printed Name

Date



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 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: Workforce Solutions for South Texas at 956-794-1500 or email to ccs@southtexasworkforce.org

Thank you,

Date: _____

Signature of Employee _____

TO BE COMPLETED BY THE EMPLOYER

Employer's Name: _____

Street Address: _____

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

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

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 Tip Income: _____

Comments:

Name and Title of Employer Representative (PLEASE PRINT)

Signature of Employer Representative

Date

TO BE COMPLETED BY WORKFORCE SOLUTIONS STAFF

PLEASE RETURN TO:

Workforce Solutions for South Texas _____

Attn: (Staff name): Child Care Services _____

BY MAIL: Street Address: 1406 Jacaman Road, Suite A _____

City: Laredo State: TX Zip: 78041 _____

BY FAX: 956-794-1530 _____

BY EMAIL: ccs@southtexasworkforce.org

This form may be completed by Workforce Solutions Office staff if verified by telephone contact indicating who supplied the information and the date the telephone contact was made.

Workforce Solutions for South Texas Staff Signature Print Name Date

Manager/Reviewer Signature Print Name Date

Staff Comments:



Child Care Services Parent Rights and Responsibilities Form

Parent Rights	Parent Responsibilities
<ul style="list-style-type: none"> 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 Local Workforce Development Board's (Board) 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 redetermine 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 eligibility documentation and reporting requirements Be informed of your right to appeal, including the right to continue care during the appeal and the potential for repayment if the appeal is rendered against you Receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs, or religion 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 	<ul style="list-style-type: none"> Must be working, training or attending school for at least of 25 hrs. per week Must reside within Webb, Jim Hogg or Zapata Counties Child(ren) must be under 13 years of age or under 19 years of age if my child has a disability to receive child care services must be within the income guidelines must provide and sign all required documentation prior authorization of child care services must notify CCS of any changes that affect your eligibility within 14 business days after the day of occurrence <ul style="list-style-type: none"> ➤ changes of income or family size that result in household income being over 85% SMI ➤ Permanent loss of employment, training of education program participation (voluntary or involuntary) ➤ Changes in contact information Must pay parent fee in advance , before receiving child care Parent share of cost must be paid even when child(ren) is absent Must pay any other child care subsidy I might receive from another agency to the child care facility Meet the enrollment requirements of the child care facility Notify my child care provider when my child(ren) will be absent and tell the reason for the absence Must not exceed 40 absences in a 12month period Must provide information including healthy, immunization records, authorization to secure medical assistance and parent contact information to be used in case of an emergency Will be on time to and honor the child care facilities starting and closing hours Will pay any additional charges incurred if I am late to pick up my child (ren) Will report any possible violation of licensing standards within the child care facility I will make other child care arrangements on any of the provider's nine paid holidays. This will be private pay. I will make other child care arrangements when I am no longer eligible for child care services

Parent Signature

Date



PARENTS RIGHTS

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 Child Care Services policies regarding transferring children from one provider to another
- * Be informed that the providers will not charge parents the difference between the Child Care Services 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 twenty (20) calendar days from the day Child Care Services receives all necessary documentation required to initially determine or re-determine eligibility for child care
- * Receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs or religion
- * File a written complaint of alleged discriminatory acts within 180 calendar days from the date of the alleged discriminatory act
- * Have Child Care Services treat information used to determine eligibility for child care services as confidential
- * Receive written notification at least fifteen (15) calendar days before termination of child care services
- * Reject an offer of child care services or voluntarily withdraw (written statement) your child from child care, unless the child is in protective services
- * 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 Reporting Requirements)
- * Be informed of the appeal rights, including when you have the right to continue care during the appeal and the potential for repayment if the appeal is rendered against you. Note: Child care will not be offered during the appeal process, if care is terminated for excessive unexplained absence or nonpayment of the parent share.
- * Be informed of our policy for transferring between providers
- * Be informed of required background and criminal history checks for relative child care providers through the listing process with the Texas Child Care Licensing (CCL) before the parent or guardian selects the relative child care provider
- * Receive written notification of the possible termination of child care services for excessive unexplained absences
- * Receive written notification of the possible termination of child care services for failure to pay the parent share of cost
- * Be informed that you have the right to report the cost of ongoing medical expenses for a child with disabilities which may be deducted from the family income. Note: Payment receipts for the cost of ongoing medical expenses are required.

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 Agreement to Report Child Care Attendance

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

- I will ensure that my child attends child care on a regular basis.
- I understand that failure to meet attendance standards may result in termination of child care services;
- I understand that if a child exceeds 40 total absences during their current 12-month eligibility period, then the child can be terminated from care for unexplained excessive absences.

- I understand that failure to meet the provider's established policy regarding attendance may result in the provider ending the child's enrollment at the facility.
- I understand that absences due to a child's documented chronic illness, disability, or court-ordered visitation are not counted in the number of absences allowed.

Parent Name

Parent Signature

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
03/2022

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.

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.



Parent Information for Choosing a Child Care Provider

Parent Choice of Provider Types

You have the option to choose the provider type that best meets your child care needs. Provider types include the following:

- Licensed child care centers
- Licensed child care homes
- Registered child care homes

To learn more about these provider types, visit the Texas Health and Human Services Commission Child Care Licensing (CCL) website at <https://www.hhs.texas.gov/services/safety/child-care>

You may also choose an eligible relative. Relatives are required to undergo background checks and list with Child Care Licensing.

Child Care Licensing

Child Care Regulation inspects and monitors child care providers. You can view child care providers for their compliance with state standards on the following website:

http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/default.asp

Choosing a Quality Child Care Provider

Choosing a high-quality program can have a significant impact on your child's readiness for success in kindergarten and later grades. Children who attend high-quality programs can make significant gains in their knowledge, skills, and abilities. In Texas, child care programs can pursue higher quality through several avenues. [Texas Rising Star](#) is one of these options for child care providers and for parents looking for high-quality child care for their children. Additionally, child care providers participating in the [Texas School Ready](#) grant program provide quality child care services that focus on preschool children.

You can find more information about quality child care at <http://texaschildcaresolutions.org/quality-child-care/>.

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Parent Information for Choosing a Child Care Provider

Texas Rising Star

Texas Rising Star is a voluntary, quality-based child care rating system of child care providers that participate in the Texas Workforce Commission's subsidized child care program. Texas Rising Star certification is available to licensed centers and licensed and registered child care home providers that meet the certification criteria. The Texas Rising Star provider certification system offers three levels of certification (2-Star, 3-Star, and 4-Star) to encourage providers to attain progressively higher certification requirements leading to a 4-Star level.

You can find more information at <https://texasrisingstar.org/parents/>.

Your Local Workforce Development Board may have a policy that allows for a reduction in your parent share of cost if you choose a Texas Rising Star provider. Ask your case manager about this possibility.

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

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Parent Information for Developmental Screenings and Other Family Resources

Texas Child Care Solutions

[The Texas Child Care Solutions](#) website was developed by the Texas Workforce Commission. The purpose of Texas Child Care Solutions is to provide parents access to accurate and consistent information to assist them in making informed choices to meet their child care needs. Texas Child Care Solutions connects Texas parents with up-to-date parenting information, ideas, and on-the-ground resources. Informed parents who have positive connections within their communities are better able to handle the challenges associated with caring for and nurturing young children.

Family Resources in Texas

Find support organizations and programs near you by visiting [Family Resources in Texas page](#) at Texas Child Care Solutions. You can access the page at <http://texaschildcaresolutions.org/about-us/family-resources-in-texas>.

Developmental Screenings

[Texas Health Steps Medical Checkups – My Children's Medicaid](#) provides a wellness program for children, teens, and young adults age 20 and younger. Texas Health Steps helps remind you to make sure your children get their medical and dental checkups. As long as your children have Medicaid, they have Texas Health Steps. For more information, please visit <https://www.mychildrensmedicaid.org>.

[Early Childhood Intervention \(ECI\) Services for children ages birth through three years](#) provides evaluations for developmental delays, disabilities, and certain medical diagnoses, at no cost to families, to determine eligibility and the need for services. For more information, please visit <https://hhs.texas.gov/services/disability/early-childhood-intervention-services>.

[Texas Education Agency \(TEA\) Services for children ages three through five years](#)—eligible children with disabilities ages three to five may receive special education and related services provided by the school district. For more information, please visit [Early Childhood Special Education \(ECSE\) | Texas Education Agency](#).

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