

## CHILD CARE APPLICATION

**IMPORTANT: Please provide daytime phone numbers and current information on your application.**  
**ALWAYS report your most current address and daytime phone numbers.**

<b>Name of Applicant:</b>		<b>Teen Parent:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Physical Address:</b>			
<b>City, State, Zip:</b>		<b>County:</b>	
<b>Mailing Address: (If Different)</b>			
<b>City, State, Zip:</b>			
<b>Home Telephone Number:</b>		<b>Daytime Number:</b>	
<b>Cell Number:</b>		<b>Daytime Number:</b>	
<b>e-mail address:</b>			

**Work/Training Information: Single (min. 25 hrs per week work/school) with Spouse/SO (min. 50 hrs per week work/school)**

For all household members 19 years of age and older	Hours Working Per Week	Hours In Training Per Week	Total
Applicant:			
Spouse/Significant Other:			

**Please include the following documents to this application- Incomplete Applications will be returned.**

- Child Support
    - A print out of your Child Support Income Verification at <http://childsupport.oag.state.tx.us> (See instructions on last page) *or*
    - Parent Responsibility Agreement – Child Support Form. This form is to be used only in the event that there is a child support arrangement between the custodial and non-custodial parent. & no AG case exists then complete form. (attached)
  - At least three current consecutive pay stubs for each household member and the attached Wage Verification Form. *All employment will be verified.*
  - Copies of Social Security cards for each household member.
  - Documentation of age **and** citizenship for each child requesting assistance. (Ex: Birth Certificate with raised seal and doctors signature, or Public Assistance record such as TANF, Medicaid, Food Stamp Benefits, etc)
  - Proof of physical address. (Ex: Utility, cell phone, or bank statements, lease agreements) (Example of non-acceptable is anything addressed to *Resident*)
  - If attending school, a copy of college transcript for each college attended, school schedule with name of school, dates, and hours of classes.
  - Do you receive additional income? No  Yes  Explain: \_\_\_\_\_
  - Are you a veteran or spouse of a veteran? No  Yes
  - If you are not the natural /adoptive or legal guardian for the child/ren requesting assistance, then additional documents are required. Please ask for assistance.
  - It is parent choice to select the Child Care Provider. It is recommended that you visit child care providers to determine if the provider meets the needs of your child/ren and ask if space is available.
- Name of child care provider: \_\_\_\_\_ City: \_\_\_\_\_

**Please Note:** You will be notified of your eligibility within 20 days from the day that our office has received all necessary documents required to determine eligibility for child care services. We will make copies of any and all documents you may need when the Application Packet is submitted. For assistance in completing the application, please call: 806-372-2836 Ext. 1702 or 1-800-658-2662 Ext. 1702. Application Packets may be mailed or hand delivered. You have the right to receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs, or religion.

**Statistical Data Information for each household member:**

Applicant Name		Applicant		Gender	Age	DOB
		Applicant				
Check One	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic				
Check One Box	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White
	<input type="checkbox"/> White & American Indian or Alaskan Native	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black/African American	<input type="checkbox"/> Black & American Indian or Alaskan Native		<input type="checkbox"/> Other Multi-Racial

Name		Relationship to Applicant (spouse/significant other, son, daughter, grandchild)		Gender	Age	DOB
Check One	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic				
Check One Box	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White
	<input type="checkbox"/> White & American Indian or Alaskan Native	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black/African American	<input type="checkbox"/> Black & American Indian or Alaskan Native		<input type="checkbox"/> Other Multi-Racial
Is care needed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Type of care needed:		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> After-school

Name		Relationship to Applicant (son, daughter, grandchild, other)		Gender	Age	DOB
Check One	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic				
Check One Box	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White
	<input type="checkbox"/> White & American Indian or Alaskan Native	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black/African American	<input type="checkbox"/> Black & American Indian or Alaskan Native		<input type="checkbox"/> Other Multi-Racial
Is care needed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Type of care needed		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> After-school

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Type of care needed		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> After-school

**\* If you are not the natural /adoptive or legal guardian for the child/ren requesting assistance, then additional documents are required. Please ask for assistance.**

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Is care needed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
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Is care needed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Type of care needed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> After-school		

**\* If you are not the natural /adoptive or legal guardian for the child/ren requesting assistance, then additional documents are required. Please ask for assistance.**



1206 W 7<sup>th</sup> Street  
 P. O. Box 1682  
 Amarillo, Texas 79105  
 (806) 372-2836 or (800) 658-2662

### Parent Responsibility Agreement – Child Support Form

Parent Name (PRINT first and last name):	TWIST ID #:
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State law requires that any family receiving child care assistance comply with the Parent Responsibility Agreement. This Agreement includes receiving child support for **each individual child. Failure to comply with this requirement will result in termination of services.**

When to use this form: **This form is to be used ONLY in the event that there is a child support arrangement between the custodial and non-custodial parent(s)**, not filed with the Attorney General’s office or private child support agency.

*Please Note: Child Support does not have to be a monetary amount; it can be any contribution that the noncustodial parent is providing for the welfare of the child.*

**Who completes this form:** This form is to be completed by the parent NOT living in the household, the non-custodial parent.

**IMPORTANT:** If the children in the household have informal arrangements with different non-custodial parents, we need verification of support *for each child*.

Please make copies of this form for each child’s non-custodial parent to complete and sign. Child care assistance will be terminated or denied if we do not receive this documentation on each child.

Name and phone number of non-custodial parent: \_\_\_\_\_  
 (Print name and number)

Please include informal cash support payments, and/or other assistance you receive on a *regular monthly basis* for child’s current living costs in the table below.

Child Name (First, Last Name)	Prior 3 month history of Monthly Financial Support			Prior 3 month history of Non-Financial Support		
	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			

### SIGNATURES

\_\_\_\_\_  
 Non-Custodial Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Custodial Parent Signature

**WAGE VERIFICATION FORM**

Authorization to verify employment

Child Care Services  
PO Box 1682  
Amarillo, TX 79105  
Fax to: 806-345-1347

*Use Ink ONLY -White-out NOT accepted*

**ALL EMPLOYEE INFORMATION MUST BE COMPLETED BY THE EMPLOYER**

Name:	SSN:
Mailing Address, City, State:	Phone Number:

Do you currently employ the person named above?

YES  Date hired:  NO  Last date of employment:

How often is he/she paid?  Daily  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Hourly Rate of Pay: \$  Rate of Pay if Salaried: \$

Is overtime offered?  Frequently  Rarely  Never

Overtime pay based on past income history: (Must have estimate, if new employee) \$

Work Schedule: *Please* check days and enter time employee is scheduled to work each week. (Ex: 8am-5pm)

Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times							

If work days vary, please indicate the number of days and hours worked per week.

Days (Example: 3 days)  Times (Example: 9am -3pm)

Average Number of Hours per Week:  Average Hours per Day:

Date Pay Period Ended	Date Employee Received Pay	Actual Hours Worked	Gross Pay Amount	Tips, Bonuses and/or Commission

**\*To be eligible – Client must be working and/or training minimum 25 hours per week.**

**EMPLOYER INFORMATION**

Company Name:	Company Address, City, State:
Company Representative Signature:	Date:
Company Representative Printed Name:	Phone Number:
Title:	

**PERMISSION FOR RELEASE OF INFORMATION**

I hereby give my permission to release information required on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**  
Employment Verified by: \_\_\_\_\_

## MISC. INSTRUCTIONS

### Child Support Income Verification Instructions

Take the following steps:

1. Go to the Child Support Interactive (CSI) website at <http://childsupport.oag.state.tx.us>
2. At the **Custodial Parent Login** page, enter your **CIN**, enter your **PIN** (last four digits of your SSN), and click **Login** (if you lost or forgotten your CIN you may call 1.800.252.8014 or go to the CSI home page).
3. At the **Payment/Case Status** page click **Income Verification** on the left menu bar.
4. In the **Service Delivery Options** section, make sure the **Generate Report** button is selected, and then click the **Continue** button.
5. In the drop down box in the **Select Form Type** section, select **Child Care Management Services**. Then click **Generate Report**.
6. Wait for the form to generate. When the **File Download** window appears, click **Open**.
7. A PDF file of the **Child Support Income Verification** form opens and can now be printed.
8. When you are finished, at the top right hand side of the navigation bar, click **Logout**.

Or,

If you do not have access to a computer and printer you may visit one of our Workforce Solutions Offices, public libraries, or the local AG office to print your Child Support Income Verification.

### Choosing Quality Child Care

Choosing a child care provider is based on “Parent Choice”; you make the decision where you would like your children placed based on your needs and expectations. Child Care Services has a list of available contracted child care providers at our office or website: [www.wspanhandle.com](http://www.wspanhandle.com). To assist in your choice, you can refer to the Texas Department of Family and Protective Services (DFPS) website for additional information on any child care facility in your area: [www.txchildcaresearch.org](http://www.txchildcaresearch.org). To report health/safety concerns or licensing issues call, (806) 358-6211 and to report Child Abuse or Neglect call, (800)252-5400.

### Types of Child Care in Texas

DFPS regulates child care programs that must be licensed or registered; they include Licensed Child Care Centers, Licensed Child Care Homes and Registered Child Care Homes. Certain restrictions apply to all regulated caregivers. Restrictions limit ages of children served; time in care to less than 24 hours per day; and ratio of caregivers to the number of children in care based on the ages of the children.

- **Licensed Child Care Centers** - Child care is provided at a location other than the license holder’s residence. The center may care for seven or more children.
- **Licensed Child Care Homes** - The primary caregiver is licensed to provide care in their own residence. The total number of children allowed in care varies with the ages of the children but must not exceed 12, including children related to the caregiver.
- **Registered Child Care Homes** - The primary caregiver is registered to provide care in their own residence. The total number of children allowed in full day care varies with the ages of the children. The total number of children at any given time must not exceed 12, including children related to the caregiver.
- **Listed Relative Care** – The primary caregiver must provide care in the provider’s home and **must be “Listed” with DFPS prior to authorization**. The Listed Permit may be achieved two ways, you can pick up an application to be listed from our office or through an on-line application available at: [http://www.dfps.state.tx.us/Child\\_Care\\_/About\\_Child\\_Care\\_Licensing/start.asp](http://www.dfps.state.tx.us/Child_Care_/About_Child_Care_Licensing/start.asp). The eligible relative must be related by marriage, blood relationship or court decree and be the child’s grandparent, great-grandparent, aunt, uncle, or sibling who is at least 18 years of age and does not reside at the same residence as the child.

Relative in-home care may be allowed for a child with documented disabilities; a child under 18 months of age; a child of a teen parent; or when the parent’s work schedule requires evening, overnight, or weekend care in which taking the child outside of the child’s home would be disruptive to the child. (Relevant documentation will be required for in-home care). The provider is subject to a background check with the Texas Department of Public Safety’s Sex Offender Registry at the time of initial care and at each parent recertification.

All Relative Care information must be pre-approved with Provider Services for completeness before care can be authorized and is subject to the same restrictions that apply to regulated care for age of the child, time in care and ratios of caregivers to children. **Scheduled and unscheduled home visits will be conducted periodically.**