

ESSENTIAL WORKER DOCUMENTATION CHECKLIST

To complete your application for Child Care Services for Essential Workers, you will need:

1. RESIDENT OF THE CITY OF AUSTIN

- ☐ Current Utility bill or Lease / Mortgage statement to show residence address **or**
- ☐ Public Assistance/Social Service Records **-or-** Section 8 Award Letter **or**
- ☐ School Records **or**
- ☐ Pay Stubs (if address is printed on stub)

2. CHILD/REN CITIZENSHIP/AGE VERIFICATION

- ☐ Birth Certificate **or**
- ☐ US Passport **or**
- ☐ Hospital or public health birth record **or**
- ☐ Church or Baptismal Record **or**
- ☐ School Records/School ID Cards **or**

3. CHILD/REN IMMIGRANT/"QUALIFIED ALIEN" VERIFICATION

- ☐ Naturalization Certification **or**
- ☐ Lawful Permanent Resident: Alien Registration Receipt Card ("green card" - Form I-551) **or**
- ☐ Asylee: Forms I-94, I-688B (Employment Authorization Card), or I-766 (Employment Authorization Document); grant letter from the Asylum Office of the U.S. Citizen and Immigration Services (USCIS); **or**
- ☐ Refugee: Forms I-94, I-688B, or I-766 **or**
- ☐ Cuban/Haitian Entrant: Form I-551, unexpired temporary I-551 stamp in foreign passport or Form I-94

4. HOUSEHOLD INCOME VERIFICATION DOCUMENTS

- **If employed:**
 - ☐ Paycheck stubs for each adult in the household for the last 30 days of employment

Note: Earnings include wages, salaries, commissions, tips, piece-rate payments, and cash bonuses earned.
- **If Self-employed:**
 - ☐ **Self-employment business income statement AND**
 - ☐ Quarterly federal tax returns; **or**
 - ☐ Signed year-to-date profit and loss statements for each business owned; **or**
 - ☐ Business ledgers, records, receipts, check receipts, and business statements; **or**
 - ☐ Customer contracts or work orders; **or**
 - ☐ Calendar of work appointments and money earned through these appointments.
- **In addition, verification of other household income:**
 - ☐ Pensions, annuities, life insurance,
 - ☐ Taxable capital gains, dividends, and interest.
 - ☐ Rental income.
 - ☐ Income from estate and trust funds.
 - ☐ Lottery payments of \$600 or greater
 - ☐ Workers' compensation income, disability payments (SSDI)
 - ☐ Spousal maintenance or alimony
 - ☐ Court settlements or judgment

5. CHILD CARE PROVIDER INFORMATION (if known)

Provider Name: _____ License Number: _____

CDBG-CV ELIGIBILITY FORM
FORMA DE ELEGIBILIDAD DE INGRESOS PARA EL PROGRAMA CDBG

SECTION A-APPLICATION/SECCIÓN A-SOLICITUD

1. Residence Address (Street, City, State, ZIP/Dirección de Residencia Calle, Ciudad, Estado, Código Postal)		2. (Staff Only) Residence Address confirmed Austin Full Purpose, Jurisdiction WebMap Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing Address (if different)/ Dirección Postal (si es diferente)		4. County/Condado	
5. Home Phone/Teléfono-Casa		6. Other Phone/Otro Teléfono	

7. NAME (Last, First, Middle) NOMBRE (Apellido, Primero, Segundo) <i>[List all individuals residing in the house. Attach continued list if necessary / Anote cada persona viviendo en la casa]</i>	8. Relationship to A * Relación de Parentesco con A *	9. DATE OF BIRTH FECHA DE NACIMIENTO	10. SEX SEXO
A			
B			
C			
D			

*1=Parent/Padre o Madre 5=Grandchild/Nieto o Nieta
 2=Child/Hijo o Hija 6=Spouse/Esposa(o)
 3=Sibling/Hermano o Hermana 7=Caretaker/Cuidador
 4=Grandparent/Abuelo o Abuela 8=Other (explain on back of form) Otro (explique en lado dorso)

11. Monthly Gross Income for Household**

Ingresos Mensuales Antes de Deducciones de la Vivienda

****Client must provide copies of pay stubs or other evidence of wages/salaries or other income. Provider must make copies of all applicable income documentation, and place copies in client file.**

11A. Money wages or salary from employment/Dinero que gana por trabajar					
LIST THE LETTER BESIDE EACH CLIENT IN ITEM 7 WHO EARNS A WAGE ESCRIBA LA LETRA (VEA SECCIÓN 6) DE CADA CLIENTE QUE GANA DINERO					
	AMOUNT PAID/CANTIDAD PAGADA				Gross Monthly Pay Paga Mensual Antes
	Weekly (x 4.33) Por Semana	Every 2 Weeks (x 2.165) Por Quincena	Twice Monthly (x 2) Dos Veces al Mes	Other (specify) Otro (especifique)	
					11A. SUBTOTAL

13. Parent/guardian's field of employment _____ \$
 Include pay stub or other proof of employment in client file.
 Is this field identified by Texas Workforce Commission as a type of essential work, or otherwise deemed so by Workforce Solutions' Board? ☐ Yes ☐ No *If no, client is not eligible*

14. Has client received any CARES funding for childcare? ☐ Yes ☐ No
 If yes, complete CDBG-CV Duplication of Benefits Client form (to be printed on the back of this form).

11B. Other Monthly Income: Otros Ingresos Mensuales:	AMOUNT CANTIDAD
Social Security Seguro Social	
Dividends, Interest Dividendos, Interés	
Temporary Assistance for Needy Families (TANF) / Welfare	
Pensions and Annuities Pensiones y Anualidades	
Unemployment Compensation Compensación de Desempleo	
Worker's Compensation Compensación de Trabajadores	
Alimony Compensación por Separación o Divorcio	
Child Support Sostenimiento para Niños	
Veteran's Pension Pensiones de Veteranos	
Other/Otro: (Please specify/ Por favor especifique)	
11B. SUBTOTAL	\$
12. TOTAL MONTHLY GROSS INCOME (11A + 11B) / TOTAL DE INGRESOS BRUTOS MENSUALES (11A + 11B)	\$

IMPORTANT: Before you sign this document, please read it carefully to be sure that you have answered each question correctly.
IMPORTANTE: Antes de firmar este documento, vuelva a leerlo con mucho cuidado para asegurarse de haber contestado correctamente todas las preguntas.

14. Client/ Parent/Guardian Signature/Firma _____ Date / Fecha _____

15. Provider Signature/Firma _____ Date/Fecha _____

16. Provider Verification & Approval Signature/Firma _____ Date/Fecha _____

Is client eligible for CDBG-CV services?

☐ Yes ☐ No

APH Reviewed (Initials) _____

Date _____

CHILD CARE SERVICES WAGE VERIFICATION FORM

To be completed by employee:

Release of Information

I, _____, authorize the release of the following information to Workforce Solutions. I understand that additional information may be required from my employer and/or clients.

Signature: _____ SSN: (Optional) _____

To be completed by Employer:

Do you currently employ the individual named above? ☐ Yes ☐ No

Employee's Job Title: _____ Duties: _____

Pay Frequency: ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Semi-monthly ☐ Monthly

Hourly rate of pay: \$ _____ Number of hours worked per week: _____

How is employee paid? ☐ Cash ☐ Check ☐ Direct Deposit Other ☐ Bonus/Incentive ☐ Tips

Is overtime offered: ☐ Frequently ☐ Rarely ☐ Never

Work Schedule

Please mark the days and times employee is scheduled to work each week. (Ex. 8am – 5pm)

Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Times							

Comments: _____

Please list the employee's wages for the last FOUR pay periods below.

Pay Date	Pay Period Dates From: To:	Hours Worked	Gross Wages
1.			\$
2.			\$
3.			\$
4.			\$

FOR NEW EMPLOYEES	Business/Employer Name:
Date Hired:	Address:
Date of First Paycheck:	Phone #:
FOR EMPLOYEES NO LONGER WITH THE COMPANY	Employer Representative Name:
Last Date of Employment:	Title:
Date of Final Paycheck:	Date:

This information pertains to the employee's eligibility for Child Care Services and is subject to validation against state and federal databases, in-person interviews, and/or submittal of additional supporting documentation. I acknowledge this the information is true and correct. I understand that a person who provides false or incorrect information for someone to obtain or attempt to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws.

Employer Representative Signature _____ Date _____

For Office Use

Telephone verification completed by: _____ Date: _____

Representative Name, Title: _____ Phone: _____

Comments: _____

[illegible]

Workforce Solutions Capital Area is an Equal Opportunity Employer/Program. Auxiliary aids and services are available, upon request, to persons with disabilities. Relay Texas: 1.800.735.2989 (TDD) / 711 (Voice) www.wfscapitalarea.com