

## **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  Child support, if received on a consistent basis  Court settlements or judgment
5.	CHILD CARE PROVIDER INFORMATION (if known)

\_\_\_\_ License Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_



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

		and and an interest	and the second of	and annual	,	2230.000)			esidence Address conf iction WebMap Checke	
Mailing Address (If different)/ Dirección Postal (si es diferente)									4. County/Condado	
Hom	e Phone/Teléfono-C	363			6. Other	Phone/Otro Te	eléfono			
7. NAME (Last, First, Middle)  NOMBRE (Apellido, Primero, Segundo) [List all individuals residing in the house. Attach continued list if necessary / Anote cada persona viviendo en la casa]						8. Relationship to A * Relación de Parentesco con A *			9. DATE OF BIRTH FECHA DE NACIMIENTO	10. SEX SEXO
Child Sibili	int/Padre o Madre I/Hijo o Hija ng/Hermano o Herma diparent/Abuelo o Ab	6=Spouse na 7=Caretak	hild/Nieto o Nieta /Esposa(o) er/Culdador explain on back of form)	) Otro (explic	que en ladi	o dorso)				
Me	onthly Gross Inco	me for Household*						11B. Ott	ner Monthly Income: Ingresos Mensuales:	AMOUNT
In	gresos Mensuales Xient must provide	Antes de Deducción copies of pay stubs copies of all applicab	nes de la Vivienda or other evidence of					Social S Seguro S		
		ry from employment/D			place ou	pico ili diciti		Tempor:		
		CLIENT IN ITEM 7 WHO EA		•			$\dashv$	Needy Families (TANF) / Welfare Pensions and Annuities Pensiones y Anualidades		
CRIBA	LA LETRA (VEA SECCIO	N 6) DE CADA CLIENTE QU		ACADA			$\dashv$	Unempl		
ŀ	Weekly (x 4.33)	(v 4 33) (v 2 105) (v 3) Other (specify			Gross Monthly Pay Paga Mensual		Worker's Compen	sación de Desempleo s Compensation sación de Trabajadores		
$\dashv$	Por Semána	Por Quincéna	Dos Veces al Mes	Out (es	pecifique)	Antes			/ sación por ión o Divorcio	
+								Child Su Sostenin	ipport niento para Niños	
寸									's Pension es de Veteranos	
						11A. SUBTO	TAL		tro: specify/ or especifique)	
elude	arent/guardian's fiek pay stub or other p	roof of employment in	client file.			\$		11B. SU	BTOTAL	\$
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  1.4. Has client or will client receive any other funding for childcare?  ¿Ha recibido o recibirá el cliente algún otro financiamiento para la guardería infanti?  If yes, complete CDBG-CV Duplication of Benefits Client form (to be printed on the back of this form).								GROSS TOTAL	AL MONTHLY INCOME (11A + 11B) / DE INGRESOS S MENSUALES 1B)	\$
IMPO	RTANT: Before you sign th	is document, please read it o ste documento, vuelva a leen	arefully to be sure that you h	have answered	each questio	n correctly.	1	Is clie	nt eligible for CDI	BG-CV service
todas	as preguntas.	urdian Signture/Fin		_		Fecha		[	Yes	No
							-	APH	Reviewed (Initials)	
16. Provider Signature/Firma Date/Fecha								Date		
7. P	rovider Verification	on & Approval Sign	ature/Firma	_	Date/Fe	cha				
BG	Eligibility Form								R	evised 12/2020

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 DRAFT HUD Eligibility Packet-8.23.2021 - 2 -



## CHILD CARE SERVICES WAGE VERIFICATION FORM

		To be com	plete	ed by employee:					
Release of Information I,				se of the following		o Workforce Solu	utions. I		
understand that additional info Signature:	•	from my employer and/or clients. SSN: (Optional)							
		To be com	plete	ed by Employer:					
Do you currently employ the ir	ndividual na								
Employee's Job Title:			_ Duties:						
Pay Frequency:	☐ Weekly		Bi-Weekly S	☐ Monthly					
Hourly rate of pay: \$	Number	of hours worke	d pe	r week:					
How is employee paid? ☐ C	ash	☐ Check	□ I	Direct Deposit Oth	ner 🗌 Bonus/	Incentive   Tips			
Is overtime offered:	equently	☐ Rarely <b>W</b> o		Never <b>chedule</b>					
Please mark the days and time									
Days Monday	Tuesday	☐ Wedneso	lay	☐ Thursday	☐ Friday	□ Saturday	Sunday		
Times									
Comments:	!! . 4 41					1			
Plea	Pay Perio		ges to	or the last FOUR p	pay periods be	PIOW.	1		
Pay Date	<b>-</b>	To:		Hours Worked			Gross Wages		
1.						\$			
2.						\$			
3.						\$			
4.					\$	\$			
FOR NEW EMPLOYEES			Business/Employer Name:						
Date Hired:			Address:						
Date of First Paycheck:	055 14/15/		Phone #:						
FOR EMPLOYEES NO LON COMPANY	IIHE	Employer Representative Name:							
Last Date of Employment:			Title:						
Date of Final Paycheck:		Date:							
This information pertains to the federal databases, in-person information is true and correct obtain or attempt to obtain, by applicable state and federal la	nterviews, . I understa fraudulent	and/or submitta and that a perso	of a	additional supporti no provides false d	ng documenta or incorrect inf	ation. I acknowled ormation for som	dge this the eone to		
Employer Representative Sign	nature		~ Of	ios Has	Date				
Telephone verification comple	ted by:			ice Use	Date:				
Representative Name, Title: _									
Comments									



## **SELF-EMPLOYMENT/BUSINESS INCOME STATEMENT (If Applicable)**

For the month of: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Date	Date Business <b>EXPENSES</b>			Date		Business <i>INCOME</i>	Amount			
		\$	L				1.			
Tot				Business Income	\$					
						Business Expenses	-			
	Adjusted Business Income \$									
understand that my recorded income will be divided by the Federal Minimum Wage of \$7.25 per hour to establish whether or not I am meeting the required participation hours of 25 hours per week single parent family/50 hours per two parent family.  Note: Adjusted Business Income = Total Business Income minus Total Business Expenses.										
The above information is true, correct, and complete to the best of my knowledge. I understand that giving false information to the CCS contractor may result in my childcare being reduced, delayed, denied, or terminated, with consequences up to and including prosecution.										
Print Name Date										
	Signature			TWIST ID						
		Of	fice L	lse Only	'					
Verifiable income provided?						÷ \$7.25 ÷ 4.33 =				
	□ No Incon			me Min. Wage Wks/mo Work Hours						