

CCS APPLICATION VERIFYING DOCUMENTATION CHECKLIST

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

1. RESIDENT OF TRAVIS COUNTY

- ☐ 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 parent in the household for the last 3 months 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
- **If attending school training:**
 - ☐ Current transcript can be unofficial.
 - ☐ Current school schedule.
 - ☐ Training verification

5. CHILD CARE PROVIDER INFORMATION

- ☐ Child Care Provider Information section is complete

BEFORE YOUR CHILD CARE ASSISTANCE CAN BE FINALIZED, YOU MUST ENROLL YOUR CHILD/REN WITH A WFS APPROVED CHILD CARE PROVIDER. CURRENT APPROVED PROVIDERS CAN BE FOUND ON THE LIST AT THE WEBSITE BELOW. IF THE PROVIDER YOU HAVE CHOSEN IS NOT ON THE WFS APPROVED LIST, PLEASE HAVE YOUR PROVIDER CONTACT OUR PROVIDER SERVICE SPECIALIST AT 512-597-7182 TO COMPLETE THIS PROCESS.

<http://www.wfscapitalarea.com/ChildcareServices/ForParents.aspx#60821-choosing-a-provider>

CHILD CARE SERVICES ELIGIBILITY PACKET

This packet contains instruction and forms necessary to allow a Child Care Specialist to determine your eligibility for assistance for your child care. Be certain you complete the entire Child Care Services Eligibility Packet and provide all the verifying documents.

You may go to your nearest Workforce Solutions Career Center to use a computer, printer, and/or fax machine free of charge. To locate the Workforce Solutions Career Center nearest you, visit www.wfscapitalarea.com.

Once complete, the application and verification documents may be mailed, faxed, emailed, or hand-delivered to the address below. **THE ELIGIBILITY PACKET, INCLUDING ALL REQUIRED FORMS, MUST BE RETURNED BY THE DEADLINE ON YOUR NOTICE LETTER.**

Fax: 512-597-7192

Email: austinctcs@wfscapitalarea.com

Mail or Hand-deliver:

Workforce Solutions – Child Care Services

9001 N IH 35, Suite 110C

Austin, TX 78753

512-597-7191 Hours: M-F, 8am – 5pm

NOTE: SIGN AND DATE ALL REQUIRED DOCUMENTS AND KEEP COPIES FOR YOUR RECORDS.

Child Care Eligibility Certification Application: This is your **official application**. You must ensure this application is complete and accurate or your child care assistance may be denied. You must ensure that the Application:

- Is completed in ink only (no pencil)
- Is signed and dated (the day you submit the application)

Parent Rights and Responsibilities(PRR) for Child Care Services: You must sign, date and return the PRR which informs you of your rights and responsibilities while receiving Child Care Services, including:

- **Responsibility to report changes within 14 days** of occurrence, and
- Consequences for **not reporting changes**, as well as for **fraud and abuse** of program services.

Orientation to Discrimination Complaint Procedures Form: You must sign and return this Form which informs you of your rights and procedures for filing complaints related to services received from the Child Care Services Program.

CHILD CARE SERVICES ELIGIBILITY CERTIFICATION APPLICATION

Parent or Guardian Information			
Name:			
Social Security Number (optional):		Date of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Race (Circle)	Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
White	Do you consider yourself to be homeless or are you without a consistent residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Black or African American	Are you a US Veteran or spouse of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
American Indian OR Alaska Native	Are you age 19 or younger attending high school or working on your GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asian	Are you a current or former foster care youth 21 years of age or under?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hawaiian Native OR Pacific Islander			
Physical Address, Apt #, City & Zip			
Mailing Address, Apt #, City & Zip			
County of Residence			
Primary Phone Number		Secondary Phone Number	
Email Address			
Employer Information	Employer 1	Employer 2	
Employer Name			
Address, City & Zip			
Phone Number			
Hire Date			
Hours Per Week			
Wage Per Hour			
Payment Frequency (please circle)	Weekly Biweekly Twice a Month Monthly Other	Weekly Biweekly Twice a Month Monthly Other	
School/Training Information	School Name _____ Semester Start Date _____ Hours enrolled _____		

***Self-employed customers must complete and submit Self-Employment Business Statement with receipts, if applicable, along with required self-employment documentation. (p. 5)**

Spouse or Other Parent (Complete only if living in the same household)			
Name:			
Social Security Number (optional):		Date of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Race (Circle)	Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
White	Do you consider yourself to be homeless or are you without a consistent residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Black or African American	Are you a US Veteran or spouse of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
American Indian OR Alaska Native	Are you age 19 or younger attending high school or working on your GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asian	Are you a current or former foster care youth 21 years of age or under?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hawaiian Native OR Pacific Islander			
Physical Address (Apt #), City & Zip			
Mailing Address (Apt #), City & Zip			
County of Residence			
Primary Phone Number		Secondary Phone Number	
Email Address			
Employer Information	Employer 1	Employer 2	
Employer Name			
Address, City & Zip			
Phone Number			
Hire Date			
Hours Per Week			
Wage Per Hour			
Payment Frequency (please circle)	Weekly Biweekly Twice a Month Monthly Other	Weekly Biweekly Twice a Month Monthly Other	
School/Training Information	School Name _____		
	Semester Start Date _____ Hours enrolled _____		

Household Members				
	1	2	3	4
Name				
Needs Child Care Services	Yes or No	Yes or No	Yes or No	Yes or No
Social Security Number				
Date of Birth				
Sex (please circle)	Male or Female	Male or Female	Male or Female	Male or Female
Relationship to Parent				
Race				
Hispanic Ethnicity	Yes or No	Yes or No	Yes or No	Yes or No
Child With Special Needs	Yes or No	Yes or No	Yes or No	Yes or No
Child Receives SSDI	\$	\$	\$	\$

USE ADDITIONAL PAGE IF YOU HAVE MORE HOUSEHOLD MEMBERS

Monthly Household Income	Parent 1	Parent 2
Employment	\$	\$
Social Security Disability Income or	\$	\$
Self-Employment Income*	\$	\$
Other Child Care Assistance	\$	\$
Pensions, Annuities, and Retirement Income	\$	\$
Workers Compensation	\$	\$
Lottery Payments of \$600 or greater	\$	\$
Other:	\$	\$
Total Monthly Household Income	\$	\$
Does the total value of your household assets exceed \$1,000,000?	Yes	No

Total number in household (include all household dependents):		
Child Care Provider Information	Provider Name _____	
	Provider Phone # _____ Provider License # _____	

Parent/Guardian Statement

I understand that:

- (1) Failure to provide true and correct information in my case may result in fact-finding for suspected fraud.
- (2) I am entitled to be notified about my eligibility for services within 20 calendar days of receipt of this application and all documentation necessary to determine my eligibility.
- (3) I, or my representative, may appeal denial, delay, reduction, or termination of services;
- (4) Services will be provided without regard to race, color, national origin, age, sex, disability, political beliefs, or religion;
- (5) The information on this application is confidential;

By signing this form:

- 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.
- I understand that 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;
- I am applying for services from Workforce Solutions Capital Area 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.
- I give permission to Workforce Solutions or its child care contractor to: (1) contact a third party to verify income or family size; (2) use the social security numbers provided for identification of Social Security Benefits and income; and (3) obtain or share programmatic information with third parties about myself and my circumstances in regards to participation in this program.
- All information provided represents a complete and accurate statement of my family's circumstances at the time of application. I agree to report any changes to this information within 14 calendar days of the change.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____



PARENT RIGHTS AND RESPONSIBILITIES FOR CHILD CARE SERVICES

Please read the information on this form carefully before you and your spouse (if applicable) sign and date. Contact your Child Care Specialist immediately if you have any questions regarding the information or requirements on this Agreement. Child Care Services (CCS) can end at any time if you become ineligible.

A. PARENT ENROLLMENT/ELIGIBILITY

____ (INITIAL) I understand the availability of CCS, the process for accessing those services, my reporting requirements, and the process to receive and continue these services. My spouse (if applicable) and I must:

- Reside within Travis County.
- Be in training, education or employment activities for at least 25 hours a week for a single head of household family, and 50 hours a week for a two-parent household.
- Be within income guidelines for my household size.
- Report loss of employment, training, or education within 14 calendar days of occurrence. I understand that I may be eligible for a 3-month job search activity (October to September).
- Select the child care arrangement that my family will be using. I was given information about types of child care; licensed, registered, relative and providers with quality ratings.
- Submit all required forms signed and dated with appropriate verifying documentation at least **20 working days** before my eligibility end date in order to have my eligibility for child care services re-determined timely.

____ (INITIAL) I understand the requirements of the child care facility, and that:

- I must pay my parent share of cost (parent fee) to the provider at the first of each month.
- I must meet the enrollment requirements and policies of the child care facility unless the policies directly conflict with those of CCS.
- I must contact the provider if my child is/will be absent for five (5) consecutive days.
- I must provide information including health and immunization records, authorization to secure medical assistance, and parent contact information to be used in case of an emergency.
- I must abide by the child care facilities business hours and pay charges incurred if I collect my child late.
- I must report to TDFPS licensing office possible violations of licensing standards at the child care facility.
- If I need care on one of the provider's authorized CCS holidays, I shall make and pay for my arrangements.
- I shall make and pay for other child care arrangements when I am no longer eligible for CCS.
- Childcare providers are prohibited from denying a child care referral based on the parent's income status, receipt of public assistance, or the child's TDFPS status.
- Providers cannot charge fees to parents receiving CCS that are not charged to private pay parents.
- I am allowed no more than two provider transfers per year based on my enrollment anniversary. I must provide my current child care provider and CCS with a 2-week notice prior to transferring to a new child care provider. Transfers are effective on the first care day of the following month. Exceptions to the transfer limit and effective start date are allowed due to child safety issues, provider corrective action or other extenuating circumstances.

____ (INITIAL) I release the Workforce Solutions-Child Care Services Contractor, Capital Area Workforce Development Board, and Texas Workforce Commission (TWC) from any responsibility for the quality of the child care services my child may receive from the facility of my choosing.

B. PARENT SHARE OF COST (Parent Fee) *(not applicable to TDFPS, Choices, and SNAP Referrals)*

____ (INITIAL) I shall report to CCS, and I shall pay, any additional child care subsidy I receive from another agency to the child care provider.

____ (INITIAL) I understand that the parent share of cost is based on my gross monthly income, the number of household members, and the number of children I have enrolled in care.

____ (INITIAL) I shall pay my parent fee even if my child is absent or is not there for the full month.

____ (INITIAL) I understand if care is terminated due to nonpayment of the parent share of cost, a mandatory waiting period of 60 calendar days must be observed before a family can reapply or be placed on a waiting list for child care services.

C. PARENT RIGHTS

____ (INITIAL) I understand that I have the following rights:

- to choose the type of child care provider that best suits my needs and to be informed of all child care options available;
- to visit available child care providers before making a choice of a child care option;
- to receive assistance in choosing initial or additional child care, and to transfer my children up to twice a year from one provider to another;
- to be represented when applying for child care services;
- to be notified of their eligibility to receive child care services within 20 calendar days from the day all necessary documentation required to determine eligibility is received;
- to receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs, or religion;
- to have my information used to determine eligibility for child care services treated as confidential;
- to receive written notification, at least 15 days before denial, delay, reduction or termination of child care services to reject an offer of CCS or to voluntarily withdraw, unless child is in DFPS protective services;
- to be informed of the possible consequences of rejecting or ending the child care that is offered;
- to be informed of the eligibility documentation and reporting requirements;
- to be informed of the parent appeal rights;
- to be informed of the attendance policy;
- to be informed of required background and criminal history checks for relative child care providers through the listing process with DFPS, before the parent or guardian selects the relative care

D. PARENT AWARENESS/REPORTING

____ (INITIAL) I shall be in training, education or employment activities at least 25 hours/week for a 1 parent household, or at least a combined 50 hours per/week for a 2-parent household. I shall **report changes within 14 calendar days** of a change:

- Permanent loss of job, training or education;
- Income changes, including raises, overtime, commission, or other non-employment income and/or benefits (such as SSI or Workers Compensation);
- Change in family size, such as marriage, divorce or a change in the number of family members living with me;
- Change of address, email or phone
- Receipt or the award of any child care funds from other public or private entities; or
- Other changes that may affect my child's eligibility or parent share of cost for child care
- Court-settlements or judgements; and
- Lottery payment of \$600 or greater.

I understand that in order to continue to receive child care services, I must submit all required forms signed and dated with appropriate verifying documentation at least 20 calendar days before my eligibility end date in order to have my eligibility for child care services re-determined timely.

I understand that failure to comply with all Child Care Services Requirements, **failure to report changes in my case within 14 calendar days of occurrence**, and/or failure to provide true and correct information in my case may result in fact-finding for suspected fraud. I understand that the information I provide to Workforce Solutions-Child Care Services to determine my eligibility is subject to validation through cross-checks against state and federal databases; and that I may be asked to provide original documents and participate in face-to-face interviews to verify identity and eligibility for child care services. My case may be referred to the Local Law Enforcement Office, District Attorney's Office (DA) and/or Office of Investigation (OI) for potential prosecution. I will also be required to pay back 100% of the money that was paid to my provider for the period of ineligibility.

Parent Signature: _____

Date: _____

Spouse Signature (if applicable): _____

Date: _____

CCS Specialist Signature: _____

Date: _____

PARENT RESPONSIBILITIES/ATTENDANCE

I agree to the following:

1. I understand that my child care services may not continue if I exceed 40 unexcused absences per eligibility certification period. Child Care Services will notify me when my child(ren) reach(es) 15 and 30 absences within a 12-month eligibility period.
2. I shall report absences which are due to **chronic illness, extenuating circumstances** or **court ordered visitation** and can provide CCS with verifiable documentation. These absences will not be counted in the number of absences allowed.

By signing below, I acknowledge that I have read and understand my responsibilities as a Child Care Services customer. I understand that if I violate the Attendance requirements my child care services may be terminated and my child/ren must observe a mandatory waiting period of 60 calendar days before receiving child care services or being placed on a waiting list.

Parent Signature: _____ Date: _____

I acknowledge that I have **read, understand, and agree** to the above information regarding Parent Eligibility, Reporting, and Attendance Requirements.

Parent Signature

Printed Name

Date

CAPITAL AREA WORKFORCE 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:

**Capital Area Workforce Development Board
9001 N IH 35, Ste 110E
Austin, Texas, 78753**

**Equal Opportunity (EO) Officer: Janee' White
Telephone Number: (512) 597-7107
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Capital Area Workforce 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 504
Austin, TX 78778-0001**

**Telephone Numbers:
(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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or 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. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

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 may file a complaint with CRC before receiving that Notice. 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) and 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

**AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)**

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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 Services.

☐ 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 contents.

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

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: _____

SCHOOL OR TRAINING SCHEDULE VERIFICATION FORM

To be completed by School or Training Institution

Student Name	
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Note to training institution: Your student is applying for or is currently receiving child care assistance from Workforce Solutions – Child Care Services. To verify eligibility, we must receive a detailed summary of the student's class/training schedule. Please complete the following information:

School/Training Information	
School Name	
Address, City & Zip	
Phone Number	
Semester Start Date	Projected End Date
Hours Currently Enrolled	Cumulative Hours Earned
Semester GPA	Cumulative GPS

Schedule	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Does individual attend class regularly, and progressing toward successful completion?	Yes No

SIGNATURE (must be completed by school or training institution)	
Person completing form (print)	
Title	
Date	
Signature	