

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)

Provider Name: _____ License Number: _____

Agency Name

CDBG-CV ELIGIBILITY FORM

FORMA DE ELEGIBILIDAD DE INGRESOS PARA EL PROGRAMA CDBG

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, continue on second page if needed/ Indique todas las personas que viven en la casa, continúe en la segunda página si es necesario</i>	8. Relationship to A * Parentesco con A *	9. Date of Birth mm/dd/yyyy Fecha de nacimiento mm/dd/aaaa	10. If 18+, full-time student? Yes/No Si es mayor de 18 años, ¿es estudiante a tiempo completo? Si/No	11. Info about the Head of Household: Información sobre el jefe de familia <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">11a. Female Yes/No Mujer Si/No</td> <td style="width: 33%; border: none;">11b. Person with disabilities Yes/No Persona con discapacidades Si/No</td> <td style="width: 33%; border: none;">11c. Veteran Yes/No Veterano/ veterana Si/No</td> </tr> </table>	11a. Female Yes/No Mujer Si/No	11b. Person with disabilities Yes/No Persona con discapacidades Si/No	11c. Veteran Yes/No Veterano/ veterana Si/No
11a. Female Yes/No Mujer Si/No	11b. Person with disabilities Yes/No Persona con discapacidades Si/No	11c. Veteran Yes/No Veterano/ veterana Si/No					
A							
B							
C							
D							

*1=Parent/Padre o Madre 3=Sibling/Hermano o Hermana 5=Grandchild/Nieto o Nieta 7=Caretaker/Cuidador 9=Head of household
 2=Child/Nina/Nino 4=Grandparent/Abuelo o Abuela 6=Spouse/Esposa(o) 8=Other (explain on back of form)/Otro (explique en el dorso)

12. 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 keep them in client file. For clients without evidence of income, indicate at bottom that this form serves as Self-Certification of Income. This form adheres to the definition of income from HUD 24 CFR Part 5.**

12A. 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 que corresponda a cada persona del punto 7 que recibe ingresos, continúe en la segunda página del formulario si es necesario					
	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)	
12A. SUBTOTAL					\$

14. 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*

15. Has client or will client receive any other funding for childcare? ☐ Yes ☐ No
 ¿Ha recibido o recibirá el cliente algún otro financiamiento para la guardería infantil?
 If yes, complete CDBG-CV Duplication of Benefits Client form (to be printed on the back of this form).

Staff only:

- Is this form being used for Self Certification of Identity or Self-Certification of Income? If yes, circle one or both.
- Is the client homeless or fleeing domestic violence? If yes, circle one or both.

Provider Signature and date _____

Provider Manager Approval _____
 Signature and date (if required by provider)

12B. Other Monthly Income for All Adult Household Members Otros ingresos mensuales para todos los adultos del hogar	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)	
12B. SUBTOTAL	\$
13. TOTAL MONTHLY GROSS INCOME FOR ALL ADULT HOUSEHOLD MEMBERS (12A + 12B)	\$

IMPORTANT: I have answered each question completely and accurately. I/we agree to provide, upon request, documentation to the Grantee/Program Administrator. IMPORTANTE: He respondido completa y correctamente cada pregunta. Yo/nosotros acordamos proveer, a solicitud, documentación al Beneficiario/ Administrador del programa.

Client/Parent/Guardian
 Signature/Firma del cliente/padre o madre/tutor legal

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: _____



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

Please attach this form to the CDBG Eligibility Form (printed on back side of form or other method) - if it's not attached, signatures from the client or their parent/guardian/head of household, and program staff, will be required on this form.

[illegible]

12B. Other Monthly Income for All Adult Household Members Otros ingresos mensuales para todos los adultos del hogar	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)	
12B. SUBTOTAL	
13. TOTAL MONTHLY GROSS INCOME FOR ALL ADULT HOUSEHOLD MEMBERS (12A + 12B)	

City of Austin CDBG

Certification of Other CARES Act Sources

There are various [CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, HHS and CDBG](#).

Has your organization received funds from any of the following sources or another unlisted source for which you have also received CDBG-CV funds?

	Agency	Program Name	YES	NO	Amount (\$)
1	SBA	Paycheck Protection Program Loans			
2	SBA	Economic Injury Disaster Loans			
3	SBA	Express Bridge Loans			
4	SBA	Debt Relief Program			
5	FEMA	Disaster Relief Fund			
6	FEMA	Public Assistance Program			
7	FEMA	Emergency Food and Shelter Program (EFSP)			
8	Treasury	Unemployment Insurance Provisions			
9	Treasury	The Coronavirus Relief Fund			
10	IRS	Economic Impact Payments			
11	USDA	Commodity Supplemental Food Program			
12	USDA	Child Nutrition Programs			
13	USDA	Supplemental Nutrition for Women, Infants and Children (WIC)			
14	USDA	Nutrition Assistance Block Grant to Territories			
15	USDA	Disaster Household Distribution			
16	USDA	Summer Food Service Program			
17	USDA	The Emergency Food Assistance Program			
18	USDA	Pandemic EBT			
19	USDA	Supplemental Nutrition Assistance Program Emergency Allotments			
20	HHS	Community Living Allocation			
21	Labor	Dislocated Workers Grants			
22	EDA	Supplemental Economic Adjustment Assistance (EAA)			
Other CARES Act, Federal or Non-CARES, or Non-Federal Assistance for Coronavirus Response Not Listed Above:					

If the answer is “YES” your organization has also received funds from any of the other listed 22 CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, HHS, or other sources listed above, take the necessary precaution and ensure: **1) YOU DO NOT** Pay for the same expense twice; **2) YOU DO** divide funding sources to ensure program expenses paid by various CARES Act sources are paid **during a different timeframe or** for a different component of your program all together; and **3) YOU DO** only request funding needed to meet unmet needs and fill in the gaps to provide the services needed.

If you follow these rules, you will avoid duplicating benefits. If it is determined upon analysis of reimbursement requests that benefits have been duplicated, subrecipients will be required to repay reimbursed funds to City of Austin.

Certifying Signature

Date

Printed Name

Title

Agency Name (CDBG Subrecipient)