

**CHILD CARE SERVICES  
ENROLLMENT APPLICATION**



***All fields are required unless noted otherwise.***

**A. PARENT/GUARDIAN 1 INFORMATION**

First Name:	Middle Initial:	Last Name:	Social Security Number (optional):
Physical Address:		City, State:	Zip Code:
Mailing Address (if different than above):		City, State:	Zip Code:
County of Residence:	1st Phone Number:	2nd Phone number:	Work number (optional):
Email Address:	Race/Ethnicity: Which of the following best describes you? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say		

**Parent/Guardian 1 Employment Information** - Working includes being self-employed, part-time and full-time work, seasonal, or contract work.

How many employers do you work for? ☐ 1 ☐ 2 ☐ 3 ☐ I'm self-employed ☐ None, looking for work or student

Employer Name (List all your employers, including self, if applicable)	Employer Phone Number	What is your job title?
1.		
2.		
3.		

Are you enrolled in any of the following? <input type="checkbox"/> College or University <input type="checkbox"/> High School/GED Program <input type="checkbox"/> Training Program (Technical School, Certification Program, etc) <input type="checkbox"/> I am not enrolled in any of these	If you answered <b>yes</b> , please answer the following: School Name: _____ Semester Start and End Date: _____ Class Schedule (days and hours): _____
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Is there a 2<sup>nd</sup> parent in the household? ☐ Yes ☐ No If you answered "yes", please complete Section B, "Parent/Guardian 2 Information". If "no", skip to Section C, "Household Members" section.

**B. PARENT/GUARDIAN 2 INFORMATION** - complete the Parent 2 sections only if you answered yes to the question above.

First Name:	Middle Initial:	Last Name:	Social Security Number (optional):
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
<b>Parent/Guardian 2 Employment Information</b> - Working includes being self-employed, part-time and full-time work, seasonal, or contract work. Skip to Section C if there is not a 2 <sup>nd</sup> parent living in the household.			
How many employers does Parent/Guardian 2 work for? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Self-Employed <input type="checkbox"/> None, looking for work or student			
Employer Name (List all their employers, including self, if applicable)	Employer Phone Number	What is their job title?	
1.			
2.			

3.			
Are they enrolled in any of the following? <input type="checkbox"/> College or University <input type="checkbox"/> High School/GED Program <input type="checkbox"/> Training Program (Technical School, Certification Program, etc.) <input type="checkbox"/> They are not enrolled in any of these		If you answered yes, please answer the following: School Name: _____  Semester Start and End Date: _____  Class Schedule (days and hours): _____	
<b>C. HOUSEHOLD MEMBERS</b> -in this section you will add your household members including children who need care and don't need care. Household members may include children under the age of 18 that live in your home, adults who are considered as a dependent of yours for income tax purposes and any other minors that you are responsible for. Do <b>NOT</b> add yourself or the second parent.			
<b>Household Member 1</b>			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
<b>Household Member 2</b>			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
<b>Household Member 3</b>			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	

<b>Household Member 4</b>			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
<b>Household Member 5</b>			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
<b>Household Member 6</b>			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 <sup>nd</sup> parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
<b>D. OTHER HOUSEHOLD INCOME</b> -in this section you will include all other income received <u>monthly</u> in the household, including from children. If no other income is received, write in "0" under amount.			
Type of other income:		Recipient Name:	Amount:
Workers Compensation			\$
Social Security Disability Income			\$
Rental Income for a house, homestead, store, or other property; or income from tenants			\$
Income from estate and trust funds, inheritances, royalties			\$
Pensions, Annuities, Life Insurance, Retirement Income			\$
Alimony, Court Settlements, or Judgements			\$
Lottery Payments of \$600 or greater			\$
Other:			\$

<p><b>Does the total value of your household assets exceed \$1,000,000?</b> We understand most people don't have more than \$1 million in assets, but federal law requires us to ask. Assets include cash, money in bank accounts, vehicles, investments, and real estate (properties that can be sold). Do not include the home you live in, your main vehicle, or your personal belongings (like furniture).</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>E. CHILD CARE PROVIDER INFORMATION</b> - <i>in this section you will tell us about your child care provider selection.</i></p>		
<p>If you have chosen your child care provider(s), provide as much information as possible.</p>		<p>If you have not chosen your child care provider:</p>
Provider 1 Name:	License #:	<ul style="list-style-type: none"> <li>• Visit <a href="http://childcare.texas.gov">childcare.texas.gov</a> to find a child care provider.</li> <li>• Request our help to find a child care provider. Click the box to request our help.</li> </ul> <p><input type="checkbox"/> Yes, please help me locate a child care provider!</p>
Address:	Phone:	
<p>Has provider 1 confirmed your child's spot is available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Provider 2 Name:	License #:	
Address:	Phone:	
<p>Has provider 2 confirmed your child's spot is available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>F. ACKNOWLEDGEMENT</b></p>		
<p>I certify the information I provided on this form is true and correct to the best of my knowledge. I understand giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled. I give permission to Workforce Solutions or its child care contractor to (1) contact a 3<sup>rd</sup> 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 regarding participation in this program.</p> <p>By signing this form, I understand that:</p> <ul style="list-style-type: none"> <li>• an individual who obtains or attempts to obtain, by fraudulent means, services to which the individual is not entitled may be prosecuted under applicable state and federal laws; and</li> <li>• I am applying for services from Capital Area Workforce Solutions 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.</li> <li>• I am entitled to be notified about my child care scholarship eligibility.</li> <li>• Services are provided without regard to race, color, national origin, age, sex, disability, political beliefs, or religion.</li> <li>• The information on this application is confidential.</li> <li>• Workforce Solutions (WFS) may contact me by my cell or landline telephone number(s), mail address on file, e-mail address(es), or wireless device(s) to communicate information related to my current, future, or past participation with Child Care Services. WFS may utilize automated telephone dialing equipment, pre-recorded voice or text messages and I can opt-out using instructions provided with the automated service.</li> </ul>		
<p>Parent Signature:</p> 		<p>Date:</p>

# 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. 15<sup>th</sup> 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 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)**

September 2017

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