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www.dfwjobs.com
Email: childcare@dfwjobs.com

Child Care Assistance Application

Applicant

Last Name: First Name: MI: SSN: (optional)

Physical Address: City: ST: ZIP:

Mailing Address: City: ST: ZIP:

Preferred Phone: Other Phone:

Email Address:

Preferred Method of Contact: E-mail Phone Primary Language Spoken at Home:

Date of Birth: Sex: Female Male Ethnicity: Hispanic or Latino? Yes No

Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander

Marital Status: Single Married Separated Divorced\* Widowed \*Does the non-custodial parent of the child (ren) have court ordered visitation? If so please provide copy of the entire court documents.

Spouse or Other Parent/Adult (Complete ONLY if living in the same household)

Last Name: First Name: MI: SSN: (optional)

Date of Birth: Sex: Female Male Ethnicity: Hispanic or Latino? Yes No

Race: Caucasian African-American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander

Marital Status: Single Married Separated Divorced\* Widowed \*Does the non-custodial parent of the child (ren) have court ordered visitation? If so please provide copy of the entire court documents.

Please complete a section for each employer you have and/or educational/training activity enrolled in for each adult in the household

EMPLOYER/EDUCATION INFORMATION (Specify name of adult):

Employer/Education Name: Phone:

If employed, please list the title of your position:

Address: City: ST: Zip:

Hire Date/ Semester start date: Hours Worked per week/ Hours currently enrolled: Wage per hour: \$

How often are you paid? Weekly Bi-weekly Twice a Month Monthly Other

Work/Class Schedule:

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

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**EMPLOYER/EDUCATION INFORMATION** (Specify name of adult): \_\_\_\_\_

Employer/Education Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, please list the title of your position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ \_\_\_\_\_ Hours Worked per week/ \_\_\_\_\_

Semester start date: \_\_\_\_\_ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly  Twice a Month  Monthly  Other

**Work/Class Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**EMPLOYER/EDUCATION INFORMATION** (Specify name of adult): \_\_\_\_\_

Employer/Education Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed, please list the title of your position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ \_\_\_\_\_ Hours Worked per week/ \_\_\_\_\_

Semester start date: \_\_\_\_\_ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date/ \_\_\_\_\_ Hours Worked per week/ \_\_\_\_\_

Semester start date: \_\_\_\_\_ Hours currently enrolled: \_\_\_\_\_ Wage per hour: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly  Twice a Month  Monthly  Other

**Work/Class Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

\*\*If you have additional employers/education institutions, please add these on to an additional sheet\*\*

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## List all Child(ren) in the Household

Please check this box if the child below needs child care

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(optional)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No  
Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander  
Your Relationship to Child:  Parent  Legal Guardian  Other: \_\_\_\_\_ \*See enclosed In Loco Parentis Matrix\*  
Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_  
Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Please check this box if the child below needs child care

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(optional)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No  
Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander  
Your Relationship to Child:  Parent  Legal Guardian  Other: \_\_\_\_\_ \*See enclosed In Loco Parentis Matrix\*  
Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_  
Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Please check this box if the child below needs child care

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(optional)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No  
Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander  
Your Relationship to Child:  Parent  Legal Guardian  Other: \_\_\_\_\_ \*See enclosed In Loco Parentis Matrix\*  
Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_  
Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

Please check this box if the child below needs child care

4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(optional)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male Ethnicity: Hispanic or Latino?  Yes  No  
Race:  Caucasian  African-American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander  
Your Relationship to Child:  Parent  Legal Guardian  Other: \_\_\_\_\_ \*See enclosed In Loco Parentis Matrix\*  
Biological/adoptive mother's name: \_\_\_\_\_ Biological/adoptive father's name: \_\_\_\_\_  
Does this child attend school?  Yes  No If Yes, what is the school name? \_\_\_\_\_

\*\*If you have additional children, please add the child (ren) on an additional sheet

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## Additional Family Information

Are your children:

A) children of a qualified veteran or spouse of a veteran?  Yes  No

Name of the Veteran: \_\_\_\_\_  
\_\_\_\_\_

B) children of a foster youth under age 23?  Yes  No

C) children experiencing homelessness?  Yes  No

D) children of parents on military deployment?  Yes  No

E) children of teen parents?  Yes  No

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F) children with a documented disability?  Yes  No\*\*

Name of child(ren) with documented disability: \_\_\_\_\_

*\*\*Definition- A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. \*\**

If **“Yes”**, does the child require consistent one-on-one adult assistance in order to fully participate in the daily activities of the child care setting? *Note: This does not include therapy services*  Yes  No

If **“Yes”**, are you interested in participating in the Children with Disability Program?  Yes  No

Does this child(ren) have any ongoing medical expenses?  Yes  No

If **“Yes”**, submit copies of expenses.

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**Household Income (Include ALL sources of income, you must provide current documentation for ALL income sources [paystubs, bank statements, etc.]**

**SOURCE OF GROSS MONTHLY INCOME**

	AMOUNT		AMOUNT
Employment	\$ _____	Income received from rental property or roommates	\$ _____
Self-Employment Income	\$ _____	Alimony	\$ _____
Taxable capital gains, dividends and interest	\$ _____	Income from estates or trust funds	\$ _____
SSDI	\$ _____	Worker's Compensation	\$ _____
Retirement Benefits (excluding the regular Social Security payments)	\$ _____	Lottery Payments of \$600.00 or more	\$ _____
<b>Total Gross Monthly Household Income:</b>			\$ _____

Does your family have \$1,000,000 or more in assets?       Yes       No

Total number in household (include all household dependents):     

Number of children that need care:     

**Parent/Guardian Statement  
I UNDERSTAND THAT:**

1. I am entitled to be notified about my eligibility for services within 20 calendar days from the receipt of a completed application;
2. I, or my representative, may appeal denial, reduction or termination of services;
3. Services will be provided without regard to sex, race, creed, color, national origin, or disability;
4. The information on this form is confidential;
5. I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for childcare 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;
6. By signing this form, I understand that: (1) 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, (2) I am applying for services from Workforce Solutions for North Central Texas 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 for Workforce Solutions for North Central Texas to contact a third party to verify income or family size, citizenship and age of my children in need of child care assistance, and use the Social Security numbers if listed for identification and verification of all public benefits and income received.

All information provided represents a complete and accurate statement of my family's circumstances at the time of application.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_