



Before completing the Wait List Application, make sure you can answer "YES" to the following questions:

YES NO

1. **If you are a single parent household**, are you currently working and/or in job training or attending an educational program for a total minimum of 25 hours a week or more?

-OR-

If you are a two-parent household, are you BOTH currently working and/or in job training or attending an educational program for a combined total minimum of 50 hours a week or more?

X

2. **Do you meet the *monthly* income guidelines** as outlined in the table below (be sure to include ALL monies received on a monthly basis (work, child support, SSI, etc.), before taxes have been taken out)?

X

Family Size	Regular Income 185% FPIL
2	\$2,158
3	\$2,713
4	\$3,268
5	\$3,823
6	\$4,378
7	\$4,933
8	\$5,488

If you cannot answer all questions with a "YES," you are not eligible for assistance at this time and we invite you to re-apply when you are able to meet the requirements listed above.

Thank you~

ChildCareGroup- Child Care Assistance (CCA)
Customer Service Phone: 214-630-5949



ChildCareGroup

Dear Parent:

Thank you for your interest in the Child Care Assistance program. Due to the large volume of families in need of support, we currently have a waiting list.

This is for eligible families only, and you must meet all of the requirements in order to be placed on the list.

Throughout the year, we occasionally have funding slots that become available. Families are prioritized by wait/date order, and are contacted through the mail and telephone.

Sincerely~

ChildCareGroup / Child Care Assistance

Should you be interested in other child care services, please feel free to utilize the following information:

ChildCareGroup Resource and Referral: This program does NOT pay for child care, but will conduct a detailed search and help locate affordable child care providers and services in your area free of charge; for more information, please call (214) 631-CARE.

Texas Department of Family and Protective Services: This agency does NOT pay for child care, but will provide a list of facilities in Dallas County as well as in all other counties in the state of Texas; for more information, visit their website at: http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/

Head Start of Greater Dallas: This program provides part - day services (up to 6 hours) for pre-schoolers 3 to 5 years old; for more information, please visit their website at: <http://www.hsgd.org/>

2-1-1 Texas – Simply dial 2-1-1 from your phone, or log onto their website at: <https://www.211texas.org/211/> Need help and do not know where to go? **2-1-1 Texas** helps you find information on services in your area providing:

- Food
- Shelter
- Rent assistance
- Utility bill assistance
- Counseling
- Child care
- After-school programs
- Senior services
- Disaster relief
- and other programs in your area

NOTE: FORM MUST BE COMPLETE; failure to do so will delay your determination for eligibility, and assistance may be DISCONTINUED OR DENIED.

Parent or Caretaker Info:

Last Name		First Name		MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male	
Date of Birth: / /		Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed					
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native					
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No					
Physical Address				Apt #	City/State/Zip		
Mailing Address (if different than above)				Apt #	City/State/Zip		
Home Phone				Cell Phone			
Employer:				School:			
Address:				Address:			
City/State/Zip:				City/State/Zip:			
Work Phone:		Ext:		Hours:			
Hours Working per Week:		Hourly Pay Rate (required): \$		Date of Enrollment:			
Date of Hire: / /				Training/Certification Degree you are pursuing:			
Pay Frequency:		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly					
Other Monthly Income:		Tips \$		Unemployment \$			
		Bonuses \$		Workman's Comp \$			
		Commission \$		Other \$			

Second Parent Info (Only if living within the same household):

Last Name		First Name		MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male	
Date of Birth: / /		Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed					
Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native					
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown					
Are you a teen parent? <input type="radio"/> Yes <input type="radio"/> No		If yes, are you currently working on your High School diploma or working toward your GED? <input type="radio"/> Yes <input type="radio"/> No					
Employer:				School:			
Address:				Address:			
City/State/Zip:				City/State/Zip:			
Work Phone:		Ext:		Hours:			
Hours Working per Week:		Hourly Pay Rate (required): \$		Date of Enrollment:			
Date of Hire: / /				Training/Certification Degree you are pursuing:			
Pay Frequency:		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly					
Other Monthly Income:		Tips \$		Unemployment \$			
		Bonuses \$		Workman's Comp \$			
		Commission \$		Other \$			

Do you or the second parent receive any of the following?

Food Stamps:	<input type="radio"/> Yes <input type="radio"/> No	Housing Assistance:	<input type="radio"/> Yes <input type="radio"/> No
Child Support:	<input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	Social Security :	<input type="radio"/> Yes <input type="radio"/> No
SSI:	<input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	SSI for whom?	
TANF:	<input type="radio"/> Yes <input type="radio"/> No If yes, how much per month?	TANF for whom?	
Are you receiving child support for all of your children? <input type="radio"/> Yes <input type="radio"/> No			

PLEASE RESPOND: Should you be eligible for services, you will be asked to renew your information on file with us in 9 to 12 months. At that time, you will be required to prove that you are actively seeking child support for all of your children living in household under the age of 18. **Do you agree to meet this requirement?** Yes No

NOTE: FORM MUST BE COMPLETE; failure to do so will delay your determination for eligibility, and assistance may be DISCONTINUED OR DENIED.

Information Regarding Each Child Needing Care (children over 13 years of age are typically not eligible for assistance):

1. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No				
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

2. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No				
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

3. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No				
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

4. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
(If relationship is not son or daughter, do you have legal custody or proof of custody for this child?) <input type="radio"/> Yes <input type="radio"/> No				
Does child have a disability? <input type="radio"/> Yes <input type="radio"/> No	Ethnicity: Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	Current Grade Level:	Type of Care Needed: <input type="radio"/> Full Day <input type="radio"/> Before/After School		

Information on Other Members of Household:

1. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		
Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown				
2. Last Name	First Name	MI	SSN	Sex: <input type="radio"/> Female <input type="radio"/> Male
Date of Birth: / /	Relationship to Parent/Caretaker:	Ethnicity: Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		
Race: <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown				

Total Number of Persons in Household:

What is the **TOTAL NUMBER OF PERSONS** living in the household (this includes parent/caretaker, spouse, all children, and any other dependent persons)?

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 entitled to be notified about my eligibility for services within 20 calendar days from the date of this application; (3) I, or my representative, may appeal denial, reduction, or termination of services; (4) services will be provided without regard to sex, race, creed, color, national origin, or disability; (5) the information on this application is confidential; (6) By signing this form, I am applying for services from **WorkForceSolutions or their child care contractor**. I give permission to **WorkForce Solutions of their child care contractor** to contact a third party to verify income or family size, and use the Social Security numbers listed for identification and verification of Social Security benefits and income.

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 10 business days of the change.

Parent or Caretaker Signature: **Date:**

Office Use Only		
CCS Group Code:	Total Income:	Transitional Dates:
# of Children in Care:	Max. Allowable:	Job Search Dates:
Eligibility Dates:	Educational Program Tracking	Medical Leave Dates:
Monthly Parent Fee:	Start:	Status of Communication with Provider:
Prorated Fee:	End:	Forms Sent:
Reduced Fee:	Extended Year	
Care Hours/Days:	Start:	
Date PA Form Reviewed with Customer:	End:	
	Caseworker Signature:	Date: