

P.O. Box 130 Denton, Texas 76202 Local: 940-382-5619

Toll Free: 1-800-234-9306 Fax: 940-323-4394 or 940-320-5017 or 940-320-5010

www.dfwjobs.com

Email: <a href="mailto:childcare@dfwjobs.com">childcare@dfwjobs.com</a>

# **Child Care Application Check List**

Tip: Please complete and return ALL required forms AND required documentation to reduce processing time. Note: 80% of applications received are incomplete.

**REMEMBER:** All changes can be reported on our website: <a href="www.dfwjobs.com/childcare">www.dfwjobs.com/childcare</a> or by emailing: <a href="childcare@dfwjobs.com">childcare@dfwjobs.com</a>

Note: Birth Facts Document is NOT acceptable.

**NOTE:** Texas Workforce Commission requires parents who are receiving child care assistance to help establish paternity and obtain child support for them. **This applies to ALL children age 18 or younger regardless of child care needs.** You cannot receive child care assistance if you do not meet this requirement.

| ☐ Child Care Assistance Application (pages 1-5)  |
|--|
| □ Customer Awareness Form (page 7)   |
| ☐ Parent Responsibility Agreement (page 8)   |
| ☐ Attendance Card Agreement (page 9)   |
| ☐ Child Care Provider Choice (page 10)   |
| ☐ Orientation to Complaint Procedures (page 11) (page 12 is a copy for your records)   |
| Required Documentation, additional to required Forms   |
| ☐ Employment Verification (See Acceptable Documentation) (page 6)  Note: if you are self-employed, call our office for a list of required documents. |
| ☐ School/Training Verification (See Acceptable Documentation) (page 6)   |
| ☐ Child Support (See Acceptable Child Support Documentation list) (page 16)  |
| ☐ Birth Certificates for all children who need child care  |

Forms that must be signed and returned (please READ every form prior to signing):

Once your application is complete you can email to: <a href="mailto:childcare@dfwjobs.com">childcare@dfwjobs.com</a> or fax it to <a href="mailto:childcare@dfwjobs.com">ONE</a> of the following: 940-323-4394 or 940-320-5017 or 940-320-5010

Workforce Solutions for North Central Texas is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For more information please visit dfwjobs.com.

Collin County • Denton County • Ellis County • Erath County • Hood County • Hunt County • Johnson County Kaufman County • Navarro County • Palo Pinto County • Parker County • Rockwall County • Somervell County • Wise County



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## **Child Care Assistance Application**

| . ıvame:  |                   |                                    | First Name:   |   | MI   | :                                    | SSN:_           |          | <u>-</u>                              |  |
|---|-------------------|------------------------------------|---|---|--|--------------------------------------|-----------------|----------|---------------------------------------|--|
| Date of Birth:  | _/                | _/ S                               | Sex: Female   | ] Male Ethni  | city: Hispanic o                                   | r Latino?                            | ☐ Yes ☐         | ] No     |                                       |  |
| Race: Caucasia  | an 🗌 A            | African-America                    | an 🗌 American In  | ndian or Alaskan N  | Native   | ☐ Native                             | e Hawaiiar      | n or Pac | ific Island                           | er   |
| Marital Status: S   | ingle [           | Married [                          | Separated Div   | orced Widow   | ved  |                                      |                 |          |                                       |  |
| Are you a veteran o   | r spouse          | of a veteran?                      | □Yes □ No   |   |  |                                      |                 |          |                                       |  |
| Are you age 19 or u   | nder atte         | ending high scl                    | hool or working on ye   | our GED? Yes  | s 🗌 No   |                                      |                 |          |                                       |  |
| Are you a current or  | former f          | oster care you                     | th and under age 23   | 3? ∐Yes ∏No   |  |                                      |                 |          |                                       |  |
| hysical Address:  |                   |                                    |   | City:   |  | ST:                                  | ZIP:            | !        |                                       |  |
| lailing Address: _  |                   |                                    |   | City:   |  | ST:                                  | ZIP:            | ·        |                                       |  |
| referred Phone: _   |                   |                                    |   | Other Ph  | none:  |                                      |                 |          |                                       |  |
| mail Address:   |                   |                                    |   |   |  |                                      |                 | _        |                                       | ou must be   |
|   | 100L              | TRAINING                           | <b>INFORMATIO</b>   | NC  |  |                                      |                 |          | averag  • Si                          |  |
| mployer/School Nar<br>employed, please li   | ne:<br>st the ti  | tle of your po                     | sition:   | Phone:  |  |                                      |                 |          | Si ho ho Vi TV                        | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50                                  |
| mployer/School Nar<br>employed, please li   | ne:<br>st the ti  | tle of your po                     | sition:Cit  | Phone:  | ST:  | Zi                                   | ip:             |          | Si     ho     wo     Tv     ho     ho | ngle parei<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek             |
| mployer/School Nar<br>employed, please li<br>ddress:<br>ire Date/<br>emester start date:_<br>ow often are you pa<br>Work/Class School   | me:<br>st the ti  | tle of your po                     | sition: Cit Hours Worked Hours currentl   | ty:<br>d per week/<br>ly enrolled:  | ST:Wage  | Zi                                   | ip:             |          | Si     ho     wo     Tv     ho     ho | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every                    |
| mployer/School Nar<br>employed, please li<br>ddress:<br>ire Date/<br>emester start date: _<br>ow often are you pa   | ne:<br>ist the ti | tle of your po                     | sition: Cit Hours Worked Hours currentl   | ty:<br>d per week/<br>ly enrolled:  | ST:Wage  | Zi<br>per hour                       | ip:             |          | Si     ho     wo     Tv     ho     ho | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek             |
| mployer/School Nar<br>employed, please li<br>ddress:<br>ire Date/<br>emester start date:_<br>ow often are you pa<br>Work/Class Scho   | ne:<br>ist the ti | tle of your po                     | Sition:Cit Hours Worked Hours currentl ii-weekly  Twice   | ty: | ST:Wage  | Zi<br>per hour                       | ip:             |          | Si ho ho ho ho ho (co                 | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek             |
| mployer/School Naremployed, please liddress:  ire Date/ emester start date:  ow often are you pa  Work/Class Scho   | me:st the ti      | tle of your po  Weekly □B  Tuesday | Sition:Cit Hours Worked Hours currentl i-weekly  Wednesday  | ty: ty: d per week/ ly enrolled: e a Month  Mod   | ST: Wage  nthly                                    | Zi<br>per hour<br>Satur              | rday            | Sur      | • Si ho ho wo                         | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek<br>ombined) |
| mployer/School Naremployed, please liddress: ire Date/ emester start date: ow often are you pa Work/Class School Mond   | me:st the ti      | tle of your po  Weekly □B  Tuesday | Cit Hours Worked Hours currentl ii-weekly  Wednesday  Wednesday   | ty: d per week/ ly enrolled: e a Month  Mod Thursday  ON (Only if you   | ST: Wage nthly Other Friday                        | Zi<br>per hour<br>Satur<br>or are wo | rday            | Sur      | • Si ho ho wo                         | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek<br>ombined) |
| mployer/School Naremployed, please liddress: ire Date/ emester start date: ow often are you pa Work/Class School Mond   | me:st the ti      | tle of your po  Weekly □B  Tuesday | Cit Hours Worked Hours currentl ii-weekly  Wednesday  Wednesday   | ty: ty: d per week/ ly enrolled: e a Month  Mod  Thursday  ON (Only if you  | ST: Wage nthly Other Friday                        | Zi<br>per hour<br>Satur<br>or are wo | rday            | Sur      | • Si ho ho wo                         | ngle parei<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek<br>ombined) |
| mployer/School Naremployed, please liddress: ire Date/ emester start date: ow often are you pa Work/Class School  Mond  MPLOYER/SCH  mployer/School Naremployed, please li              | me:st the ti      | Weekly B Tuesday TRAINING          | Cit Hours Worked Hours currentl Si-weekly Twice Wednesday SINFORMATION  | ty: ty: d per week/ ly enrolled: e a Month  Mon Thursday  ON (Only if you Phone:  | ST: Wage nthly Other Friday                        | Zi<br>per hour<br>Satur<br>or are wo | rday            | Sur      | • Si ho ho wo                         | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek<br>ombined) |
| mployer/School Naremployed, please liddress: re Date/ emester start date: www.often are you pawork/Class School Mond  MPLOYER/SCH mployer/School Naremployed, please liddress: re Date/ | me:st the ti      | Weekly B Tuesday TRAINING          | Cit Hours Worked Hours currentl Si-weekly Twice Wednesday SINFORMATIC Sition:  Cit Hours Worked                   | ty: ty: d per week/ ly enrolled: e a Month  Mon Thursday  ON (Only if you Phone:  | ST: Wage nthly                                     | Zi per hour Satur or are wo          | rday  orking Al | Sur      | • Si ho ho wo                         | ngle parei<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek<br>ombined) |
| mployer/School Naremployed, please liddress: ire Date/ emester start date: ow often are you pa Work/Class School Mond   | me:st the ti      | Weekly B Tuesday TRAINING          | Cit Hours Worked Hours currentl Si-weekly Twice  Wednesday  SINFORMATIO  Sition:  Cit Hours Worked Hours currentl | ty: Phone: ty: d per week/ ly enrolled: e a Month   | ST: Wage nthly Other Friday  work 2 jobs  ST: Wage | Zi per hour  Satur  or are wo        | rday  orking Al | Sur      | • Si ho ho wo                         | ngle parer<br>ome- 25<br>ours every<br>eek.<br>vo-parent<br>ome- 50<br>ours every<br>eek<br>ombined) |

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

| Race: Ca Marital Status Are you a vet Are you age 1 Are you a cur  EMPLOYER Employer/Schoolf employed, ple Address:                                      | aucasian   | African-America Married of a veteran? ending high schooster care yout            | Separated Div   | orced   Widow Forced   Widow Forced | ative Asian [    | Native Hawaiia      | n or Pacific Islander |
|--|--|--|---|---|------------------|---------------------|-----------------------|
| Marital Status Are you a vet Are you age 1 Are you a cur  EMPLOYER Employer/School f employed, ple Address: Hire Date/ Semester start of How often are y | s: Single eran or spouse 19 or under atterent or former to the spouse of | Married  of a veteran? ending high schotster care yout  TRAINING tle of your pos | Separated Div   | our GED?  Yes Yes No  No Phone: Ty: I per week/ y enrolled:   | ved □ No □ ST:   | Zip:                |                       |
| Are you a vet Are you age 1 Are you a cur  EMPLOYER  Employer/School f employed, ple  Address: Hire Date/ Semester start of                              | eran or spouse 19 or under atter rent or former to  /SCHOOL ol Name: ease list the ti  date: //ou paid?  | e of a veteran? ending high scheoster care yout                                  | Yes No ool or working on you h and under age 23  INFORMATIO  sition:  Hours Worked Hours currentl                         | our GED?  Yes  Yes No  No  Phone:  Ty: I per week/ y enrolled:  | □ No  ST:        | Zip:                |                       |
| Are you age 1 Are you a cur  EMPLOYER  Employer/School f employed, ple  Address: Hire Date/ Semester start of  How often are y                           | /SCHOOL/ ol Name: ease list the ti   | ending high schroster care yout  TRAINING  tle of your pos                       | in the second of the second or working on your hand under age 23  INFORMATION  Sition:  City Hours Worked Hours currently | Phone:  Ty: I per week/ y enrolled:   | ST:              | Zip:                |                       |
| Are you a cur  EMPLOYER, Employer/School f employed, ple Address: Hire Date/ Semester start of How often are y   | /SCHOOL/ ol Name: ease list the ti   | TRAINING   | INFORMATION  Sition:  Cit Hours Worked Hours current  | Phone:  Ty: I per week/ y enrolled:   | ST:              | Zip:                |                       |
| EMPLOYER, Employer/School If employed, ple Address: Hire Date/ Semester start of   | /SCHOOL of Name: ease list the ti date: /ou paid?  | TRAINING   | sition:  Cit Hours Worked Hours current   | Phone:  Ty:  I per week/ y enrolled:  | ST:              | Zip:                |                       |
| Employer/Schoolf employed, ple<br>Address:<br>Hire Date/<br>Semester start of<br>How often are y   | ol Name:ease list the ti   | tle of your pos  | sition: Cit Hours Worked Hours currentl   | Phone:  y: I per week/ y enrolled:  | ST:              | Zip:                |                       |
| Employer/Schoolf employed, ple<br>Address:<br>Hire Date/<br>Semester start of<br>How often are y   | ol Name:ease list the ti   | tle of your pos  | sition: Cit Hours Worked Hours currentl   | Phone:  y: I per week/ y enrolled:  | ST:              | Zip:                |                       |
| If employed, ple Address: Hire Date/ Semester start of How often are y   | date:  | tle of your pos  | sition: Cit Hours Worked Hours currentl   | ry:<br>I per week/<br>y enrolled:   | ST:              | Zip:                |                       |
| Hire Date/<br>Semester start of<br>How often are y   | date:  |  | Hours Worked<br>Hours currentl  | l per week/<br>y enrolled:  | ST:<br>Wage p    | Zip:<br>er hour: \$ |                       |
| Hire Date/<br>Semester start of<br>How often are y   | date:  |  | Hours Worked<br>Hours currentl  | l per week/<br>y enrolled:  | Wage p           | er hour: \$         | <del></del>           |
| How often are y  | ⁄ou paid?  □¹  |  |   |   | Wage p           | er hour: \$         |                       |
| _  |  | Weekly Bi  | wookly $\Box$ Twice   |   |                  |                     |                       |
|  | Monday   | Tuesday  | Wednesday   | Thursday  | Friday           | Saturday            | Sunday                |
|  |  |  |   |   |                  |                     |                       |
|  |  |  |   |   |                  |                     |                       |
| EMPLOYER   | /SCHOOL  | TRAINING   | INFORMATION   | ON (Only if you   | ı work 2 iobs or | are working A       | ND in school.)        |
|  |  |  |   |   | _                | _                   | -                     |
| If employed, ple   | ease list the ti   | tle of your pos  | sition:   | FIIOHE.   |                  |                     |                       |
| Address:   |  |  | Cit   | :y:   | ST:              | Zip:                |                       |
| Hire Date/   |  |  | Hours Worked<br>Hours currentle   | l per week/   |                  |                     |                       |
| Semester start (   | date:  |  | _ Hours currenti  | y enrollea:   | vvage p          | er nour: \$         |                       |
| How often are y  | ∕ou paid? ☐  | Weekly B   | i-weekly 🗌 Twic   | e a Month 🗌 M   | onthly   Oth     | er                  |                       |
| Work/Class   | Schedule:  |  |   |   |                  |                     |                       |
|  |  |  |   | Thursday  | Friday           | Saturday            | Cunday                |
|  | Monday   | Tuesday  | Wednesday   | HIIUISUAV   | I Huay           |                     | Sunday                |

#### Child(ren) Needing Child Care (Children that do NOT need care should be listed on Page 4)

Tip: Texas Workforce Commission requires parents who are receiving child care assistance to help establish paternity and obtain child support for their children. This applies to ALL children age 18 or younger regardless of their child care needs. You will NOT receive child care assistance if you do not meet this requirement. See page 15 for more information.

| 1. Last Name:                | First Name:  | MI:   | SSN:  |
|------------------------------|--|---|---|
| Date of Birth:/              | _/ Sex: Female Male Eth  | nicity: Hispanic or Latino?   | ☐ Yes ☐ No  |
| Race: Caucasian A            | African-American   | n Native  | e Hawaiian or Pacific Islander  |
| Your Relationship to Child:  | Parent Legal Guardian Other- Exp   | lain:   |   |
| What form of Child Support   | do you receive?  | ngement   | Other:  |
| Does this child attend schoo | ol? Yes No If Yes, what is the school na   | me?   |   |
| Biological/adoptive mother's | name: Biologic   | al/adoptive father's name: _  |   |
| 2. Last Name:                | First Name:  | MI:   | SSN:  |
| Date of Birth:/              | _/ Sex:  Female  Male Eth  | nicity: Hispanic or Latino?   | ☐ Yes ☐ No  |
| Race: Caucasian A            | African-American 🔲 American Indian or Alaskar  | n Native 🔲 Asian 🔲 Nativ  | e Hawaiian or Pacific Islander  |
| Your Relationship to Child:  | ☐ Parent ☐ Legal Guardian ☐ Other- Exp   | lain:   |   |
| What form of Child Support   | do you receive?  | ngement   | Other:  |
| Does this child attend schoo | ol? Yes No If Yes, what is the school na   | me?   |   |
| Biological/adoptive mother's | name: Biologic   | cal/adoptive father's name:   |   |
|                              |  |   |   |
|                              | F:   |   | 0011  |
| 3. Last Name:                | First Name:  | MI:   | SSN:  |
| Date of Birth:/              | _/ Sex:  | nicity: Hispanic or Latino?   | ☐ Yes ☐ No  |
| Date of Birth:/              |  | nicity: Hispanic or Latino?   | ☐ Yes ☐ No  |
| Date of Birth:/              | _/ Sex:  | nicity: Hispanic or Latino?<br>n Native □ Asian □ Nativ   | ☐ Yes ☐ No<br>e Hawaiian or Pacific Islander  |
| Date of Birth:/              | _/ Sex:  | nicity: Hispanic or Latino?<br>n Native □ Asian □ Nativ   | ☐ Yes ☐ No<br>e Hawaiian or Pacific Islander  |
| Date of Birth:/              | _/ Sex:  | nicity: Hispanic or Latino?  n Native □ Asian □ Nativ  lain: □ □ Court Order  | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  |
| Date of Birth:/              | _/ Sex:  | nicity: Hispanic or Latino?  Native Asian Nativ  lain: Court Order  me?   | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  |
| Date of Birth:/              | / Sex:   | nicity: Hispanic or Latino?  Native Asian Nativelain:  Idain:  Ingement Court Order  Ingemer?  Ingemere Asian Nativelain: | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  |
| Date of Birth:/              | / Sex:   | nicity: Hispanic or Latino?  Native Asian Nativellain:  ngement Court Order  me?  cal/adoptive father's name:  MI:        | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  SSN:  |
| Date of Birth:/              | Sex:   | Inicity: Hispanic or Latino? In Native  | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  SSN:  |
| Date of Birth:/              | Sex:   | nicity: Hispanic or Latino?  Native Asian Native  Native Court Order  me?  MI:  Mi:  Native Asian Native                  | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  |
| Date of Birth:/              | Sex: Female Male Ether Markerican American Male African-American American Indian or Alaskan Parent Legal Guardian Other- Expended of you receive? OAG Case Informal Arra ol? Yes No If Yes, what is the school nate aname: Biological First Name: Biological American Male Ether Markerican American American Indian or Alaskan  | Inicity: Hispanic or Latino? In Native  | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  |
| Date of Birth:/              | Sex: Female Male Ether Marcian Male Ether Marcian American American Indian or Alaskar Parent Legal Guardian Other- Expended you receive? OAG Case Informal Arra Marcian Male Marcian Male School nate in mame: Biologic First Name: Biologic Marcian Male Ether Marcian American American Indian or Alaskar Parent Legal Guardian Other- Expended Marcian Conter- Expended Marcian Male Description of Marcian Male Ether Marcian Marcian Other- Expended Marcian Conter- Expended Marc | Inicity: Hispanic or Latino? In Native  | ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other:  SSN: ☐ Yes ☐ No e Hawaiian or Pacific Islander ☐ Other: |

#### Child(ren) NOT Needing Care and Other Household Dependants

| 1. Last Name:                        | First Name:                           | MI: SSN:   | <del>-</del> |
|--------------------------------------|---------------------------------------|--|--------------|
| Date of Birth:/                      | Sex: Female Male                      | Ethnicity: Hispanic or Latino?  Yes  No          |              |
| Race: Caucasian Afric                | an-American 🔲 American Indian or Alas | skan Native 🔲 Asian 🔲 Native Hawaiian or Pacific | sIslander    |
| Your relationship to this person:    |                                       |  |              |
| If a child, what form of Child Sup   | oport do you receive?                 | nformal Arrangement                              |              |
| If a child, does this child attend s | school? Yes No If Yes, what is the    | ne school name?                                  |              |
| If a child, Biological/adoptive mo   | other's name:                         | Biological/adoptive father's name:               |              |
| 2. Last Name:                        | First Name:                           | MI: SSN:   |              |
| Date of Birth://                     | Sex: Female Male                      | Ethnicity: Hispanic or Latino?                   |              |
| Race: Caucasian Afric                | an-American                           | skan Native □ Asian □ Native Hawaiian or Pacific | s Islander   |
| Your relationship to this person:    |                                       |  |              |
| If a child, what form of Child Sup   | pport do you receive?                 | nformal Arrangement                              |              |
| If a child, does this child attend s | school? Yes No If Yes, what is th     | ne school name?                                  |              |
| If a child, Biological/adoptive mo   | ther's name:                          | Biological/adoptive father's name:               |              |
| 3. Last Name:                        | First Name:                           | MI: SSN:   | <del>-</del> |
| Date of Birth:/                      | Sex: Female Male                      | Ethnicity: Hispanic or Latino?  Yes  No          |              |
| Race: Caucasian Afric                | an-American 🔲 American Indian or Alas | skan Native 🔲 Asian 🔲 Native Hawaiian or Pacific | sIslander    |
| Your relationship to this person:    |                                       |  |              |
| If a child, what form of Child Sup   | pport do you receive?                 | nformal Arrangement                              |              |
| If a child, does this child attend   | school? Yes No If Yes, what is the    | ne school name?                                  |              |
| If a child, Biological/adoptive mo   | ther's name:                          | Biological/adoptive father's name:               |              |
| 4. Last Name:                        | First Name:                           | MI: SSN:   |              |
| Date of Birth:/                      | Sex: Female Male                      | Ethnicity: Hispanic or Latino?                   |              |
| Race: Caucasian Afric                | an-American 🔲 American Indian or Alas | skan Native □ Asian □ Native Hawaiian or Pacific | s Islander   |
| Your relationship to this person:    |                                       |  |              |
| If a child, what form of Child Sup   | oport do you receive? ☐ OAG Case ☐ I  | nformal Arrangement                              |              |
| If a child, does this child attend s | school? Yes No If Yes, what is th     | ne school name?                                  |              |
| If a child, Biological/adoptive mo   | other's name:                         | Biological/adoptive father's name:               |              |

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

| SOURCE OF MONTHLY INCOME   | AMOUNT  | SOURCE OF MONTHLY INCOME  | AMOUNT   |
|--|---|---|--|
| Employment   | \$  | Unemployment Benefits   | \$   |
| Social Security or SSI   | \$  | Alimony   | \$   |
| *Self-Employment Income  | \$  | Child Support   | \$   |
| Interest from savings or checking  | \$  | TANF  | \$   |
| Dividends from stock holdings  | \$  | Worker's Compensation   | \$   |
| Income received from rental  | ¢   | Retirement Income   | \$   |
| property or roommates  | \$  | Lottery Payments of \$600 or more   | \$   |
| Early Withdrawals from 401(k)  | \$  | Income from Estate or Trust Fund  | \$   |
| Income from Court Settlements,<br>Annuities, or Life Insurance   | \$  | Other   | \$   |
|  |   | Total Monthly Household Income:   | \$   |
| *If self-employed or paid in ca  | ash, please contact our   | office for a list of required documents   | s you must provide.                                      |
| Total number in household  | l (include all househo  | old dependants):  |  |
| Number of children that ne   | ed care:  |   |  |
| prosecuted under applical 2. I am entitled to be notified 3. I, or my representative, m 4. Services will be provided of 5. The information on this for 6. By signing this form, I am I give permission for Workforce Sol | attempts to obtain, by frauduction state and federal laws; about my eligibility for service ay appeal denial, reduction without regard to sex, race, rm is confidential; applying for services from Volutions for North Central Texticare assistance, and use the | ulent means, service to which the person is not ices within 20 calendar days from the receipt or termination of services. creed, color, national origin, or disability;  Vorkforce Solutions for North Central Texas. was to contact a third party to verify income or the Social Security numbers listed for identification. | of a completed application; family size, citizenship and |
| All information provided represents to report any changes to this inform   |   | tatement of my family's circumstances at the change.  | time of application. I agree                             |
| Parent/Guardian Signature  | :   | Date:   |  |
| Parent/Guardian Signature  | :   | Date:   |  |