



Workforce Solutions Child Care Services

1213 13th Street
 Lubbock, TX 79401
 744-3572 or 1-800-658-6284

To avoid delays with eligibility determination, please complete this document in its entirety.

ELIGIBILITY APPLICATION

Please fill out this form, pages 1, 2, 3 and 4 **completely**, so we will have information about you and your family. To be eligible for CCS, all adults must be working or attending school. You must bring a Birth Certificate and Social Security Card for each of your children and documentation of employment and or school and any other income. You must have documentation of a child support case for each child with the OAG or proof that you have received child support for the last 3 months.

Your Full Name			
Date of Birth			
Social Security Number			
Race			
Marital Status			
Spouse's Full Name		Date of Birth	
Social Security Number		Marital Status	
Race		Email Address	
Your Street Address			
Mailing Address, if different			
Home Phone Number		City:	Zip:

Below please list any other family members living in the home:

Name	Social Security Number	Date of Birth	Race	Sex	Relationship to Applicant

FRONT and BACK must be completed on every page

Your Information

Your Employment Information

Main Employer:		Start Date:			
Number of hours worked <i>per week</i> ?		Pay per hour:	\$	OR Salary:	\$
Do you get a Bonus or Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	\$	How often?	
When and how often do you get paid?		Work Number:			
What hours and days do you work?					Schedules must be included

Your Second Place of Employment - *If only one job, please check here and continue to next box*

Employer:		Start Date:			
Number of hours worked <i>per week</i> ?		Pay per hour:	\$	OR Salary:	\$
Do you get a Bonus or Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	\$	How often?	
When and how often do you get paid?		Work Number:			
What hours and days do you work?					Schedules must be included

Complete only if you attend a training program or school

What school do you attend?					
How many college hours of credit do you have since receiving a diploma or GED?					
How many classes are you taking?		What are you studying?			
<i>Include your class schedule and a copy of your degree plan.</i>					

Spouse's Information

- Check if Not Applicable

Spouse's Main Place of Employment

Main Employer:		Start Date:			
Number of hours worked <i>per week</i> ?		Pay per hour:	\$	OR Salary:	\$
Do they get a Bonus or Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	\$	How often?	
When and how often do they get paid?		Work Number:			
What hours and days does s/he work?					Schedules must be included

Spouse's Second Place of Employment-If only one job, please check here and continue to next box

Employer:		Start Date:			
Number of hours worked <i>per week</i> ?		Pay per hour:	\$	OR Salary:	\$
Do they get a Bonus or Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	\$	How often?	
When and how often do they get paid?		Work Number:			
What hours and days does s/he work?					Schedules must be included

Complete only if you attend a training program or school

What school does your spouse attend?					
How many college hours of credit does s/he have since receiving a diploma or GED?					
How many classes is s/he taking?		What is s/he studying?			
<i>Include a copy of the class schedule and a copy of the degree plan.</i>					

Teenager's Information

Teenager's School:					
What grade classification is s/he?					
What days and times is s/he in class?					Schedules must be included

Teenager's Place of Employment

Employer:		Start Date:			
Number of hours worked <i>per week</i> ?		Pay per hour:	\$	OR Salary:	\$
Do they get a Bonus or Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	\$	How often?	
When and how often do they get paid?		Work Number:			
What hours and days does s/he work?					Schedules must be included

Child Care Automated Attendance Cards

In addition to myself, I want the following persons to have attendance cards (3 person limit). All cards will be sent to me. I understand that a card is not needed for someone that I have put on the Pickup / Drop Off list at the child care provider to pickup or to drop off my child. Cards are only used to log attendance into the computer system.

PRINTED Name:	Date of Birth:
PRINTED Name:	Date of Birth:
PRINTED Name:	Date of Birth:

List any other sources of income or assistance your family receives and the amounts. TANF, Food Stamps and Social Security Benefits, SSI, Child Support, Bonuses, etc **must** be included. You will need to provide CCS documentation for the last 3 payments of this information.

Child/Children	Source of Income	Amount	How often received	How received

Do any of your children have special needs? Yes No
 If yes, please explain:

Child Care Fraud

It is against the law to make false statements in order to receive benefits for which you are not eligible. It may be considered stealing if you continue to receive benefits without reporting changes in person or in writing to CCS within 10 days of occurrence. Criminal charges may be filed against you by the district attorney or county attorney, child care will be terminated, and you will have to repay the amount owed.

Applicant Signature: _____ **Date:** _____

Please list contact number(s) where you can be contacted Monday through Friday between 8:00 a.m. and 5:00 p.m.

(____) _____ - _____ AND/OR (____) _____ - _____

This Eligibility Application is for screening purposes, not to receive funding.

CCS funding for child care is only available after parents/caregivers have signed a Form 2050 and other required documents.

Workforce Solutions South Plains Development Board is an equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. (TDD) or (800)735-2988 voice or 711.