CHILD CARE SERVICES

DOCUMENTS NEEDED FOR THE INTEREST LIST

Child Care Services (CCS) requires that the following documentation be submitted to be considered for the Interest List:

- 2-Pg Application
- 3 most recent consecutive paycheck stubs and/or College Class Schedule or other training verification letter
- Self-employed; last full month of records for your income & expenses
- ALL DOCUMENTATION MUST BE SUBMITTED TOGETHER!!!

How the process works:

INTEREST LIST NOTIFICATION:
If you are approved for the Interest List your name will be added to the Interest List. You will receive a letter in the mail notifying you that you have been placed on the Interest List. There is NO set amount of time that you will remain on this list. It is a first come first serve basis. Your wait time can average from two weeks to two years. After you receive this notification letter, there is no need to call to check the status; as no additional information will be available.

INTEREST LIST DENIAL:
You are denied your name will NOT be added to the Interest List. You will receive a letter in the mail notifying you that you have been denied access to the Interest List. This notification letter will include the reason you were denied. If you can correct the issue that caused the denial, you will be required to resubmit all necessary documentation to be reconsidered. We will not keep paperwork that was denied, so please keep the original documentation you submit.

OUTREACH PENDING:
When your name comes up from the Interest List, a Client Services Specialist (CSS) will contact you via, email or phone. The CSS will inform you of the documentation needed to process your application and will give you a timeframe to submit the requested documentation. If you submit the requested documents within that time, you will receive a response within 20 days of the date we received your last document. If the timeframe passes without receipt of the requested documents, you will be denied and will have to reapply for the Interest list.

ENROLLMENT INTERVIEW:
If you are determined eligible for the program, you will receive a phone call from our Enrollment Department who will inform you of the rules and regulations you MUST follow to remain eligible while you are on the program. It is during this process, you will inform CCS as to which daycare you have chosen, when you wish to start care for your child(ren). CCS will inform you of your monthly copay (if applicable), how to use the CCAA Swipe Card, and which changes you MUST report.

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.
SECTION I - PARENT/CARETAKER INFORMATION

<table>
<thead>
<tr>
<th>Name (First, MI, Last):</th>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>Check if Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Female</td>
<td>☐ Male</td>
</tr>
</tbody>
</table>

Race – Please check all that apply
☐ Caucasian ☐ African Am. ☐ Asian ☐ Am. Indian
☐ Alaska Native ☐ Hawaiian Native/Pacific Islander

Marital Status:
☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed

Social Security #: (Voluntary)

Physical Address:  
City & Zip Code:  
County:

Mailing Address (if different):  
City & Zip Code:  
County:

Home Phone Number:  
Cell Phone Number:  
Alternate Phone Number:

Email address:

SECTION II – PARENT/CARETAKER PARTICIPATION INFORMATION

<table>
<thead>
<tr>
<th>Name of Employer:</th>
<th>Phone Number:</th>
<th>Job Title Weekly Hours:</th>
<th>Pay Rate:</th>
</tr>
</thead>
</table>

Name of Employer:  
Phone Number:  
Job Title Weekly Hours:  
Pay Rate:

Name of School:  
Current Semester:  
Current GPA:  
Earned Hours:  
Credit Hours:

SECTION III – SPOUSE/OTHER PARENT INFORMATION (If in your household)

<table>
<thead>
<tr>
<th>Name (First, MI, Last):</th>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>Check if Yes</th>
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Phone Number:  
Job Title Weekly Hours:  
Pay Rate:

Name of School:  
Current Semester:  
Current GPA:  
Earned Hours:  
Credit Hours:

Do your total family assets exceed $1 million?  ☐ Yes ☐ No

Failure to check a box will result in the denial of your application !!!
## SECTION III – HOUSEHOLD DEPENDENTS

<table>
<thead>
<tr>
<th>Name (First, MI, Last):</th>
<th>Date of Birth:</th>
<th>Social Security #: (Voluntary)</th>
<th>Gender: ☐ Female ☐ Male</th>
<th>Relation to you: ☐ Son ☐ Daughter ☐ Other________</th>
</tr>
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<tr>
<td>Name (First, MI, Last):</td>
<td>Date of Birth:</td>
<td>Social Security #: (Voluntary)</td>
<td>Gender: ☐ Female ☐ Male</td>
<td>Relation to you: ☐ Son ☐ Daughter ☐ Other________</td>
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<td>Gender: ☐ Female ☐ Male</td>
<td>Relation to you: ☐ Son ☐ Daughter ☐ Other________</td>
</tr>
</tbody>
</table>

**Race – Please check all that apply**
- ☐ Caucasian ☐ African Am. ☐ Asian ☐ Am. Indian
- ☐ Alaska Native ☐ Hawaiian Nat./Pacific Islander

**Type of Care:**
- ☐ All Day
- ☐ Before / After School

**Check if Yes**
- ☐ Care Needed
- ☐ Disabled
- ☐ Hispanic

**Daycare Choice:** | **Preferred Language:**

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All information on this document represents a complete and accurate statement of my family’s circumstances at the time of this application. I understand that a person who obtains or attempts to obtain, by fraudulent means, services for which the person is not entitled may be prosecuted under applicable state and federal laws. I give permission for WorkForce Solutions Deep East Texas to contact a third party to verify income, family size, citizenship, or any other information shown on this application.