



Workforce Solutions Child Care Services

2002 W Loop 289 STE 117
 Lubbock, TX 79407
 806-744-3572 or 800-658-6284

Incomplete applications OR applications missing required eligibility documentation, will be returned. Determination for services will be delayed.

Please fill out this form, pages 1, 2, 3 and 4 **COMPLETELY**, so we will have the necessary information for you and your family. To be eligible for CCS, all adults must be working or attending school. You must bring a Birth Certificate for each of your children and documentation of employment and or school and any other income.

I certify that my family assets do not exceed \$1,000,000. Yes No

YOUR Full Name			
Date of Birth		Social Security# *	
Race		Marital Status	
Phone#		Work Phone#	
Mailing Address		Primary Language	
City, State, Zip Code			
Physical Address			
City, State, Zip Code			
Email Address			
<hr/>			
Spouse's Full Name			
Date of Birth		Social Security# *	
Race		Marital Status	
Phone#		Work Phone#	

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

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

*Voluntary

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?					

*****Attach your schedules showing days & times, and 3 months of check stubs**

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

2nd 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?					

*****Attach your schedules showing days & times and 3 months of check stubs**

Complete only if YOU attend a training program or school

What school do you currently attend?			
How many classes/hours are you taking?		Major attempting	

*****Attach your class schedule, transcript, and a copy of your degree plan.**

Spouse's Information - Check if Not Applicable

Spouse's 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?					

*****Attach your schedules showing days & times, and 3 months of check stubs**

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

2nd 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?					

*****Attach your schedules showing days & times, and 3 months of check stubs**

Complete only if spouse attends a training program or school

What school does your spouse currently attend?			
How many classes is s/he taking?		Major attempting	

*****Attach your class schedule, transcript, and a copy of your degree plan.**

Is your current residence temporary? _____
If yes, please explain:

Are you or your spouse a Veteran? Yes No **If yes, please attach verification.**
If yes, military status: Active Inactive **Branch of service:** _____

If your child is enrolled in or receiving benefits from any of the following programs, please indicate by checking all that apply:

- SSI SSDI ECI Public School/Preschool (**Special Education Services**)
 Head Start Children with Disabilities Program

Have any of the children currently in your care received DFPS/CPS funded child care in the last 12 months? Yes No

Are/were you a foster youth? Yes No

List any other sources of income your family receives and the amounts. You will need to provide CCS documentation for the last 3 months income.

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

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 14 days of occurrence. Criminal charges may be filed against you by the district or county attorney, your child care services may be disrupted, and you may have to repay the amount owed.

Applicant Signature: _____

Date: _____

Spouse's 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.

Home/Cell (____) _____ - _____

Work phone (____) _____ - _____

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

**CCS funding for child care is only available after
parents/caregivers have signed all required eligibility documents.**

Workforce Solutions South Plains is an equal opportunity employer/programs.
Program auxiliary aids and services available upon request to individuals with disabilities.
Relay Texas: 711 (voice); 800-735-2989 (TDD); or Relay Texas Spanish 800-662-4954.

