

**WORKFORCE SOLUTIONS RURAL CAPITAL AREA
APPLICATION FOR CHILD CARE SERVICES**

Serving: Bastrop, Blanco, Burnet, Caldwell, Fayette,
Hays, Lee, Llano, and Williamson counties

Return Completed Application To:
1101 Arrow Point Drive #203, Cedar Park, TX 78613
Phone: (512) 260-1937 ext. 19 Toll-Free (877) 223-0404 ext. 19

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____ Sex: Male Female County of Residence: _____

Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____ Apt # _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ x: _____ Alternate or Cell: () _____ - _____

Are you a Federal Qualified Veteran or Spouse? Yes No Were you or are you a Foster Youth? Yes No

Are you a Teen Parent in High School? Yes No Do you receive CPS services? Yes No

Do you or have you received TANF in the past 30 days? Yes No

Applicant Activities

Check all that apply: Are you working? In school Attending training Do you have a Bachelor's Degree? Yes No

Name of Employer: _____ School or Training facility: _____

Hours per week: _____ Pay rate: \$ _____ (Hourly Weekly Monthly) Commission: \$ _____ (Weekly Monthly)

Tips: \$ _____ /Week Overtime Hours: _____ /Week

Type of school or training: College/University Certificate Program Vocational Job Training Other _____

Current credit hours: _____ School/Training schedule (Ex: MWF 8-2p or M-F 9a-2p): _____

Spouse or Other Parent of Child(ren) Activities ****Write N/A if this section does not apply**** _____

Please check all that apply: Are you working? In school Attending training Do they have a Bachelor's Degree? Yes No

Name of Employer: _____ School or Training facility: _____

Hours per week: _____ Pay rate: \$ _____ (Hourly Weekly Monthly) Commission: \$ _____ (Weekly Monthly)

Tips: \$ _____ /Week Overtime Hours: _____ /Week

Type of school or training: College/University Certificate Program Vocational Job Training Other _____

Current credit hours: _____ School/Training schedule (Ex: MWF 8-2p or M-F 9a-2p): _____

Family Information (please include all members of your household)

First and Last Name	Relationship to You	Date of Birth	Social Security Number	Days/Hours Child Care Needed

Do you have a child(ren) with a disability? Yes No *If yes, please explain & provide documentation* _____

Child with disabilities -- A child who is mentally or physically incapable of performing routine activities of daily living within the child's typical chronological range of development. A child is considered mentally or physically incapable of performing routine activities of daily living if the child requires assistance in performing tasks (major life activity) that are within the typical chronological range of development, including but not limited to, caring for oneself; performing manual tasks; walking; hearing; seeing; speaking; breathing; learning; and working.

Other Income:

Child Support: \$ _____ /Month SSI: \$ _____ /Month Social Security: \$ _____ /Month Other: \$ _____ /Month

***** PLACEMENT ON THE WAITLIST IS NOT A GUARANTEE OF SERVICES *****

Signature: _____ Date: _____