

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

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

Return Original 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 from above): _____ Apt # _____ City: _____ State: _____ Zip: _____

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

Are you a Federal Qualified Veteran or Spouse? Yes No (need copy of DD214)

Were you or are you a Foster Youth? Yes No **Does the child(ren) receive CPS services?** Yes No (provide documentation)

Are you a Teen Parent in High School? Yes No **Do you or have you received TANF in the past 30 days?** Yes No

Do you have a child(ren) with a disability? Yes No If yes, please explain, and provide documentation from physician or medical professional:

Definition of a 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.

Applicant Activities

Check all that apply: Are you working? In school Attending training Have a Bachelor's Degree

Name of Employer: _____ Hours per week: _____ Pay rate: \$ _____ (Hourly Weekly Monthly)

Commission: \$ _____ (Weekly/Monthly) Tips: \$ _____ /Week Overtime Hours: _____ /Week

School or Training facility that you are *currently enrolled in*: _____ **Primary language spoken in home:** _____

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

How many credit hours are you *currently enrolled in*?: _____ School/Training schedule (Ex: MWF 8-2p or M-F 9a-2p): _____

Spouse or Other Parent of Child(ren)-in household-Activities Please check here if this section does not apply to your household

Check all that apply: Are they working? In school Attending training Have a Bachelor's Degree

Name of Employer: _____ Hours per week: _____ Pay rate: \$ _____ (Hourly Weekly Monthly)

Commission: \$ _____ (Weekly/Monthly) Tips: \$ _____ /Week Overtime Hours: _____ /Week

School or Training facility that you are *currently enrolled in*: _____

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

How many credit hours are they *currently enrolled in*?: _____ School/Training schedule (Ex: MWF 8-2p or M-F 9a-2p): _____

Other Income

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

Family Information (list ALL members of your household to include: children, spouse, domestic partner/significant other, etc):

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

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

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

Signature: _____

Date: _____