



Child Care Services Waitlist Overview

Finding a way to pay for child care is a constant challenge for many families who are working and/or attending school. Workforce solutions provides financial assistance, to eligible parent (s), to help pay for the cost of child care with the Child Care Services (CCS) program. Although a waitlist is in effect, families will be contacted in the order they are placed onto the waitlist once a slot for subsidized child care assistance becomes available.

Minimum Eligibility Requirements:

- Child(ren) must be a U.S citizen or legal immigrant.
- Meets one of the following age requirements:
 - Be under 13 years of age; or
 - A child with disabilities under 19 years of age.
- The family must reside within Hidalgo, Willacy, or Starr County.
- Parent(s) must be participating in training, education or employment activities an average of 25 hours a week for a single parent household, and average 50 hours a week for a two parent household.
- The family should have a total gross income that does not exceed 85% of the State Median Income (see Income Guidelines Chart).

Income Guidelines Chart

Gross Monthly Income
October 1, 2019-September 30, 2020

Family Size	85% SMI
2	\$3,775
3	\$4,663
4	\$5,552
5	\$6,440
6	\$7,328
7	\$7,495
8	\$7,661
9	\$7,828
10	\$7,994

CCS also considers:

- All income received in the household.
- The family composition and benefits received.

Required Documents: Be prepared to submit documents listed below once contacted by a Workforce Specialist.

- **Proof of Identity** -Current Valid Driver License or Government Issued Picture ID or Permanent Resident Alien Card for each parent/ caretaker in the household.
- **Proof of Age & Citizenship for Child(ren):** You must submit one of the following documents for each child in your household:
 - For Age & Citizenship:** Birth Certificates (U.S. or its possessions), U.S. Passport (must be current), Hospital or public health birth records (U.S. or its possessions), Church or Baptismal Record (U.S. or its possessions), TANF, food stamp benefits, Medicaid, or other related public assistance records, School Record, School Identification Card, Native American Tribal Document, Adoption Papers on Records, Child Support Paternity Records, and Divorce or Court Custody Decrees.
 - For Citizenship:** School Record, School Identification Card, Native American Tribal Document, Adoption Papers on Records, Child Support Paternity Records, and Divorce or Court Custody Decrees.
 - For Legal Immigrant/Qualified Alien:** Immigration form I-554 (“green card”), Immigration Form I-94, stamped with applicable rule citation (s), Immigration Form I-571 (refugee Travel Document), Order form Immigration Judge, Cuban/Haitian Passport and supporting documents, and USCIS Petition and supporting documents.
- Social security cards for all household members (optional).
- **Proof of Residency:** Current Valid Driver License, Current Government Issued Picture ID with physical address, Current Water, Light, or Gas Bill, Lease Agreements, Section 8 Award Letter, Rent Receipt (showing current address), Mortgage Statement, Determination-Residency Information Form
- **If Employed:** Copies of check stubs for each parent in the household for the last 3 months, and /or Employment/Income Verification Form completed by the employer for each parent in the household. Documentation for any additional earned and unearned income for the last 3 months. (Pay Frequency: weekly – 13 check stubs, bi-weekly – 7 check stubs, twice a month – 6 check stubs, and monthly – 3 check stubs) *This includes earned and unearned income from anyone 14 years or older not attending school and is working. Note: Employment income for child(ren) between the ages 14 to 19 who are attending school will not be included in determining household eligibility, unless the individuals is the parent(s) of the child(ren).*
- **If self-employed** submit a Self-Employment Verification form along with proof to verify your business and proof to verify your gross business income.
- **If attending a college or university:** Current School Schedule **and** Current Transcript
- **If attending a vocational school:** Enrollment Letter from the school **and** School or Training Schedule Verification Form -completed by the training/education provider
- **If attending High School or GED:** Program enrollment form **or** Letter from school verifying enrollment **and** School or Training Schedule Verification Form -completed by the training/education provider.

For CCS Purposes: A Teen Parent is someone who is 19 years of age or younger, attending High School or a GED Program and has a child.



Child Care Services / Servicios de Cuidado De Niños (CCS)

Waitlist Form / Formulario de Lista de Espera

Mission Fax: 1-866-580-6089

Weslaco Fax: 1-866-890-5452

Application MUST be completely filled out, or it will delay the waitlist process / La solicitud debe ser llenada completamente, o se va a retrasar el proceso de lista de espera

Parent /Caretaker Information (Información del Padre/Guardián)								
Name: Last, First, MI / Apellido, Primer Nombre, Segundo Nombre			Social Security (optional) / Numero de seguro social (opcional):			E-Mail Address / Correo Electrónico:		
Physical Address / Dirección del Domicilio:					City / State Ciudad /Estado:		Zip Code / Código Postal:	County / Condado:
Mailing Address / Dirección de Correo: <input type="checkbox"/> Same / Mismo					City / State Ciudad /Estado:		Zip Code / Código Postal:	County / Condado:
Home Phone / Numero de Hogar #		Cell Phone / Teléfono móvil #		Date of Birth / Fecha de Nacimiento		Marital Status / Estado Civil: <input type="checkbox"/> Married Casado(a) <input type="checkbox"/> Single Soltero(a)		
Place of Employment / Lugar de Empleo:				Hours worked weekly /Horas trabajadas por semana:		Receiving SSDI/Recibe SSDI: Yes/Si No/No		
Training Formación /Attending School Asistir a la escuela? Yes/Si No/No Name of School / Nombre de Escuela:								
Spouse Name / Nombre del Cónyuge <input type="checkbox"/> N/A			Date of Birth / Fecha de Nacimiento		Social Security (optional) / Numero de seguro social (opcional):		Cell Phone / Teléfono móvil #	
Place of Employment / Lugar de Empleo:				Hours worked weekly /Las horas trabajadas por semana:				
Training Formación /Attending School Asistir a la escuela? Yes/Si No/No Name of School / Nombre de Escuela:								
Are you a Veteran or Spouse of a Veteran / Es usted un Veterano o Esposo/Esposa de un veterano?: Yes /Si or No/No		Are you a Foster Youth? / Hijo o Hija Adoptivo? Yes/Si No/No		Are you a Teen Parent (19 yrs of age or under attending High School or GED)/ Es usted un padre Adolescente?(19 años de edad o menor asistiendo High School o GED): Yes/Si or No/No			Is your residence Temporary or Permanent?/Es su residencia Temporal o Permanente?	
List All Children in the Home / Listar Todos los niños en el Hogar								
Name/Nombre	Date of Birth/ Fecha de Nacimiento	Relationship to Applicant/ Relación con el Solicitante	Gender/ Genero	SSN (optional)/ Número de Seguro Social (opcional)	Child Care Needed?/Se requiere cuidado de niños?	Race/ Raza	Hispanic (Hispano/a)	Does child have a disability? /Tiene el niño una discapacidad?
1.			M F		Yes/Si No/No		Yes/Si No/No	Yes/Si No/No
2.			M F		Yes/Si No/No		Yes/Si No/No	Yes/Si No/No
3.			M F		Yes/Si No/No		Yes/Si No/No	Yes/Si No/No
4.			M F		Yes/Si No/No		Yes/Si No/No	Yes/Si No/No
5.			M F		Yes/Si No/No		Yes/Si No/No	Yes/Si No/No
6.			M F		Yes/Si No/No		Yes/Si No/No	Yes/Si No/No
This section is required in order to determine if you meet the income eligibility. Proof of income will be required when funds become available and you are contacted for intake / Se requiere prueba de ingresos cuando se disponga de fondos y que se ponen en contacto para la ingesta.								
HOUSEHOLD INCOME: Please include all household (gross) income from wages earned by all household members. Retirement Benefits, Taxable Capital Gains, Dividends and Interest, Rental Income, Income from Estate and Trust Funds, Workers Compensation, Death Benefits, and Disability Payments, including Social Security Disability Insurance (SSDI) payments, Lottery Winnings, or Spousal Maintenance or Alimony must be included. <i>Por favor incluya todos los ingresos de la familia de los salarios ganados por todos los miembros del hogar. Beneficios de jubilación, ganancias de capital tributables, dividendos e intereses, ingresos por alquiler, ingresos de bienes y fondos fiduciarios, compensación a los trabajadores, beneficios por fallecimiento, y pagos por incapacidad, incluyendo pagos de seguro social por incapacidad (SSDI), ganancias de lotería, o manutención conyugal o pensión alimenticia deben ser incluidos.</i>								
Gross Household Income / Ingresos del Hogar \$ _____					Household Size / Cantidad de familia en el hogar: _____			
Parent/Caretaker Signature _____ Firma del Padre/Guardián					Date _____ Fecha			
FOR OFFICE USE ONLY/ USO EXCLUSIVO DE LA OFICINA								
Transitional: Y N Teen Parent: Y N Children w/Special Needs: Y N Veteran/Spouse Y N Homeless: Y N								
CCS Representative Name:		Waitlist? Yes No	Date Entered:	Notification of WL Status Mail Date:		Stamp Date Received Here:		

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Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).

Effective: 1/10/2020