

Child Care Services  
 202 Henry O. Flipper Street  
 San Angelo, TX 76903  
 325-653-2321 or 800-996-7589  
 Fax 325-655-4649

For CCS Use:

- On W/L
- Contact made
- TWIST ID: \_\_\_\_\_

### Initial Evaluation of Eligibility

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number(s):** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CHECK** those that apply to your household:

- Veteran (1)
  - Homeless (3)
  - Teen (5)
  - Foster Youth (2)
  - Military (4)
  - Parent of a disabled child (6)
- Are you?  Single  Married  Separated  Divorced      What is your family size? \_\_\_\_\_

List the requested personal information of each adult in the household including yourself:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security # (Voluntary/Optional)</u>
_____	_____	_____
_____	_____	_____

- Are you currently unemployed and looking for work?    Yes     No
- Are you employed for **25** or more hours per week?    Yes     No
- Are you employed for **less than 25** hours per week?    Yes     No

List the place of employment for each adult including yourself:

<u>Name</u>	<u>Where employed</u>	<u>Job Title</u>	<u>Start Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

List the requested employment information for each adult including yourself:

<u>Name</u>	<u>Hourly rate</u>	<u>Hours per week</u>	<u>How often paid</u>	<u>Schedule</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Workforce Solutions of the Concho Valley is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. If you require special accommodations, please email [accommodations@cvworkforce.org](mailto:accommodations@cvworkforce.org) or call 800-996-7589. Relay Texas @ 1-800-735-2989 (TDD) or 1-800-735-2988 (Voice). Funding provided through the Concho Valley Workforce Development Board.

Do you receive regular bonuses? Yes  No  How often: \_\_\_\_\_

Enter the monthly amount of any other assistance or income currently being received:

TANF \_\_\_\_\_ SNAP/Food Stamps \_\_\_\_\_ SSI \_\_\_\_\_ Other \_\_\_\_\_

What is your highest education level completed? \_\_\_\_\_

Are you currently enrolled in school/training? Yes  No  Circle one: Full-time Part-time

List the school attended for each adult including yourself:

\_\_\_\_\_  
You will have to provide verification of current enrollment upon request.

List the child(ren) who **NEED** childcare:

Name	Date of Birth	Social Security # (Voluntary/Optional)
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the child(ren) who **DO NOT NEED** childcare:

Name	Date of Birth	Social Security # (Voluntary/Optional)
_____	_____	_____
_____	_____	_____

Is your child(ren) currently enrolled at a child care provider? Yes  No

**If so where:** \_\_\_\_\_

Have you received childcare through Child Care Services before? Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

List the name of the school with schedule if your child(ren) attends public Elementary, Head Start, or other such programs.

*Please list 2 contacts (family member, friend, co-worker) that would know how to get in touch with you if CCS is unable to contact you:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**REMEMBER** to contact CCS with address and phone number changes in order to assure that we can contact you.

**PLEASE BE SURE** to contact CCS **every 60 days or less** to update your name on the waitlist. Failure to do so will result in your name being taken off the waitlist.

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