

## A proud partner of the American becenter network Child Care Services Waitlist Application

## Please fill out the ENTIRE application & answer ALL questions.

We cannot accept incomplete applications. Application must be signed and dated.

Return	Completed	Арр	lication
20211	O EI: C:		

202 Henry O Flipper St San Angelo, TX 76903 Fax: 325-655-4649

Email: childcare@cvworkforce.org

Phone: 325-653-2321

First Name:	Middle Initial:	Last Name	e:		Dat	e of Birth: _	
Social Security Number (optional): _		Sex:	e 🗌 Female	County w	here you liv	/e:	
Mailing Address (if different from be	low):		City:		State: _	Zip:	
Physical Address:		City:		State	e: Zi	p:	
Phone: ()							
Are you a Federal Qualific			—   ——— ave you receiv				
Yes No	-		Tes	No	<del>-</del>	_	
Are you or your Spouse d	eployed military?	• D	oes the child		ding care	, have a d	lisability
<ul><li>☐ Yes ☐ No</li><li>Were you or are you current</li></ul>	ently a Foster Youth a	and • D	☐ Yes ☐ o you have as		na over \$	1 Million?	
are you younger than 23		iliu • D	Yes		ilg Over #	1 1-111110111:	
Yes No			re you current		ss?		
Are you 18 years old or years.			Yes				
in high school or GED clas ☐ Yes ☐ No	sses?	• W	hat is your hi	gnest eauc	cation leve	ei compiete	ea?
<ol> <li>Documentation verifyin <u>Household Members Chart</u> (inc</li> </ol>	g you are the person res lude only those that <b>live</b> in	•		ent/guardian	, step-paren	t, and adult d	ependents
First <u>and</u> Last Name	Relationship to You	Date of Birth	Social Secu	rity # (optiona	al) <b>Ch</b>	ild Care Ne	eded
						Yes	] No
						☐ Yes ☐	] No
						☐ Yes ☐	] No
						☐ Yes ☐	] No
						☐ Yes ☐	] No
						☐ Yes ☐	] No
						☐ Yes ☐	l No
(List additional household members o	n congrate nage and attach	1					
pes each parent/guardian, step-	Maximum Gross Ir						e Services
rent, and adult dependent in the	Is the household income, before taxes, <b>less than</b> the income		Family	Weekly	ctive October	Bi-Monthly	Monthly
usehold work and/or go to school least 25 hours <b>each</b> week?	amount listed in th		r Size	\$1,148	\$2,296	\$2,485	\$4,971
Yes No	household size?	NI _	3	\$1,418	\$2,836	\$3,070	\$6,141
e you unemployed and looking for	- 11	No	4	\$1,688	\$3,376	\$3,655	\$7,311
ork or work less than 25 hours	If you do not answ			\$1,958	\$3,917	\$4,240	\$8,481
ich week? Yes No	your application wi	III be denied.	7	\$2,228 \$2,279	\$4,457 \$4,558	\$4,825 \$4,935	\$9,650 \$9,870
ou do not answer this question, your application wil denied.				, , ,	,	. , , , , , , , ,	
	 CEMENT ON THE WAT	TI TOT TO NOT	A CHADANTE	E OE SEDV	ICEC *		
	CEMENT ON THE WAI					_	
You are responsible for reporting and care services. By signing and dating	below, you understand the	or all members in at all information	your household on this application	considered i on represent	n determinii s a complet	ng your eligil e and accura	bility for ca te statem
of your family's circumstances at this	S UITIE.						

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 or call 800-996-7589. Funding provided through the Concho Valley Workforce Development Board.