CHILD CARE SERVICES
PRIORITY SERVICE CHECK LIST

DO YOU QUALIFY FOR PRIORITY SERVICE? CHECK THE BOX IF THE ANSWER IS “YES”. YOU MAY RECEIVE CHILD CARE SOONER.

☐ Are you in one of the following programs?
  ☐ Choices
  ☐ TANF
  ☐ Supplemental Food & Nutrition Program (SNAP)?

☐ Are you a former TANF recipient who was employed when cash assistance was denied?

☐ Are you a former TANF recipient who was denied TANF benefits within the last 30 days because of time limits?

☐ Are you receiving assistance or service through Child Protective Services?  (Provide copy of current Safety Plan from CPS).

☐ Are you a qualified veteran?  (Provide DD214 document or self-attestation form)

☐ Are you a spouse of a qualified veteran?  (Provide DD214 document or self-attestation form)

☐ Are you a current or former foster youth between the ages of 14-23?
  (Provide letter from Texas Dept. of Protective and Regulatory Services)

☐ Are you a teen parent?
  (School counselor must complete Verification College and/or High School Enrollment Form in this packet).

☐ Are you a parent of a child with a disability who needs child care?  (Provide medical documentation).

☐ Are you currently receiving CCS in a different area of Texas?  (Provide Forms 2040 & 2050 from current CCS program)

The primary parent/guardian is responsible for providing proof of priority. If you have questions contact the Child Care Services Team.

________________________________________________________   ____________________________________________
Signature                                      Date

The Heart of Texas Workforce Development Board, Inc. is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice).
**CCS WAIT LIST CHECK-LIST**

***YOU MUST BE WORKING AT LEAST 25 HOURS A WEEK, OR ENROLLED IN SCHOOL, TO BE PLACED ON THE CCS WAIT LIST***

**YOU WILL NOT BE PLACED ON THE CCS WAIT LIST UNLESS YOU HAVE COMPLETED THIS ENTIRE PACKET**

**EMPLOYMENT INFORMATION**

If you are currently employed, and working at least 25 hours a week, please return one (1) of the following items:

- 1. Your four (4) most recent pay stubs or
- 2. If you have been employed less than two (2) months, please have your employer complete the enclosed CCS Wage/Income Verification Form or
- 3. A print-out from your employer showing your gross wages

**COLLEGE INFORMATION**

If you are currently attending college, please return all of the items listed below. All of the necessary forms are included in this packet.

- 1. The CCS Verification of College and/or High School Enrollment Form must be completed by your school. Please complete both pages of this form.
- 2. Include a copy of your current class schedule. You must take at least nine (9) credits during the regular semester, and at least six (6) credits during each summer session.
- 3. Documentation showing your plan for obtaining a degree.
- 4. A current copy of your transcript, clearly showing your GPA.

**HIGH SCHOOL / GED / STARS PROGRAM**

If you are currently attending high school, please have your school complete the items listed below. All of the necessary forms are included in this packet.

- 1. The CCS Verification of College and/or High School Enrollment Form must be completed by your school. You only need to complete the first page of this form.

The following information must also be provided:

- 1. Social Security Cards – Please include copies of Social Security Cards for everyone in your household. If you misplaced or lost any cards, you must re-apply for the card.
CCS WAIT LIST CHECK-LIST

***YOU MUST BE WORKING AT LEAST 25 HOURS A WEEK, OR ENROLLED IN SCHOOL, TO BE PLACED ON THE CCS WAIT LIST***

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CHILD SUPPORT

Portal no longer usable as of August 31, 2009

If you do not have an open child support case, go to the Attorney General's website at [www.oag.state.tx.us/cs/parents/apply_services.shtml](http://www.oag.state.tx.us/cs/parents/apply_services.shtml), apply online, and print the receipt. You must also provide all necessary information to the OAG's office in order to establish paternity and obtain child support for your children.

You must go to the OAG website if any of the following apply to you:

☐ 1. You do not have a child support case open; or

☐ 2. You have more than one child support case and you are not sure whether all the cases are open (you must go to the Attorney General’s Office and request a complete financial activity report); or

☐ 3. You do not know your CIN number (*Request your CIN number on the Attorney General's website provided above. The request takes at least 3 weeks to process either in person or on the website.*)

If you do not have access to a computer or have difficulties using the website, please go to the Attorney General’s office. You need to fill out the top part of the Verification of Child Support Income form supplied in the Wait List Packet and take it with you to the Attorney General’s Office.

If you do have an open case and know your CIN number for each father, you can access the child support payment information on the OAG website (www.oag.state.tx.us) and attach it to your Wait List Packet.

---

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CCS WAIT LIST CHECK-LIST

THE FOLLOWING INFORMATION PERTAINS TO GUARDIANS, GRANDPARENTS, ETC.

WE NEED DOCUMENTATION SHOWING WHY THE PRIMARY PARENT IS UNAVAILABLE AND DOCUMENT VERIFYING THE CARETAKER IS RESPONSIBLE FOR THE CHILD.

Example 1: Medical Incapacitation, In Treatment, or In Rehabilitation Center requires the following information: A document from a licensed medical professional or documentation from a licensed professional such as a counselor or therapist, or if the parent is in a treatment of rehabilitation center, a letter form the facility verifying admission signed by an authorize representative. Also, the Caretaker must have a notarized power of attorney or a sworn affidavit of temporary custody/guardianship of the child.

Example 2: Child Protective Services (CPS) requires the following information: A recent (within the last 6 months) CPS safety plan or CPS placement agreement, a court order naming the individual as the Caretaker, or a letter from CPS that confirms the children’s placement with the Caretaker is ongoing.

Example 3: Military Deployment requires the following information: military orders, or a suitable alternative, such as a confirmation by the Base Commander of other military official. Along with a military power of attorney appointing a Caretaker as the guardian of the child; or in lieu of a military power of attorney, a military family plan that gives the Caretaker the authority to execute decisions on child care matters.

In order to serve you faster we have a website that can help you find a daycare center for your needs: www.txchildcaresearch.org

Be sure to check with CCS if items are being faxed to make sure we have received all the items to complete your Wait List application. After we receive all the items, you will then be placed on the Wait List.

Please call back every sixty (60) days to update your file and report any changes.
ELIGIBILITY CODE CARD
FOR CHILD CARE SERVICES

Effective October 1, 2011, through September 30, 2012

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Income Limits 85% SMI</th>
<th>Extended Year Teen Parent Transitional Income</th>
<th>Family Size</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$6682</td>
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<td>10</td>
</tr>
</tbody>
</table>
## PARENT OR CARETAKER INFO

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>SSN</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Marital Status</th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Separated</th>
</tr>
</thead>
</table>

- Are you a Veteran? [ ] Yes [ ] No
- Are you the Spouse of a Veteran? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Ethnicity: Hispanic or Latino?</th>
<th>Race</th>
</tr>
</thead>
</table>
- Hispanic or Latino? | American Indian or Alaskan Native | African-American | Caucasian |
- Native Hawaiian or Other Pacific Islander | Asian | Unknown |

- Are you a teen parent? [ ] Yes [ ] No
- Are you a current or former foster youth and currently under the age of 23? [ ] Yes [ ] No

### CCS WAIT LIST INTAKE FORM

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
</table>

### SPouse INFO

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>SSN</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
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<tr>
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<th>Separated</th>
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</thead>
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- Are you a Veteran? [ ] Yes [ ] No
- Are you the Spouse of a Veteran? [ ] Yes [ ] No

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<th>Race</th>
</tr>
</thead>
</table>
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- Native Hawaiian or Other Pacific Islander | Asian | Unknown |

- Are you a teen parent? [ ] Yes [ ] No
- Are you a current or former foster youth and currently under the age of 23? [ ] Yes [ ] No

### DO YOU OR YOUR SPOUSE RECEIVE ANY OF THE FOLLOWING?

<table>
<thead>
<tr>
<th>Food Stamps</th>
<th>Child Support</th>
<th>TANF</th>
<th>Workforce Investment Act (WIA)</th>
</tr>
</thead>
</table>
- Yes | No | Yes | No |

<table>
<thead>
<tr>
<th>Social Security</th>
<th>Transitional</th>
<th>Unemployment</th>
</tr>
</thead>
</table>
- Yes | No | Yes | No |

### TOTAL NUMBER OF PERSONS IN HOUSEHOLD

What is the TOTAL NUMBER OF PERSONS living in the household (this includes parent/caretaker, spouse, all children, and any other dependent persons)? ______
### CCS WAIT LIST INTAKE FORM

#### INFORMATION REGARDING EACH CHILD NEEDING CARE

1. **Last Name:** ______________  **First Name:** ______________  **Mi:** ______________  **SSN:** ______________  **Sex:** ______________

   **Date of Birth:** ______________  **Relationship to Parent/Caregiver:**
   - Son/Daughter
   - Niece/Nephew
   - Other

   **Age:** ______________ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child?)  
   - Yes
   - No

   **Ethnicity:** Hispanic or Latino? ______________  **Race:**
   - American Indian or Alaskan Native
   - African-American
   - Caucasian
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - Unknown

   **Does child have a disability?**  
   - Yes
   - No
   **If yes please explain:**

   **Has child ever received ECI services or been in a Special Education Program?**  
   - Yes
   - No

   **Type of care needed:**
   - Full Time
   - Part Time
   - After School
   - Summer Care

2. **Last Name:** ______________  **First Name:** ______________  **Mi:** ______________  **SSN:** ______________  **Sex:** ______________

   **Date of Birth:** ______________  **Relationship to Parent/Caregiver:**
   - Son/Daughter
   - Niece/Nephew
   - Other

   **Age:** ______________ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child?)  
   - Yes
   - No

   **Ethnicity:** Hispanic or Latino? ______________  **Race:**
   - American Indian or Alaskan Native
   - African-American
   - Caucasian
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - Unknown

   **Does child have a disability?**  
   - Yes
   - No
   **If yes please explain:**

   **Has child ever received ECI services or been in a Special Education Program?**  
   - Yes
   - No

   **Type of care needed:**
   - Full Time
   - Part Time
   - After School
   - Summer Care

3. **Last Name:** ______________  **First Name:** ______________  **Mi:** ______________  **SSN:** ______________  **Sex:** ______________

   **Date of Birth:** ______________  **Relationship to Parent/Caregiver:**
   - Son/Daughter
   - Niece/Nephew
   - Other

   **Age:** ______________ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child?)  
   - Yes
   - No

   **Ethnicity:** Hispanic or Latino? ______________  **Race:**
   - American Indian or Alaskan Native
   - African-American
   - Caucasian
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - Unknown

   **Does child have a disability?**  
   - Yes
   - No
   **If yes please explain:**

   **Has child ever received ECI services or been in a Special Education Program?**  
   - Yes
   - No

   **Type of care needed:**
   - Full Time
   - Part Time
   - After School
   - Summer Care

4. **Last Name:** ______________  **First Name:** ______________  **Mi:** ______________  **SSN:** ______________  **Sex:** ______________

   **Date of Birth:** ______________  **Relationship to Parent/Caregiver:**
   - Son/Daughter
   - Niece/Nephew
   - Other

   **Age:** ______________ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child?)  
   - Yes
   - No

   **Ethnicity:** Hispanic or Latino? ______________  **Race:**
   - American Indian or Alaskan Native
   - African-American
   - Caucasian
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - Unknown

   **Does child have a disability?**  
   - Yes
   - No
   **If yes please explain:**

   **Has child ever received ECI services or been in a Special Education Program?**  
   - Yes
   - No

   **Type of care needed:**
   - Full Time
   - Part Time
   - After School
   - Summer Care

#### Other siblings in the household NOT needing care

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Age</th>
<th>SSN*</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Race</th>
<th>Relationship</th>
</tr>
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</table>

If you need care, what is the name of the Daycare facility you have in mind?: ______________

Daycare Address: ______________

Daycare Telephone: ______________  **Who Did You Speak With?:** ______________

To search for child care, please visit: www.txchildcaresearch.org  *SSN Information is Voluntary.
# CCS WAGE / INCOME VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY YOUR CURRENT EMPLOYER ONLY IF YOU HAVE BEEN EMPLOYED LESS THAN TWO (2) MONTHS.

I, ____________________________, give my permission to release the following information to Workforce Solutions for the Heart of Texas, Child Care Service:

1. Is ____________________________ employed by you? Yes □ No □ SS Number: __________

2. How often is this employee paid? Daily □ Bi-Weekly □ Weekly □ Bi-Monthly □ Monthly □

3. Is there any overtime pay based on past income history? Yes □ No □

4. List all wages received by the employee over the last four (4) pay period:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Gross Pay</th>
<th>Date Pay Period Began</th>
<th>Date Pay Period Ended</th>
<th>Number of Hours Worked</th>
<th>Hourly Rate</th>
<th>Other Pay Received</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If this employee is a new hire, please complete the following information:
Date Hired: _________  Hourly Wage: _______  Average Number of Hours Scheduled to Work (Weekly): ______

Name of Company/Organization: _______________________________________________________________________

Signature of Person Providing This Information: _______________________________________________________
Title: ____________________________  Date: ____________________________

Address/City/State/Zip: ___________________________________________________________________________

Telephone Number: _______________________________________________________________________________

For any questions regarding this form, please contact the Child Care Services Team at (800) 772-2269. You may fax this completed form to (254) 753-6355.

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CCS VERIFICATION OF COLLEGE AND / OR HIGH SCHOOL ENROLLMENT FORM

THIS FORM IS TO BE COMPLETED BY THE COLLEGE OR HIGH SCHOOL YOU ARE CURRENTLY ENROLLED IN.

If you are currently attending college, please provide this completed form, and a class schedule, degree plan, and transcript/GPA.

The student listed below is receiving child care services paid from the Texas Workforce Commission. Please fill out this form to provide verification of the student’s enrollment and attendance in your program. This form is to be completed by the school’s attendance / financial aid department.

Student Name: ______________________________________________________________

Date of Enrollment: __________________________________________________________

Hours and Days of Scheduled Classes: __________________________________________

Has the Student Withdrawn from this Institution?: Yes ☐ No ☐

If Yes, What Date did the Student Withdraw?: _________________________________

Has this Student Applied for or is Currently Receiving any Loans, Grants, or Scholarships?: Yes ☐ No ☐

If No, is this Student Receiving Aid from Other Sources?: ________________________

Name of Person Completing this Form: __________________________________________

Signature: __________________________________________________________________

Title: ______________________________________________________________________

Name of College or School: ____________________________________________________

Address/City/State/Zip: _______________________________________________________

Telephone Number: __________________________________________________________

Date: ______________________________________________________________________

Please be sure to complete page 2 of this form.

For any questions regarding this form, please contact the Child Care Services Team at (800) 772-2269. You may fax this completed form to (254) 753-6355.
CCS VERIFICATION OF COLLEGE AND / OR HIGH SCHOOL ENROLLMENT FORM

THIS FORM IS TO BE COMPLETED BY THE COLLEGE OR HIGH SCHOOL YOU ARE CURRENTLY ENROLLED IN.

I, ____________________________ give my permission to release the following information to the Texas Workforce Commission in order to assist in determining my eligibility for child care assistance.

Applicant Signature: ____________________________ Social Security Number: __________ Date: ______

Time Period Covered by Current Financial Aid and Expenses:
3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ Other: ☐ ____________________________

Please list the total amount received by this student for the time period indicated above.

Pell Grants: ____________________________
Stafford Loan: ____________________________
Perkins Loan (formerly National Direct Student Loan): ____________________________
Parent Loans for Students (Plus Loans): ____________________________
State Funding: ____________________________
Work Study: ____________________________
Accepted/Rejected: ____________________________

Please list the following expenses incurred by this student for the time period indicated above.

Tuition: ____________________________
Books: ____________________________
Mandatory Fees: ____________________________
Supplies: ____________________________
Tools: ____________________________
Other: ____________________________

I certify that the above information is true and correct.

Name of Person Completing this Form: ____________________________
Signature: ____________________________
Title: ____________________________
Telephone Number: ____________________________
Date: ____________________________

For any questions regarding this form, please contact the Child Care Services Team at (800) 772-2269. You may fax this completed form to (254) 753-6355.

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VERIFICATION OF CHILD SUPPORT INCOME

Date: __________________________

Applicant’s Name: __________________________

Applicant’s SSN: __________________________

Applicant’s DOB: __________________________

Name and Address of Requesting Authority:

Heart of Texas CCS
1416 S New Road, Waco, TX 76711

Payor: __________________________

Requesting Authority Agent Name:

Crystal Jackson - Wait List Specialist

Telephone and fax number:

(254) 296-5371 / (254) 753-6355 (fax)

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Applicant’s Signature __________________________  Date __________________________

WARNING: Section 1001 of Title 18 of the U.S. code make it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to matters within it jurisdiction. Texas Government Code 559 gives you the right to review and request correction of information on this form.

Official OAG use only

The applicant listed above:

☐ IV -D services are not being provided
☐ Does not have an active full service case with our agency
☐ Does have a registry only case with the county
☐ Does not have a registry only case with the county
☐ the agency is not aware of a support order

☐ Does have an active full service case with our agency
☐ Applicant is cooperating
☐ Applicant is not cooperating

☐ The amount of court ordered Child support is $ ___________ per ___________ (week, month, etc.)

☐ Is Cp receiving child support payments @ this time? yes ☐ no ☐

☐ Last payments of $ ___________ was received ___________ date

☐ Last payments of $ ___________ was received ___________ date

☐ Last payments of $ ___________ was received ___________ date

Signature - Title __________________________  Date __________________________

Comments: ________________________________________________________________

ATTENTION: Crystal Jackson - Wait List Dept.

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Heart of Texas WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 37)

This Orientation to Discrimination Complaint Procedures Form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

- Workforce Investment Act (WIA)
- Temporary Assistance for Needy Families (TANF) / CHOICES
- Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
- Child Care Services (CC)
- Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)
- Project Reintegration of Offenders (Project RIO)

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:
Heart of Texas Workforce Development Board, Inc.
801 Washington Avenue, Suite 700
Waco, Texas 76701

Equal Opportunity (EO) Officer: Aquanetta Brobston
Telephone Number: (254) 296-5300
Relay Texas: 1-800-735-2989 / TTY 1-800-735-2988 (Voice)

The (Heart of Texas) Workforce Development Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 242-T
Austin, TX 78778-0001

Telephone Numbers: (512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)

EQUAL OPPORTUNITY IS THE LAW
It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient’s Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

The Heart of Texas Workforce Development Board, Inc. is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice).
Heart of Texas WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 37)

PROCEDURES ON HOW TO FILE A COMPLAINT

☐ WORKFORCE INVESTMENT ACT (WIA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):
If you think you have been subjected to equal opportunity discrimination under a WIA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

☐ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):
If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care Services (CC) financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the Office of Civil Rights, U.S Department of Health and Human Services (HHS), 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056. Those filing complaints on child care services may choose to contact the U.S. Department of Agriculture (USDA), Office of Civil Rights-Southwest Region, Food and Nutrition Services, 1100 Commerce Street, Dallas, Texas 75242, (214) 290-9820. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

☐ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):
If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Civil Rights Office/Food and Nutrition Service, 1100 Commerce Street, Dallas, TX 75242, (214-290-9800) or USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, DC 20250-9410 (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Agriculture.

☐ PROJECT REINTEGRATION OF OFFENDERS (PROJECT RIO):
If you think you have been subjected to discrimination and are co-enrolled in a WIA or SNAP E&T program, you may file a complaint and follow the applicable program complaint procedure as described above.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity is the Law. I affirm that I have read the Orientation to Discrimination Complaint Procedure Form and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, it is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

________________________________________  ______________________________________  ____________________________
Applicant Signature                  Printed Name                  Date

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PRIORITY OF SERVICE SELF-ATTESTATION FORM

If you are a qualified veteran or a spouse of a veteran, please complete and sign this form. If you prefer, you may provide a copy of your DD214 instead.

Please check one of the following definitions that appropriately describes your classification.

☐ FEDERAL/STATE QUALIFIED VETERAN—a person who in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable as specified at 38 U.S.C. 101 (2). Active services include full-time duty in the National Guard or a Reserve component, other than full time for training purposes.

☐ FEDERAL QUALIFIED SPOUSES—the spouse of:
  • Any veteran who died of a service-connected disability;
  • Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
    (i) Missing in action;
    (ii) Captured in line of duty by a hostile force; or
    (iii) Forcibly detained or interned in line of duty by a foreign Government or power;
  • Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs;
  • Any veteran who died while a disability, as previously indicated, was in existence

☐ STATE QUALIFIED SPOUSE—a spouse:
  • Who meets the definition of federal qualified spouse; or
  • Of any member of the armed force who died while serving on active military, naval, or air services.

I _________________________________ ATTEST THAT I MEET THE DEFINITION MARKED ABOVE AND THE ASSOCIATED ELIGIBILITY CRITERIA. I CERTIFY THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT IF I HAVE MISREPRESENTED MYSELF, THERE MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW.

Applicant Signature __________________________  Printed Name __________________________  Date __________________________

CERTIFICATION

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Workforce Solutions Child Care Services __________________________  Printed Name __________________________  Date __________________________