

NOTE: Our new online waitlist application will be available soon.

PRINT and complete this paper application by hand. To submit the paper application:

Scan and email it to ccswaitlist@hotworkforce.com OR fax it to 254-753-6355.

CHILD CARE SERVICES PRIORITY SERVICE CHECKLIST

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 Nutrition Assistance 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 a qualified veteran? (*Provide DD214 document or Veteran Self-Attestation Form found at www.hotworkforce.com*)
- Are you a spouse of a qualified veteran? (*Provide DD214 document or Veteran Self-Attestation Form found at www.hotworkforce.com*)
- 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 (age 19 and younger)? (*School counselor must complete Verification of Enrollment Form found at www.hotworkforce.com*)
- 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 2450 and 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

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www.hotworkforce.com/ChildCare

Workforce Solutions for the Heart of Texas - Child Care Services
1416 S. New Road, 2nd Floor ▪ Waco, Texas 76711 ▪ (254) 296-5374 ▪ FAX (254) 753-6355

CCS WAITLIST INTAKE FORM

APPLICANT INFORMATION

Title: Miss Ms. Mrs. Mr.

First Name: _____ MI: _____ Last Name: _____

SSN*: _____ Gender: Male Female DOB: _____

Marital Status: Cohabitation (Living Together) Single Married
 Divorced Widowed Separated

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African-American Asian
 White

Ethnicity: Hispanic or Latino? Yes No

Physical Address: _____ Apartment #: _____
 City: _____ State: _____ ZIP: _____

Mailing Address: _____ Apartment #: _____
 City: _____ State: _____ ZIP: _____

County: Bosque Falls Freestone Hill Limestone McLennan

Main Phone Number: _____ Alternate Phone Number: _____

E-Mail Address: _____

APPLICANT EMPLOYMENT INFORMATION (IF APPLICABLE)

Date of Hire: _____ Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Hourly Pay Rate: \$ _____

Hours Worked Per Week: _____

Pay Frequency: Weekly Bi-Weekly Twice per month Monthly

Office Use Only - Case #: _____

APPLICANT SCHOOL INFORMATION (IF APPLICABLE)

Name of School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Hours Enrolled: _____ Date of Enrollment: _____

Total Credit Hours Completed: _____

Training/Certification Degree you are pursuing: _____

SPOUSE / SIGNIFICANT OTHER INFORMATION (IF APPLICABLE)

Title: Miss Ms. Mrs. Mr.

First Name: _____ MI: _____ Last Name: _____

SSN*: _____ Gender: Male Female DOB: _____

Marital Status: Cohabitation (Living Together) Single Married
 Divorced Widowed Separated

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African-American Asian
 White

Ethnicity: Hispanic or Latino? Yes No

Physical Address: _____ Apartment #: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____ Apartment #: _____

City: _____ State: _____ ZIP: _____

County: Bosque Falls Freestone Hill Limestone McLennan

Main Phone Number: _____ Alternate Phone Number: _____

E-Mail Address: _____

Office Use Only - Case #: _____

SPOUSE / SIGNIFICANT OTHER EMPLOYMENT INFORMATION (IF APPLICABLE)

Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Hours Worked Per Week: _____

Hourly Pay Rate: \$ _____ Date of Hire: _____

Pay Frequency: Weekly Bi-Weekly Twice per month Monthly

SPOUSE / SIGNIFICANT OTHER SCHOOL INFORMATION (IF APPLICABLE)

Name of School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Hours Enrolled: _____ Date of Enrollment: _____

Total Credit Hours Completed: _____

Training/Certification Degree he/she is pursuing: _____

DO YOU OR YOUR SPOUSE / SIGNIFICANT OTHER RECEIVE ANY OF THE FOLLOWING?

Food Stamps: Yes No Transitional: Yes No
 Workforce Innovation and Opportunity Act (WIOA): Yes No

TOTAL NUMBER OF PERSONS IN YOUR HOUSEHOLD

What is the total number of persons living in the household (this includes parent/ caretaker, spouse or significant other, all children, and any other dependent persons)? _____

Office Use Only - Case #: _____

INFORMATION REGARDING EACH CHILD NEEDING CARE

CHILD #1

First Name: _____ **MI:** _____ **Last Name:** _____

SSN*: _____ **Gender:** Male Female **DOB:** _____

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other

If relationship is not Son/Daughter, do you have legal custody or proof of guardianship for this child? Yes No **Child's Age:** _____

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African-American Asian
 White

Ethnicity: Hispanic or Latino: Yes No

Does the child have a disability? Yes No **If yes, please explain:** _____

Has the child received ECI services or been in a Special Education Program? Yes No

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

CHILD #2

First Name: _____ **MI:** _____ **Last Name:** _____

SSN*: _____ **Gender:** Male Female **DOB:** _____

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other

If relationship is not Son/Daughter, do you have legal custody or proof of guardianship for this child? Yes No **Child's Age:** _____

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African-American Asian
 White

Ethnicity: Hispanic or Latino: Yes No

Does the child have a disability? Yes No **If yes, please explain:** _____

Has the child received ECI services or been in a Special Education Program? Yes No

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

Office Use Only - Case #: _____

INFORMATION REGARDING EACH CHILD NEEDING CARE (CONTINUED)

CHILD #3

First Name: _____ **MI:** _____ **Last Name:** _____

SSN*: _____ **Gender:** Male Female **DOB:** _____

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other

If relationship is not Son/Daughter, do you have legal custody or proof of guardianship for this child? Yes No **Child's Age:** _____

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African-American Asian
 White

Ethnicity: Hispanic or Latino: Yes No

Does the child have a disability? Yes No **If yes, please explain:** _____

Has the child received ECI services or been in a Special Education Program? Yes No

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

CHILD #4

First Name: _____ **MI:** _____ **Last Name:** _____

SSN*: _____ **Gender:** Male Female **DOB:** _____

Relationship to Parent/Caregiver: Son/Daughter Niece/Nephew Other

If relationship is not Son/Daughter, do you have legal custody or proof of guardianship for this child? Yes No **Child's Age:** _____

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African-American Asian
 White

Ethnicity: Hispanic or Latino: Yes No

Does the child have a disability? Yes No **If yes, please explain:** _____

Has the child received ECI services or been in a Special Education Program? Yes No

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

Office Use Only - Case #: _____

OTHER CHILDREN IN THE HOUSEHOLD NOT NEEDING CARE

Child's Name	Age	SSN*	DOB	Gender	Race	Relationship

CHILD CARE FACILITY INFORMATION

If you need care, what is the name of the child care facility you have in mind?

Child Care Facility Address: _____

City: _____ **State:** _____ **ZIP:** _____

Child Care Facility Telephone: _____

Who did you speak with? _____

To search for child care, please visit: www.txchildcaresearch.org

*SSN Information is voluntary

INCOME ELIGIBILITY GUIDELINES

Effective October 1, 2020

Maximum Gross Income Eligibility for Child Care Services Services		
<i>Effective October 1, 2020–September 30, 2021</i>		
FAMILY SIZE	Gross Monthly Income	Gross Annual Income
	<i>85% of State Median Income (SMI)</i>	
1	\$3,023	\$36,280
2	\$3,954	\$47,443
3	\$4,884	\$58,607
4	\$5,814	\$69,770
5	\$6,744	\$80,933
6	\$7,675	\$92,096
7	\$7,849	\$94,189
8	\$8,024	\$96,282
9	\$8,198	\$98,375
10	\$8,372	\$100,468

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Case #:

**HEART OF TEXAS WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

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 Innovation and Opportunity Act (WIOA)
- 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)

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

Heart of Texas Workforce Development Board
801 Washington Ave, Suite 700
Waco, TX 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 504
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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA 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 WIOA 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. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA 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 may file a complaint with CRC before receiving that Notice. 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.

PROCEDURES ON HOW TO FILE A COMPLAINT

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA 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 (CC) program or activity receiving federal financial assistance, 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 U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. 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, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

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 Procedures 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, this form 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

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)