



Dear Parent,

Thank you for your interest in the Child Care Assistance program. Attached you will find the application form for you to complete. Outlined below are the basic eligibility guidelines for the waiting list.

- Live in Dallas County
- Meet income guidelines ( [www.childcaregroup.org](http://www.childcaregroup.org))
- You must be working or training at least: 25 hours a week for a single family household  
50 hours a week for a two-parent household
- Children must be under age 13 years

Please complete the application, and return to our office. Eligibility review may take up to 20 business days. You will be notified via mail of your eligibility status.

**Fax Number – 214.688.4436**

**Mail – 1420 W. Mockingbird Lane, Suite 300  
Dallas, TX 75247**

All eligible applicants go on the waiting list and when funding becomes available, families are outreached by wait/date order.

Sincerely~

ChildCareGroup – Child Care Assistance

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Should you be interested in other child care services, please feel free to utilize the following information:

**ChildCareGroup Resource and Referral:** This program does NOT pay for child care, but will conduct a detailed search and help locate affordable child care providers and services in your area free of charge; for more information, please call (214) 631-CARE.

**Texas Department of Family and Protective Services:** This agency does NOT pay for child care, but will provide a list of facilities in Dallas County as well as in all other counties in the state of Texas; for more information, visit their website at: [http://www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care)

**Head Start of Greater Dallas:** This program provides part-day services (up to 6 hours) for pre-schoolers 3 to 5 years old; for more information, please visit their website at: <http://www.hsgd.org>

**Program Referral Name:** \_\_\_\_\_

Please fax to CCA @ 214.688.4436 or mail to 1420 W. Mockingbird Lane, Suite 300, Dallas, TX 75247

**Parent or Caretaker Info:**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> /     /	<b>Marital Status:</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
<b>Ethnicity:</b> Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native		
<b>Are you a veteran?</b> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Other		
<b>Are you a Foster Parent or CPS Caretaker?</b> <input type="radio"/> Yes <input type="radio"/> No		Language spoken in the household:		
<b>Are you a former Foster child?</b> <input type="radio"/> Yes <input type="radio"/> No				
<b>Are you a teen parent?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>If yes, are you currently working on your High School diploma or working toward your GED?</b> <input type="radio"/> Yes <input type="radio"/> No		

<b>Physical Address</b>	<b>Apt #</b>	<b>City/State/Zip</b>
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<b>Mailing Address</b> (if different than above)	<b>Apt #</b>	<b>City/State/Zip</b>
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<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-Mail Address:</b>
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<b>Current Employer:</b>	<b>Current School/Training:</b>
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<b>Address:</b>	<b>Address:</b>
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<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
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<b>Work Phone:</b>	<b>Ext:</b>	<b>Hours:</b>
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<b>Hours Working per Week:</b>	<b>Hourly Pay Rate (required):</b> \$	<b>Date of Enrollment:</b>
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<b>Date of Hire:</b> /     /	<b>Training/Certification Degree you are pursuing:</b>
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<b>Pay Frequency:</b>	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly		
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**Information Regarding Household Income**

Source of Monthly Income	Monthly Amount
Total Household Wages/Salaries from Employment	
Self-Employment Income	
Interest	
Dividends	
Income from Rental Property	
Early withdrawal from 401k	
Retirement	
Social Security/SSI	
Unemployment Benefits	

Source of Monthly Income	Monthly Amount
TANF	
Food Stamps	
Child Support	
Alimony/Maintenance Payments	
Worker's Comp	
Housing Assistance	
Lottery Payments – greater than \$600	
Refugee Assistance	
Other: _____	
Other: _____	

Customer ID

Work ID

**Program Referral Name:** \_\_\_\_\_

**Second Parent Info (Only if living within the same household) or  
Additional Employment Information:**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male	
<b>Date of Birth:</b> /     /	<b>Marital Status:</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed				
<b>Ethnicity:</b> Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No		<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native			
<b>Are you a veteran?</b> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown			
<b>Are you a teen parent?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>If yes, are you currently working on your High School diploma or working toward your GED?</b> <input type="radio"/> Yes <input type="radio"/> No			
<b>Current Employer:</b>			<b>Current School/Training:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City/State/Zip:</b>			<b>City/State/Zip:</b>		
<b>Work Phone:</b>		<b>Ext:</b>		<b>Hours:</b>	
<b>Hours Working per Week:</b>		<b>Hourly Pay Rate (required):</b> \$		<b>Date of Enrollment:</b>	
<b>Date of Hire:</b> /     /			<b>Training/Certification Degree you are pursuing:</b>		
<b>Pay Frequency:</b> <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-weekly <input type="radio"/> Bi-monthly					
<b>Other Monthly Income:</b>		<b>Tips</b> \$	<b>Unemployment</b> \$	<b>Overtime</b> \$	<b>Bonuses</b> \$
			<b>Commission</b> \$	<b>Other</b> \$	

**Other Members of Household - children who do not need care or any individuals who you claim as a dependent for Income Tax purposes.**

<b>1. Last Name</b>	<b>First Name</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male	
<b>Date of Birth:</b> /     /	<b>Relationship to Parent/Caretaker:</b>		<b>Ethnicity:</b> Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown				
<b>2. Last Name</b>	<b>First Name</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male	
<b>Date of Birth:</b> /     /	<b>Relationship to Parent/Caretaker:</b>		<b>Ethnicity:</b> Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown				

Customer ID:

Work Item:

**Information Regarding Each Child Needing Care:**

<b>1. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter	<input type="radio"/> Niece/nephew	<input type="radio"/> Other
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, please list disability:	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>2. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter	<input type="radio"/> Niece/nephew	<input type="radio"/> Other
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, please list disability:	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>3. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter	<input type="radio"/> Niece/nephew	<input type="radio"/> Other
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, please list disability:	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>4. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter	<input type="radio"/> Niece/nephew	<input type="radio"/> Other
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, please list disability:	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		

**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)?**

**Certification:**

I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws; (2) I am entitled to be notified about my eligibility for services within 20 calendar days from the date of this application; (3) I, or my representative, may appeal denial, reduction, or termination of services; (4) services will be provided without regard to sex, race, creed, color, national origin, or disability; (5) the information on this application is confidential; (6) By signing this form, I am applying for services from **Workforce Solutions or their child care contractor**. I give permission to **Workforce Solutions or their child care contractor** to contact a third party to verify income or family size, and use the Social Security numbers listed for identification and verification of Social Security benefits and income.

**All information provided represents a complete and accurate statement of my family's circumstances at the time of application. I agree to report any changes to this information within 10 business days of the change.**

**Parent or Caretaker Signature:**  **Date:**

**FORM ADDENDUM:**  
**PLEASE COMPLETE if you have need additional space.**

**Applicant Name:**

**Information Regarding Each Child Needing Care (children over 13 years of age are typically not eligible for assistance):**

<b>1. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>2. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>3. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>4. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>5. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>6. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>7. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		
<b>8. Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>Sex:</b> <input type="radio"/> Female <input type="radio"/> Male
<b>Date of Birth:</b> / /	<b>Relationship to Parent/Caretaker:</b>	<input type="radio"/> Son/daughter <input type="radio"/> Niece/nephew <input type="radio"/> Other		
<b>Does child have a disability?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Ethnicity:</b> Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	<b>Race:</b> <input type="radio"/> Caucasian <input type="radio"/> African-American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Unknown		
If yes, please list disability:	<b>Current Grade Level:</b>	<b>Type of Care Needed:</b> <input type="radio"/> Full Day <input type="radio"/> Before/After School		

Customer ID:

Work Item: