

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM-

IF YOU, OR ANYONE IN YOUR HOUSEHOLD, HAVE TESTED POSITIVE FOR COVID-19, HAVE A CASE 'UNDER INVESTIGATION' OR HAVE BEEN DETERMINED PRESUMPTIVELY POSITIVE AND ASKED TO QUARANTINE, DO NOT APPLY FOR CHILD CARE SERVICES AND FOLLOW THE ADVICE OF HEALTH CARE PROFESSIONALS.

The safest place for children is at home. Two-parent families will not receive subsidized child care if one parent is not working and is available to care for the child.

Complete the following information for the parent or caregiver who is a COVID-19 Essential Worker in need of child care for their child(ren).

Are you a current Child Care Services customer? Please place a checkmark by your response below:

Yes: No: Unsure:

Last Name:		First Name:		Middle Name/Initial:	
Date of Birth:					
Physical Address:		City:	Zip:	County:	
Mailing Address (if different):		City:	Zip:	County:	
Home Phone:			Cell Phone:		
Work Phone:			Email:		

After you submit this form, you will be contacted by Workforce Solutions staff and asked to provide additional personal information over the phone including, but not limited to, gender, social security number, and race/ethnicity.

Complete the section below with information for the child(ren) in need of child care:

First Name	Middle Name	Last Name	Date of Birth	US Citizen or US Immigration Status ¹ (Write answer for each child)	Gender (M/F)

¹If your child is a legal immigrant of the United States, you will be contacted by Workforce Solutions staff to submit documentation. Photos and digital copies of documentation will be accepted.

Which occupation qualifies you as an essential worker during the COVID-19 pandemic? Please place a checkmark by the occupation category that best describes you below:

Pharmacy <input type="checkbox"/>	Mail/Delivery <input type="checkbox"/>
Healthcare <input type="checkbox"/>	Military Personnel <input type="checkbox"/>
Local or State Government <input type="checkbox"/>	Other <input type="checkbox"/>
Restaurant or Food Delivery <input type="checkbox"/>	Please describe 'other' below:
First Responder <input type="checkbox"/>	
Gas Station <input type="checkbox"/>	
Child Care, Home Health, other Caregiver <input type="checkbox"/>	

Please provide the name and address of current employer:

Why is temporary care needed at this time? Please place a checkmark in the box next to all reasons that apply:

- Child's regular child care provider is temporarily closed
- Child's school is temporarily closed
- Child's regular child care provider has limited capacity and cannot care for my child
- Child usually stays with friend/family who can no longer care for my child
- Child's regular child care provider has permanently closed

Other

Please describe:

Consulting the chart below, is your income* at or below these annual or monthly limits based on your family size?**

Yes

No

Family Size	Annual Household Income (Approx. 150% SMI) at or below	Monthly Household Income (Approx. 150% SMI) at or below
2	\$80,000	\$6,700
3	\$99,000	\$8,200
4	\$118,000	\$9,800
5	\$136,000	\$11,300
6	\$155,000	\$13,000
7	\$159,000	\$13,200
8	\$162,000	\$13,500
9	\$166,000	\$13,800
10	\$169,000	\$14,100

*Income does not include federal or state assistance or child support and is your gross income received (before taxes).

**Family size consists of those in the home that can be claimed as dependents on a federal tax return or a minor who is the responsibility of the parent/applicant.

State Median Income= SMI

By signing this document, you agree to the following statement:

I certify that I am an essential employee at my place of employment, which is providing essential services to Texans during the COVID-19 pandemic, and I do not have access to a safe and healthy alternative child care option during the pandemic.

I certify that all information provided on this form is accurate and child care may be terminated if any of this information is found to be inaccurate. I understand that giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled.

Electronic Signatures are acceptable. If completing online, please type your name in the signature field.

Parent/Caregiver Signature:	Date:
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Please submit completed application to the following email address:

childcare@workforcesolutionscb.org

If you have any questions, please call 361-882-7491 Ext. 426.

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