

Child Care Services Wait List Application

Please return via email- ccs.intake@wsalamo.org or fax to 210-277-2716.

Child Care Services (CCS) helps parents who are striving to become self-sufficient by giving them more choices in the childcare arrangements.

To be eligible for child care services:

- Child(ren) must be a U.S citizen or legal immigrant.
- Meets one of the following age requirements:
 - Be under 13 years of age; or
 - A child with disabilities under 19 years of age.
- The family must reside within the Alamo region.
- The family should have a total gross income that does not exceed 85% of the State Median Income (SMI).
- Parent(s) must be participating in training, education or employment activities an average of 25 hours per week for a single parent or 50 hours per week for a two-parent household, with each parent averaging at least 25 hours per week.

CCS may also consider:

- Other income received in the household.
- The family composition and benefits received.

Once your name is pulled from the wait list, be prepared to submit the following items:

- Birth Certificate or verification of birth facts for each child in the family.
- Proof of current residency (Example: utility bill or lease agreement).
- Three months' (if paid monthly) / 13 weeks' (if paid weekly or bi-weekly) most recent, consecutive paycheck stubs from current employer for each working member of the family. An employment verification form may be used. *This includes income from anyone 14 years or older. **Note: Employment income for child(ren) between the ages 14 to 19 who are attending school will not be included in determining household eligibility, unless the individual is the parent(s)/caretaker(s) of the child(ren).***
- Paid By Cash: Employment verification must be completed for the three months / 13 weeks prior to the receipts of this notice, and a 1099 may be requested.
- If self-employed you must submit for prior 3 months an itemized list of payments received for the service(s) you are providing; and receipts for all expenses paid, if itemizing expenses. The self-employment forms may be obtained at: <http://www.sanantonio.gov/humanservices/EarlyEducationChildCare/childcareassistance.aspx>
- Current school schedule and transcripts.
- Other sources of income such as SSDI benefits, workers' compensation, rental income.
- Current valid picture ID for each parent/ caretaker.
- If your child(ren) have a disability, the current disability documentation. (Examples: proof of enrollment of receipt of benefits from SSI, SSDI, ECI, Head Start program that identified the child as having a disability, public school special education services).
- Provide social security numbers for all household members (**voluntary**).

Note: A copy of the consumer education guide may be obtained at
<http://www.sanantonio.gov/humanservices/EarlyEducationChildCare/childcareassistance.aspx>





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Note: Your application will be returned if you fail to complete all applicable sections.

Date: _____

Parent/Caretaker Information

Name: Last, First, MI		Date of Birth:	Social Security Number:	Sex:	Ethnicity : Race:
Address: Apt#:			City/State:		Zip Code:
Mailing Address(if different):			County:		
Home Phone:	Cell Phone:	Personal E-mail:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Co-Habitation <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Place of Employment:		Work Schedule(ex: M-F 8am-5pm)	Hire Date:		
Address:		Number of hours you work weekly:			
Hourly Pay Rate: \$ _____	Income before taxes: \$ _____ /mo.	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi- Monthly	Other Income: Tips: \$ _____ Bonuses: \$ _____ Commission: \$ _____/ mo. Unemployment: \$ _____ Workman's Comp: \$ _____ None: _____		

Name of School or Training Institution:	School Schedule(ex: M-F 8am-5pm)	Hours this semester:	School start date:
Address:	Area of Concentration/Major	Hours completed	

List each child in the home- If relationship to child is not son/daughter legal custody documents are required.

Name - Social Security Number	Date of Birth	Race/ Hispanic Y/N	Sex	Current Grade Level	Type of Care needed Full/ Before/After school or None	Relationship to Applicant	Does child have a disability? If so list the disability.
1.							
SS#							
2.							
SS#							
3.							
SS#							
4.							
SS#							
5.							
SS#							

2nd Parent/Spouse/Significant other (Only if living within the same household)

Name: Last, First, MI		Date of Birth:	Social Security Number:	Sex:	Ethnicity : Race:
Home Phone:		Cell Phone:		Work E-mail:	
Place of Employment: Address:		Work Schedule(ex: M-F 8am-5pm) Number of hours you work weekly:		Hire Date:	
Hourly Pay Rate: \$ _____	Income before taxes: \$ _____ /mo.	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi- Monthly		Other Income: Tips: \$ _____ Bonuses: \$ _____ Commission: \$ _____/ mo. Unemployment: \$ _____ Workman's Comp: \$ _____ None: _____	

Name of School or Training Institution: Address:	School Schedule(ex: M-F 8am-5pm) Area of Concentration/Major	Hours this semester: Hours completed	School start date:
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Family Members (not previously listed)

1.Name:	Date of Birth:	SSN:	Relationship to you:
2.Name:	Date of Birth:	SSN:	Relationship to you:
3.Name:	Date of Birth:	SSN:	Relationship to you:

List any other sources of income or assistance your family receives and the amounts. Gross income including: bonuses, tips, commission, incentives pensions, annuities, lottery winnings of \$600.00 or greater, taxable capital gains, dividends, interest, rental income, workers' compensation income, spousal maintenance or alimony, social security disability benefits, incentives, must be included. Note: You will need to provide CCS documentation for all income and/or benefits received on this list.

Source of Income	Who Receives the Income?	Amount	How often received

What is the TOTAL NUMBER OF PERSONS living in the household (this includes parent/caretaker, 2nd parent, spouse, all children, and any other dependent persons)?

I understand that by signing this form, I am applying for services from the Texas Workforce Commission or from an agency under contract with the commission. All information provided represents a complete and accurate statement of my family's (clients) circumstance at the time of the application.

Head of Household Signature _____ Date _____

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