

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 which includes the 13 counties: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson.
- 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>



To be eligible PRIORITY child care services:

Certain groups may qualify for priority of service (receive care sooner) if funding is available. Please place a check next to each statement you meet. If you do not meet any of the statements, please move to the next section. Examples of required documentation to verify priority status are also listed.

I am a Qualified Veteran

You will need to provide documentation: Example: DD214

I am the Spouse of a Qualified Veteran

You will need to provide documentation: Example: DD214

I am a current or former foster youth between the ages of 14-23

You will need to provide documentation: Example a letter from the Texas Department of Protective and Regulatory Services

I am a teen parent (age 19 and younger)

You will need to provide documentation: Example: A letter from a school counselor verifying school enrollment or a current school schedule

I am a parent of a child with a disability who needs child care

You will need to provide proof of receipt of benefits from sources such as SSDI, SSI, ECI, Head Start, or PPCD

I am currently receiving child care assistance from a different area of Texas

My children and I are without a fixed, regular, and adequate nighttime residence (homeless)





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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 (voluntary):	Sex:	Ethnicity: Race:	Primary Language Spoken at Home:
Address: Apt#:			City/State:		Zip Code:	
Mailing Address(if different):					County:	
Home Phone:	Cell Phone:		E-mail:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Co-Habitation <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
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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List each child in the home- If relationship to child is not son/daughter legal custody documents are required.

Name (required) Social Security Number (voluntary)	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.							
2.							
3.							
4.							
5.							

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

Name: Last, First, MI		Date of Birth:	Social Security Number (voluntary):	Sex:	Ethnicity: Race:	Primary Language Spoken at Home:
Home Phone:		Cell Phone:		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 (voluntary):	Relationship to you:
2.Name:	Date of Birth:	SSN (voluntary):	Relationship to you:
3.Name:	Date of Birth:	SSN (voluntary):	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, 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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