

## Instructions

1. Carefully read this document.
2. Initial you understand and agree to each responsibility that will apply to you should we award financial aid.
3. Sign and Date the Parent Acknowledgement page.

## Your Rights

1. You have the right to expect good service from Workforce Solutions.
2. You will receive financial aid regardless of race, color, national origin, age, sex, disability, political beliefs, or religion.
3. We assure you that we will treat any personal information you give to Workforce Solutions as confidential.
4. You may choose the child care arrangement best meeting your needs, including care provided by a child's relative.
5. You have the right to report a change in work or education/training that may result in an increase in the level of financial aid you receive.
6. We'll notify you fifteen (15) days before we end or change the payment of care unless you voluntarily withdraw or in cases where fraud has been determined.
7. If you are required to pay a monthly fee to your child care provider, you have the right to report a change in family composition or income which may lower your monthly fee. If you failed to pay your portion of the child care parent fee as agreed below, Workforce Solutions will discontinue your child care.
8. If your child care is discontinued due to excessive absences or failure to pay your monthly parent fee, you can reapply after a 60-day waiting period.

## Your Responsibilities

Workforce Solutions wants you to understand your responsibilities if we determine you are eligible for financial aid for child care assistance.

**Please read the responsibility statements below, initial each responsibility signifying you understand your responsibility and will comply, and sign in the space provided at the bottom of this document.**

**Some Responsibility statements will not apply to all families receiving financial aid for child care. These are identified with the \* symbol. If you have questions regarding any of these responsibilities, please contact Workforce Solutions at 1-888-469-5627, select option 3, and then option 2 -- or call 713-334-5980.**

### 1. Family/Income\*

I understand I qualify for child care financial aid based upon my family's income and size. If my family experiences a change in income or family composition that would put my family income above the limits detailed at <http://www.wrksolutions.com/for-individuals/financial-aid-for-child-care>, I must report such change to Workforce Solutions within 14 days. Failure to report this information within 14 days may result in disallowed costs I will have to repay.

**Important:** We can help. If you are not sure if your change in income or family composition would result in your family exceeding the limits on the chart referenced above, you can contact Workforce Solutions and our staff will help determine if your change in income or family status results in your family exceeding the limit.

Parent's Initials \_\_\_\_\_

### 2. Work/Training Education\*

I understand I am able to get child care so I can work, go to school, or attend job training classes. If I am no longer working, no longer in school, or no longer attending job training classes, I will notify Workforce Solutions within 14 days of the change. Failure to report this information within 14 days may result in disallowed costs I will have to repay.

Parent's Initials \_\_\_\_\_

### 3. Initial Job Search\*

I understand:

- I am able to get initial job search child care for three months while I look for work that will meet the minimum employment activity requirements (25 hours per week for one parent family/50 hours per week for two-parent family).
- If I am awarded financial aid and I am unable to obtain employment that meets the minimum activity requirements before the end of the three-month period, I will lose my child care financial aid.
- I must notify Workforce Solutions immediately when I gain employment and my parent fee will be adjusted based on my household income.

Parent's Initials \_\_\_\_\_

### 4. Contact Information

I understand I must report any changes in my family's residence, primary phone number, or email address. **I will notify Workforce Solutions within 14 days of the change.**

Parent's Initials \_\_\_\_\_

### 5. Parent Fee\*

If I am determined eligible and awarded financial aid and required to pay a parent share of cost fee, I agree to pay my monthly parent fee to my chosen child care provider. Workforce Solutions assesses a sliding scale fee based on my family's gross income, composition, and the number of children in care. I understand:

- My parent fee may decrease depending on changes in family composition, income or the number of children in care.
- I must notify Workforce Solutions if I have changes in my family composition, income or number of children in care.
- I may receive a 30% discount if I select a Texas Rising Star (TRS)-certified provider.
- Workforce Solutions may adjust my monthly parent fee based on the changes I report.
- My monthly fee will not increase unless the number of children in care increases.
- Failure to pay the parent fee may result in termination of my financial aid for child care.

Parent's Initials \_\_\_\_\_

### 6. Choice of Providers

I understand if I choose:

- a relative to provide care for my child:** the decision to choose my child's relative is mine alone for which I am fully responsible. I understand that my child's relative is not subject to health and safety requirements required of a regulated child care provider. I am responsible for setting requirements for the care provided by my child's relative. I understand that neither the Houston-Galveston Area Council, through Workforce Solutions nor any of its employees, affiliates or contractors, is responsible for actions or omissions of my child's relative providing child care or for the health and safety of my child.
- a regulated provider to provide care for my child:** the decision to choose a particular provider is mine alone for which I am fully responsible. I understand neither the Houston-Galveston Area Council, through its Workforce Solutions workforce system nor any of its employees, affiliates or contractors, is responsible for actions or omissions of a regulated provider or for the health and safety of my child.
- a regulated provider that has earned Texas Rising Star (TRS) certification:** I understand that the TRS designation indicates that a provider has quality standards that exceed state minimum standards and should be considered when choosing a provider to care for my child. Workforce Solutions will provide a 30% reduction to the parent share of cost for all customers upon the parent's selection of and acceptance by a TRS-certified provider for each full month of care.
- to transfer to another provider:** I understand that I must provide two weeks' advanced notice before the transfer becomes effective.

Parent's Initials \_\_\_\_\_

## 7. Reporting Attendance

If I am determined eligible and awarded financial aid, I understand:

- a. I must follow the procedures set forth by my child care provider to report attendance;
- b. I must inform Workforce Solutions when my child's attendance is not reported accurately or cannot be corrected at the child care provider site.
- c. If my child(ren) require a suspension, I must notify Workforce Solutions at least one week in advance and my suspension must last at least one week or longer.

Parent's Initials \_\_\_\_\_

**\*Exceptions:**

Family Income is not a requirement for all customers. These families also do not have a share of cost, and care may be authorized to look for work:

- Parents eligible for financial aid because they are participating in TANF/Choices or SNAP E&T.
- Parents of children experiencing homelessness.
- Parents eligible for initial job search child care.

## YOUR PROVIDER SELECTION

You must choose a child care provider for your child(ren) and contact them to determine if space is available. A provider must be selected within **fourteen (14) calendar days** upon notification of eligibility for financial assistance. Failure to select a provider may result in **denial** of child care services. Please list the details for your chosen provider below. If you have more than one provider, use the second box for the additional provider.

Provider name:	Address:			Phone:	
Child name (list each child who needs care on a separate line)	Currently attending w/ provider? (circle one)	Transportation Needed? (circle one)	Days of the week care is needed (circle all)	Type of Care** (circle one)	Desired start date
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	

\*\*Circle:

- **Full time** if you need care for a child age 5 or younger who will be in care 6 or more hours per day
- **Part time** if you need care for a child age 5 or younger who will be in care less than 6 hours per day
- **Blended** if you need before and after school care during the school year, and full time care only during the summer breaks

Additional provider, if applicable:

Provider name:	Address:			Phone:	
Child name (list each child who needs care on a separate line)	Currently attending w/ provider? (circle one)	Transportation Needed? (circle one)	Days of the week care is needed (circle all)	Type of Care** (circle one)	Desired start date
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
	Y/N	Y/N	M T W T F S S	Part/Full/Blended	
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## Parent Acknowledgement

1. I understand that 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 also acknowledge the Parent Handbook can be found on the [Workforce Solutions](#) website and Workforce Solutions staff are available to answer my questions.
3. If I receive Financial Aid from Workforce Solutions, I will ensure my child attends child care on a regular basis.
4. If I receive Financial Aid from Workforce Solutions, I understand that if my child exceeds forty (40) total absences any time during my 12-month eligibility period, my child will not be eligible for child care services for 60 days from the date care was ended, and I will have to reapply for services. Absences due to a child's documented chronic illness, disability, or court ordered visitation do not count toward the maximum absences allowed.
5. If I receive Financial Aid from Workforce Solutions, I acknowledge that failure to meet my provider's established attendance policy may result in the provider ending my child's enrollment.
6. I acknowledge that failure to pay my parent share of cost may result in the termination of my child care financial aid and my child will not be eligible for child care services for 60 days from the date care was ended, and I will have to reapply for services.
7. I give permission to Workforce Solutions to contact third parties to verify income and family composition or to use information from the financial aid application for identification and verification of income.
8. I acknowledge the information on this Parent Agreement including my: Rights, Provider Selection and Responsibilities. I have the right to request a change in my provider selection.
9. I acknowledge that I have the right to appeal a decision by Workforce Solutions to terminate my child care services. If care is terminated due to absences or a failure to pay the parent share of cost to the provider, child care financial aid will not continue during the appeal process.
10. I acknowledge the information I provide to determine my eligibility is subject to validation through cross-checks against state and federal databases, and that I may be asked to participate in face-to-face interviews and provide original documents to verify my identity and eligibility for child care financial aid.

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Parent Signature

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Printed Name

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Date