

APPLICATION FOR FINANCIAL AID/SERVICES



INSTRUCTIONS

If you are applying for Financial Aid from Workforce Solutions, you must have a current employment plan developed with a Workforce Professional at a [Workforce Solutions Career Office](#). Individuals applying only for assistance with child care expenses do not need an employment plan and may complete and submit a Financial Aid Application per the directions below.

Workforce Professionals at a Workforce Solutions Career Office can answer questions you may have regarding the Financial Aid Application and provide information regarding the documents required to support your application.

Workforce Professionals at a Workforce Solutions Career Office will not be able to tell you if you are eligible for Workforce Solutions Financial Aid.

Customers can apply for financial aid by using an online fillable PDF version of the application found at www.wrksolutions.com or using paper forms from the office. It is not possible to save the information entered onto the PDF form. Customers must:

1. Complete Sections 1, 2 and 3 and sign each section
2. Read and sign the Orientation to Discrimination Complaint Procedures form
3. Complete the Addendum sections if they apply to you
 - a. Veterans Addendum – applies if you are a Veteran or a Federal Qualified Spouse
 - b. Addendum for Child Care Assistance – complete if you are applying for Child Care Assistance.

Once you have completed the parts of the Financial Aid Application package per the guidance above, you must print the Financial Aid Application and submit it with the documents that support your eligibility for financial assistance. The Workforce Solutions Career Office can help transmit your completed application to our Financial Aid Support Office or you can transmit your application directly to:

Financial Aid Support Office
P.O. Box 924586
Houston, Texas 77292
Fax number – 713-266-2495
Email – supportcenter@wrksolutions.com

If you need an accommodation to complete the application process please contact your local [Workforce Solutions Office](#) for assistance.

WHAT ARE THE PRIMARY SERVICES YOU ARE HOPING TO RECEIVE FROM US?
<input type="checkbox"/> Help with paying for school or training. *
<input type="checkbox"/> Help with Child Care expenses. Please complete Section VI: Addendum for Child Care Assistance
<input type="checkbox"/> Help with paying for transportation, clothing, etc. to accept or keep a job. *
<input type="checkbox"/> Help with getting work experience or training while on a job*
<input type="checkbox"/> Other *
* Did you discuss with a Career Office Workforce Professional? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION I – APPLICANT INFORMATION

Name (First, MI, Last):		Date of Birth	Age
Residence Address:		City, State, Zip Code and County	
Mailing Address		City, State, Zip Code and County	
Phone	Cell Phone	Alternate Phone	Alternate Cell Phone
E-mail	Social Security No*:	Today's Date:	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Males 18 and older - registered for Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you or your spouse currently serve in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Did you or your spouse serve in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete Section V: Veterans Addendum 5.	

Race - Please check all that apply.
☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native
☐ Hawaiian Native or Pacific Islander ☐ Choose not to answer

Ethnicity: Hispanic/Latino:
☐ YES ☐ NO
☐ Choose not to answer

Gender:
☐ Male ☐ Female
☐ Choose not to answer

EMPLOYMENT

Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is your most recent occupation?			Years of experience in this occupation
Name of employer:	Number of hours per week:	Start Date:	End Date:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly
If you are employed, have you received a lay-off notice? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you remained at worksite overnight? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you are unemployed, how did your last job end? <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Terminated <input type="checkbox"/> Company Closed				
Are you available to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been unable to find a job in your most recent occupation or industry? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you believe you need services from Workforce Solutions to help you get a better job, or keep a job to support yourself and your family? <input type="checkbox"/> YES <input type="checkbox"/> NO			What kind of work do you hope to find?	
Do you believe you are unsuccessful in your job search because you: (Check all that apply)				
<input type="checkbox"/> don't speak English very well; <input type="checkbox"/> need to improve your interviewing skills; <input type="checkbox"/> don't have a high school diploma, GED; <input type="checkbox"/> lack occupational skills to earn self-sufficient wages; <input type="checkbox"/> cannot read or do math well; <input type="checkbox"/> don't have the skills to successfully job search; <input type="checkbox"/> other: Explain: <input type="checkbox"/> don't know how to use a computer;				
If you have more than one employer, add that employer on Section IV.				

EDUCATION

Are you currently attending school or training? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, date you last attended school:	
If attending high school, name of school:	What grade are you currently in?	Have you missed 10 days or more of school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If attending post-secondary school or training, name of school:	No. of class hours/week:	No. of semester credit hours	Job Corps: <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you applied for FAFSA? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when did you apply?	Do you receive scholarships, grants, or loans to help you go to school? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, enter amount, if known: \$
What is the highest grade you've completed ? <input type="checkbox"/> <9 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> Twelve grade completed – No Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Skill Certificate <input type="checkbox"/> IEP Certificate <input type="checkbox"/> 1 year completed College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			

*Optional

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ADDITIONAL INFORMATION

Are you a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you age out or at 16+years left for guardianship or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a record of arrest? <input type="checkbox"/> YES <input type="checkbox"/> NO	What was your release date?	
Are you a teenager who is currently pregnant or parenting? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you consider yourself a runaway? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a Seasonal Farm Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a food processor worker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have family assets that exceed \$1,000,000.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do any of the situations apply to your family? You reside with a parent or guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO You reside with friends/family other than parent or guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		Your current nighttime residence is: Motel, car, or campsite? <input type="checkbox"/> YES <input type="checkbox"/> NO Shelter or temporary housing? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have any of these agencies determined your family is experiencing homelessness? ☐ YES ☐ NO
☐ Homeless Shelter ☐ School District ☐ Transitional Housing Program ☐ Other Social Service Agency

Identify Shelter/School/Social Service Agency:

Primary Language Spoken at Home

- ☐ – English
☐ – Spanish
☐ – Native Central, South American and Mexican languages (e.g., Mixteco, Quichean)
☐ – Caribbean languages (e.g., Haitian-Creole, Patois)
☐ – Middle Eastern and South Asian languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
☐ – East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
☐ – Native North American/Alaskan Native languages
☐ – Pacific Island languages (e.g., Palauan, Fijian)
☐ – European and Slavic languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
☐ – African languages (e.g., Swahili, Wolof)
☐ – Other (e.g., American Sign Language)
☐ – Unspecified (Unknown or head of household declined to identify home language)

CHECK ANY BENEFITS YOU (OR A FAMILY MEMBER) RECEIVE NOW OR RECEIVED IN THE LAST SIX MONTHS:

Now	Last six months	Start Date	Type of Benefit		Covered by the Benefit
<input type="checkbox"/>	<input type="checkbox"/>		Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Supplemental Nutritional Assistance (SNAP)	Cert Date	<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Supplemental Nutritional Assistance (SNAP) ABAWD		<input type="checkbox"/> You
<input type="checkbox"/>	<input type="checkbox"/>		Supplemental Security Income (SSI)	\$ Last Date Pd	<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Social Security Disability Income (SSDI)		<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Unemployment Insurance		<input type="checkbox"/> You
<input type="checkbox"/>	<input type="checkbox"/>		Trade Act Assistance (TAA)		<input type="checkbox"/> You
<input type="checkbox"/>			Free or reduced-price school lunch		<input type="checkbox"/> You <input type="checkbox"/> Family Member – Who?
<input type="checkbox"/>	<input type="checkbox"/>		Refugee Assistance		
<input type="checkbox"/>	<input type="checkbox"/>		Other State/Local Income Based Public Assistance	\$ Source	<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Ticket to Work Program Holder		

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SECTION II – FAMILY INFORMATION

Complete the section below about all the people who live in your home. Begin with your information, and then list the people who live with you and their relationship to you. List each person's date of birth and approximate monthly gross income.

Name	Relationship	Dependent of Applicant?	Date of Birth	Any Income in last six months?	Gross Monthly Income	Check if this person has a disability*	Check if this person requires child care**
	Self	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>

If you have more than ten people living in your home, add them here:

* Optional

** Do you have ongoing medical expenses for a child with a disability? ☐ YES ☐ NO If yes, provide documentation of these expenses.

DISCLAIMERS AND SIGNATURE – READ ALL DISCLAIMERS AND CHECK ALL BOXES BELOW – SIGN AND DATE (If applicant is a minor, parent/guardian must sign)

- ☐ I understand that providing false information or failing to disclose information in order to appear eligible for financial aid is considered fraud. A person, who obtains, or attempts to obtain by fraudulent means, services to which the person is not entitled, may be prevented from receiving future financial aid from Workforce Solutions, must pay back financial aid received, and may be prosecuted under applicable state and federal laws.
- ☐ I give permission to Workforce Solutions to contact third parties to verify information pertaining to my application for financial aid.
- ☐ I certify that my answers are true and complete to the best of my knowledge.
- ☐ I received, read, and signed a copy of the Orientation to Discrimination Complaint Procedures form. (See Page 8) YES ☐ NO ☐

Signature of Applicant

Date

Signature of Parent/Guardian if Applicant is a Minor

Date

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SECTION III – FAMILY INCOME DETAIL

We will likely ask you to provide proof of household income before we award you Workforce Solutions financial aid. Complete this worksheet by listing your household members and checking the income sources that apply to each member within the most recent 26 weeks. If you are applying only for child care assistance, check income sources that apply for the most recent 13 weeks.

Household Member with Income	Wages/ Salary	Self- Employment	UI Payments	Child Support	Interest Dividends	Retirement	Lottery winnings over \$600	Inheritance	Public Assistance (TANF, SSI, SNAP, etc.)	Capital Gains/Loss or Rental Income	Social Security (Old Age, Survivors, Disability)	Workers Compensation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acceptable Documentation: (Attach an appropriate document to support each income source for each Household Member)

- Pay stubs
- Employment/Income Verification form (new job or paid in cash only)
- Workers Compensation documentation/ statement
- Social Security statement
- Self-employment verification form
- Family or business financial records
- Award letter from Veterans Affairs
- Bank statement- cannot be used in lieu of pay stubs or income verification
- IRS form 1099-DIV, -INT, for dividends or interest
- IRS form 1040 Schedule D for capital gains
- Retirement/Pension statement
- Quarterly estimated tax for self-employed persons (Schedule C)
- Supplemental Security Insurance statement (must include benefit type)

The information submitted here is complete and accurate to the best of my knowledge.

Print Name

Signature

Date

www.wrksolutions.com 1.888.469.JOBS (5627)

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. (Please request reasonable accommodations a minimum of two business days in advance.)
Relay Texas Numbers: 1.800.735.2989 (TDD) 1.800.735.2988 (voice) or 711

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SECTION IV – FAMILY EMPLOYMENT HISTORY

Provide your family's employment history for the six months before the date of this application. Please list all employers you had during this time. Start with your most recent employer. A separate sheet of paper may be used if needed.

Name of Family Member:		Name of Employer:		Employer's Address:	Employer's phone number:	Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:	

Name of Family Member:		Name of Employer:		Employer's Address:	Employer's phone number:	Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:	

Name of Family Member:		Name of Employer:		Employer's Address:	Employer's phone number:	Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:	

Name of Family Member:		Name of Employer:		Employer's Address:	Employer's phone number:	Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:	

I certify that this information is true and complete to the best of my knowledge.

Signature of Applicant

Date

www.wrksolutions.com 1.888.469.JOBS (5627)

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SECTION V – VETERANS ADDENDUM

Veterans and Qualified Spouses

Eligible veterans and their qualified spouses receive preference for service when Workforce Solutions has limited resources. Please check a box below if it describes you.

- ☐ Federal/State Qualified Veteran – I served in the active military, naval, or air service and was discharged or released there from under conditions other than dishonorable as specified at 38 U.S.C. 101(2). Active services include full-time duty in the National Guard or Reserve component, other than full-time for training purposes.

Branch:	Component (Active, Reserve, or Guard):	Date entered:
Date discharged:	Type of discharge:	
Military occupational specialty (clear text):		
If employed, have you been able to find employment related to your military occupational specialty? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you plan to return to active military service? <input type="checkbox"/> YES <input type="checkbox"/> NO		

☐ Federal Qualified Spouse

- ☐ I am the spouse of a veteran who died of a service-connected disability
- ☐ I am the spouse of a member of the Armed Forces serving on active duty who at the time of application for priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
- Missing in action
 - Captured in line of duty by a hostile force, or
 - Forcibly detained or interned in line of duty by a foreign government or power
- ☐ I am the spouse of a veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs
- ☐ I am the spouse of a veteran who died while a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs, was in existence

☐ State Qualified Spouse

- ☐ I am a spouse who meets the definition of a federal qualified spouse
- ☐ I am the spouse of any member of the Armed Forces who died while serving on active military, naval, or air service.

I (print your name) _____ attest that I meet the definition marked above and the associated eligibility criteria. I certify the information stated above is true and accurate to the best of my knowledge, and I understand that if I have misrepresented myself, there may be grounds for immediate termination or services and/or penalties as specified by law. I understand I must report any change in my veteran status to Workforce Solutions within 10 calendar days. I further understand that if the definition marked above is based on a military record that I know is fraudulent, fictitious, or has been revoked, I also may be subjected to penalties as provided in Acts 2011, 82nd Legislature, Chapter 386 (SB 431), as codified in Texas Penal Code Section 32.54.

Signature of Applicant

Date

GULF COAST WORKFORCE BOARD

ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM

(29 CFR Part 38)

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

Workforce Innovation and Opportunity Act (WIOA)

Temporary Assistance for Needy Families (TANF) / CHOICES

Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)

Child Care Services (CC)

Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

Gulf Coast Workforce Board

3555 Timmons Lane

Houston, TX 77227

Equal Opportunity (EO) Officer: Sabrina Parras

Telephone Number: (713) 627-3200

Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)

The Gulf Coast Workforce Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

Texas Workforce Commission (TWC)

Equal Opportunity Monitoring

101 E. 15th St., Room 242-T

Austin, TX 78778-0001

Telephone Numbers:

(512) 463-2400

Relay Texas: 1-800-735-2989

TTY 1-800-735-2988 (Voice)

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

PROCEDURES ON HOW TO FILE A COMPLAINT

- WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):**
If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.
- TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**
If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.
- SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**
If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the Orientation to Discrimination Complaint Procedures Form and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Signature of Applicant

Printed Name

Date

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION VI – ADDENDUM FOR CHILD CARE ASSISTANCE

If you are applying for Financial Aid for Child Care Assistance:

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
4. Submit this form with your Financial Aid Application

PARENT AGREEMENT

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 _____

APPLICATION FOR FINANCIAL AID/SERVICES



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.

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 _____

3. 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 _____

4. 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 that 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. 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. I understand that failure to pay the parent fee may result in termination of my financial aid for child care.

Parent's Initials _____

5. Choice of Providers

I understand if I choose:

- a. **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.
- b. **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.
- c. **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.

Parent's Initials _____

6. Reporting Attendance

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

- a. I must use the attendance card to report my child's attendance and absences;
- b. I can designate up to three individuals as alternate card holders to report attendance/absences on my behalf; and the secondary cardholder must be at least 16 years old, unless the individual is the child's parent;
- c. I (or my alternate cardholders) must review the receipt generated by the attendance card machine to confirm my child's attendance is approved for the day.
- d. I must inform Workforce Solutions within six (6) days when my attempt to record attendance is denied or rejected and cannot be corrected at the child care provider site.

Parent's Initials _____

APPLICATION FOR FINANCIAL AID/SERVICES



7. Security Agreement Requirements for the Attendance Card

- I will not let any other individual, child care provider, or its owner, director, assistant director, or employees possess, accept, or use my card or PIN, (or my alternate cardholders' card or PIN), to perform the attendance/absence reporting function on my behalf.
- I will not designate the child care provider staff, owner, director, or assistant director as an alternate cardholder.
- I am responsible for any misuse of the attendance card by my alternate cardholders.
- I am responsible for informing alternate cardholders of these requirements and their responsibility for using the attendance card.
- I will report misuse of my attendance cards and/or PINs to Workforce Solutions.

Workforce Solutions will take appropriate action against anyone who fails to abide by the above security requirements for the attendance card, including denying referrals to a vendor holding a card, moving children to another vendor selected by the parent, withholding vendor payments or reimbursement of costs incurred, recoupment of funds, and may include filing criminal charges with the appropriate authorities.

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.

YOUR PROVIDER SELECTION

You should have chosen a child care provider for your child(ren) and contacted them to determine if space is available. 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	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	

**Circle part time if you need before and after school care during the school year, and full time care only during the summer and school breaks

** 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

APPLICATION FOR FINANCIAL AID/SERVICES



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	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	

**Circle part time if you need before and after school care during the school year, and full time care only during the summer and school breaks

** 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

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 2 months 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.
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.

Parent Signature

Printed Name

Date