



Parent Agreement

Workforce Solutions will authorize financial aid to you for child care expenses after you complete and sign this agreement.

YOUR ELIGIBILITY

You are authorized for financial aid until _____.

If you stop participating in SNAP E&T or TANF Choices, we will continue your financial aid for up to three months. If you do not resume participating in SNAP E&T or TANF Choices, find employment, or begin an education/training program within those three months, we will stop your financial aid for child care.

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.

YOUR RESPONSIBILITIES

Workforce Solutions wants you to understand your responsibilities when you accept financial aid for child care.

Please read the responsibility statements below, initial each responsibility, and sign in the space provided at the bottom of this document.

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. **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 _____

2. **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.

Parent's Initials _____

3. **Reporting Attendance.** 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 when my attempt to record attendance is denied or rejected and cannot be corrected at the child care provider site.

Parent's Initials _____

4. **Security Agreement Requirements for the Attendance Card.**

- a. 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.
- b. I will not designate the child care provider staff, owner, director, or assistant director as an alternate cardholder.
- c. I am responsible for any misuse of the attendance card by my alternate cardholders.
- d. I am responsible for informing alternate cardholders of these requirements and their responsibility for using the attendance card.
- e. 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 _____

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 acknowledge I received the Child Care Parent Handbook and my questions were answered.
3. 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.

Parent Signature: _____

Printed Name: _____

Date: _____

Workforce Solutions is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Relay Texas Numbers: 1-800-735-2989 (TDD) 1-800-735-2988 (voice) or 711
Equal opportunity is the law.