Initial Job Search Child Care Addendum

Name:		TWIST ID #:
TO BE COMPLETED BY PARENT		
I am available for work and need child care to look for work?		
☐ Yes ☐ No		
Based on the chart below, my income* is at or below the monthly limits based on my family size**?		
☐ Yes ☐ No		
	Family Size — Number of Persons in the Family	Gross Monthly Income 85% State Median Income
	Two	\$4,113
	Three	\$5,081
	Four	\$6,049
	Five	\$7,016
	Six	\$7,984
	Seven	\$8,166
	Eight	\$8,347
	Nine	\$8,528
	Ten	\$8,710
*Income does not include federal or state assistance or child support and is your gross income received (before taxes). **Family size consists of those in the home that can be claimed as dependents on a federal tax return or a minor who is the responsibility of the parent/applicant.		
minor who is the responsionity of the parent appream.		
I certify that all information provided on this form is accurate and child care may be terminated if any of this information is found to be inaccurate. I understand that giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled.		
Parent's Si	gnature	Date

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

