

Office  
St. address, city, state, zip  
999.999.9999 phone \* 999.999.9999 fax  
www.wrksolutions.com

Date

Title Fname Lname  
Any Street  
City, State Zip



Dear Title Lname:

**Workforce Solutions now has funds available for your financial aid.** Some time ago your name was placed on our wait list. If you still need child care financial assistance please call Workforce Solutions as soon as possible at 1-888-469-5627 (JOBS).

When you call, one of our Financial Aid Specialists will discuss your family's situation. If it appears that you qualify, we will send you two forms to sign. You must mail or return the signed forms to us as proof of eligibility.

**We must receive the signed forms and proof of eligibility no later than \_\_\_\_\_ [enter date exactly three weeks from letter date.]**

Remember, to qualify for our financial aid, you must

- Reside in our thirteen county service area;
- Work at least 25 hours per week or work and go to school for at least 25 hours per week;
- Provide proof of U.S. citizenship or legal immigrant status for each child on whose behalf you are applying for child care financial aid (birth certificate, alien registration card I-551, etc.);
- Meet Workforce Solutions family income guidelines; and
- Provide proof of your effort to receive child support

Workforce Solutions financial aid is available to pay for the care of infants and children up to age 13. We may be able to pay for the care of some children over the age of 13 with special needs.

The back of this letter includes questions you will need to answer for us when you call and a list of documents we will need in determining your eligibility for child care financial aid.

Please call any of Workforce Solutions career offices. **Our toll free number is 1-888-469-5627.** When you call the toll free number, listen for and select the option to locate a career office. Please call us today!

Sincerely,

Workforce Solutions

**Questions you must answer for Workforce Solutions child care financial aid**

*Please tell us about yourself*

What is your home address and home telephone number?	
What is your cell phone number?	
How many hours a week do you work?	
What is the name of your employer, the address where you work, and your work telephone number?	
If you are attending school, how many hours a week do you go to school?	
What is the name of your school and its address?	
If you go to college, how many credit hours are you taking this semester?	

*Please tell us about you and every one else in your household that earn wages or get other income. We have provided you an example on how to fill out the chart.*

Name	Relationship	Date of Birth	Social Security Number	Wage	Other Income*
Mary Smith	Self	10-1-80	555-55-5555	\$350 every week	

\*List all sources and amounts of other income, including 1) social security payments, 2) dividends or interest payments, 3) welfare payments (TANF and Food Stamps, SSI), 4) unemployment payments, pensions or annuities, 5) veterans pensions, 6) workers compensation, 7) alimony, 8) child support, 9) loans or grants for education, or 10) any other sources.

*Please tell us about all the children in your household who need care. We have provided you an example on how to fill out the chart.*

Name	Relationship	Date of Birth	Social Security Number
Jane Smith	Daughter	5-5-02	222-22-2222

*Please provide us with copies of the following documents*

- Social Security cards for you and other family members with sources of income reported above
- **Proof of U.S. citizenship or legal immigrant status for each child on whose behalf you are applying for child care financial aid (birth certificate, alien registration card I-551, etc.);**
- Your last pay check (or pay stub) and the last pay check for each person in your household who works
- If you are enrolled in high school or college: a letter from the school stating the number of credit hours for which you are enrolled this semester and the end date of your current enrollment
- If you are in training: a letter from your school stating the names of the courses or the program in which you are enrolled and the number of hours you are in training each week

- If applicable, a copy of the court order for child support or a printout from the Texas Attorney General's on-line child support application

*We will ask you the name and address of the care facility or relative who will care for your child.*