

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:

We understand that you would like to choose a relative to care for your child or select a different relative to care for your child.

To do this, you must have that relative complete the following forms and mail them to Workforce Solutions Financial Aid Office in the enclosed self-addressed envelope.

- Relative provider rate schedule – with signature
- W-9 Form – with signature
- Copy of the relative care giver's social security card and picture ID
- DFPS Listing Certificate

We cannot pay your relative until we have received the completed forms above.

We will contact your relative to set up billing and payment arrangements. This is described in Workforce Solutions's Relative Provider Handbook, which we've included with this letter.

Please remember, we cannot pay the relative you have chosen to care for your child until we receive the completed forms shown above and have talked to the relative.

If you or your relative have any questions, please call us at _____ or toll-free at 1-888-469-5627. When you call the toll free number, listen for and select the option for financial aid, including child care.

Sincerely,

Workforce Solutions