

# Application for Financial Aid

## PARENT AGREEMENT

**PARENT’S RIGHTS:** You have the right to expect good service from Workforce Solutions.

- We'll tell you if you're eligible for child care as soon as possible, but no later than 20 days from the date we receive all your documents.
- You may receive child care regardless of race, color, national origin, age, sex, disability, political beliefs, or religion.
- We assure any personal information you give to Workforce Solutions will be treated as confidential.
- You may choose the child care arrangement best meeting your needs including care provided by a child's relative.
- We'll notify you fifteen (15) days before we end or change the payment of care unless your child isn't attending regularly:
  - A. 3 days have passed since child care was authorized and the child isn't in attendance, or
  - B. 5 days consecutive unreported absences, unreported presence, without contact from you to the provider or Workforce Solutions, or
  - C. 30 days absence, unreported presence, or
  - D. You've failed to pay your portion of the child care parent fee, or
  - E. You voluntarily withdraw your child from care.

WFS Staff Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Identification number: \_\_\_\_\_

**RESPONSIBILITIES:** Before we provide financial aid for child care, Workforce Solutions expects your cooperation. The parent or parents receiving Workforce Solutions financial aid for child care must read the statements below and sign in the space provided at the bottom of this page.

1. **Work/Training Education.** I understand I am able to get child care so I can work, go to school, or attend job training classes. I cannot get child care if I'm not working, going to school, or in job training classes for at least \_\_\_\_\_ hours a week. If I'm no longer working, no longer in school, no longer attending job training classes, or if any of these change, I will notify Workforce Solutions within 10 calendar days of the change.

Parent's Initials \_\_\_\_\_

2. **Family/Income.** I understand I qualify for child care financial aid based on my family's income or size. I must report changes in income or size of family, loss of cash assistance, grant or Medicaid benefits, or any other change which may affect eligibility. I must report any change to Workforce Solutions within 10 calendar days.

Parent's Initials \_\_\_\_\_

3. **Submission of Required Documents.** I understand I must contact Workforce Solutions and submit required documents within \_\_\_\_\_ calendar days from the date of the Workforce Solutions request letter or my child care financial aid will be denied or terminated.

Parent's Initials \_\_\_\_\_

4. **Eligibility Validation.** I understand 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's Initials \_\_\_\_\_

5. **Requirements of Your Personal Responsibility Agreement.**

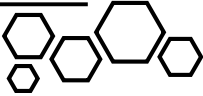
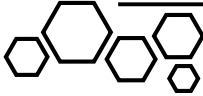
- I will cooperate with the Attorney General's office if it's necessary to establish paternity or enforce child support.
- I won't use, sell, or possess marijuana or other controlled substances and won't abuse alcohol.
- I will make sure each child in my family younger than 18 years of age attends school regularly, unless the child has a GED or is specifically exempt from school attendance by Education Code.

Parent's Initials \_\_\_\_\_

6. **Parent Fee.** I agree to pay my monthly parent fee to the assigned child care provider. Workforce Solutions assesses a sliding scale fee based on my family's gross income and the number of children in care. My counselor told me the amount of child care expense I am responsible for paying. I understand that my share may change if my circumstances change. Workforce Solutions will inform me of any changes in my parent fee prior to implementing the change.

Parent's Initials \_\_\_\_\_

(Parental Agreement continued on back)



# Application for Financial Aid

## PARENT AGREEMENT (CONTINUED)

7. *Choice of Providers. I understand if I choose:*
- 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 as is 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 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.
  - 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 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 \_\_\_\_\_

8. *Reporting Attendance. I understand:*
- I must use the Child Care Automated Attendance (CCAA) system to report my child’s attendance;
  - if I don’t report attendance or absences using the attendance card, my child care services will be terminated;
  - I can designate up to three individuals who are 18 years of age or older, as alternate card holders to report attendance/absences in my behalf; and
  - 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.

Parent’s Initials \_\_\_\_\_

9. *Security Agreement Requirements for the Attendance Card.*
- I will not let any other individual, vendor, or its employees possess, accept, use my card or PIN, (or my alternate cardholders’ CCAA card or PIN), to perform the attendance/absence reporting function on my behalf.
  - I am responsible for any misuse of the attendance card by my alternate cardholders.
  - I will not designate vendor staff to swipe my CCAA card or the card of my alternate cardholders to enroll or report attendance at the child care facility.
  - I will report misuse of CCAA cards and/or PINs to Workforce Solutions.

Parent’s Initials \_\_\_\_\_

**Workforce Solutions will take appropriate action against anyone who fails to abide by the above security requirements for the CCAA system, including closing intake, moving children to another vendor selected by the parent, withholding vendor payments or reimbursement of costs incurred, termination of child care services, recoupment of funds, and up to filing criminal charges with the appropriate authorities.**

**Parent’s Acknowledgement:**

- I understand it may be considered stealing child care services if I continue to receive child care and I don’t notify Workforce Solutions within 10 days of any changes in my work, training, or education status; my income; benefits; family; or marital status.
- I understand if I fail to notify you within 10 days of any change, criminal charges may be filed against me, child care will be terminated, and I’ll have to repay the amount owed. These are the consequences if I fail to report any change in status discussed above.
- I also acknowledge, I received the Child Care Parent Handbook and my questions were answered.
- I give permission to the Gulf Coast Workforce Development Board to contact a third party to verify income, family size and child support or to use Social Security numbers listed in the financial aid application for identification and verification of Social Security Benefits, income and child support.
- 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.

Parent’s Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

WFS Staff Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

