

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 or increase my work hours?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on the chart below, my income* is at or below the monthly limits based on my family size**?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Size – Number of Persons in the Family	Gross Monthly Income 85% State Median Income
Two	\$4,276
Three	\$5,283
Four	\$6,289
Five	\$7,295
Six	\$8,301
Seven	\$8,490
Eight	\$8,679
Nine	\$8,867
Ten	\$9,056
<p>*Income does not include federal or state assistance or child support and is your gross income received (before taxes).</p> <p>**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.</p>	

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 Signature

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