



Child Care Services Waitlist Letter

Please read carefully and keep for your records

1. Please fill out the **ENTIRE** application and answer **ALL** questions.
 - a. We cannot accept incomplete applications.
 - b. We cannot accept applications with corrections fluid/white-out.
 - c. Application must be signed **and** dated.
2. Applications are processed in the date order we receive them. We do not have a number system, so we are not able to tell you what number you are on the waitlist.
3. A letter will be mailed to you regarding your application. **Please allow three weeks to receive the letter.**
 - a. If your application is complete and meets the eligibility criteria, a Waitlist Placement Letter is mailed to you. This letter gives you a TWIST/case number and the date that your child was added to the waitlist. It also gives you helpful information about next steps and how to prepare for when your child is pulled for potential enrollment.
 - b. If your application is not complete, or does not meet the eligibility criteria, a Waitlist Denial Letter is mailed to you explaining the reason(s) for denial.
4. We mail letters, forms, and other documents to the mailing address listed on your application. If you address or phone number changes, call us immediately to update your information: 979-595-2801, ext. 2105 or toll free (800) 386-7200. **If we are unable to contact you by mail, your child will be removed from the waitlist.** Should you need services in the future, you must start the application process over.

You MUST update your wait list application every 89 days to avoid being dropped from the wait list!

Waitlist Eligibility Criteria

- The child must be born to be on the waitlist.
- The person applying for services must have primary custody of the child(ren) needing services. If applicant is **not** the parent of the child needing services, the applicant must provide the following with the application:
 1. Reason the parent is not available **and**
 2. Documentation verifying reason parent is not available **and**
 3. Documentation verifying that application is the person responsible for the child.
- Each parent, step-parent, and adult dependents in the household **must** be working, attending school, in training/other educational program, or a combination of these, and average of 25 hours each week over a three-month period.
 - If taxes are not taken out of pay or parent is paid cash, we consider parent to be self-employed. Every self-employed adult **must** have an employer identification number (EIN) and provide three consecutive months of revenue and expense documentation. **Please do not send this documentation with your waitlist application, wait to send it during enrollment.**
- Meet income guidelines based on family size. All income includes but is not limited to: *Wages, salaries, commissions, tips, cash bonuses, overtime wages, pensions, annuities, retirement income, rental income, workers' compensation, spousal maintenance, court settlements, lottery payments of \$600 or greater.*

Maximum Gross Income Eligibility for Child Care Services - Effective October 1, 2017				
Family Size	Weekly	Bi-Weekly	Bi-Monthly	Monthly
2	\$807	\$1,613	\$1,747	\$3,493
3	\$997	\$1,993	\$2,158	\$4,315
4	\$1,186	\$2,373	\$2,569	\$5,137
5	\$1,376	\$2,752	\$2,980	\$5,959
6	\$1,566	\$3,132	\$3,390	\$6,780
7	\$1,602	\$3,203	\$3,468	\$6,935

- **Families must live within our seven service counties:** Brazos, Burleson, Grimes, Leon, Madison, Robertson, or Washington. We will need proof of residence.
- Services are for the full year and are not offered for summer only or school holiday/breaks only.

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Deaf, hard-of-hearing and speech impaired customers may contact: Relay Texas (800) 735-2989 (TTY) or 711 (Voice).



Child Care Services Waitlist Application

Please fill out the ENTIRE application & answer ALL questions.

We cannot accept incomplete applications.
Application must be signed and dated.

Return Completed Application:

3991 E 29th Street, Bryan TX 77802

Mail: PO Box 4128, Bryan TX 77805

Fax: (979) 595-2810

Email: CCMS@BVCOG.org

Phone: (979) 595-2801, ext 2105

American Job Center

Applicant (Parent/Guardian) Information

First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: ___/___/___

Social Security Number (optional): ____-____-____ Sex: Male Female County where you live: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____ City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ x: _____ Email: _____

- | | |
|--|---|
| <ul style="list-style-type: none"> • Are you a Federal Qualified Veteran or Spouse?
<input type="checkbox"/> Yes <input type="checkbox"/> No • Are you or your Spouse deployed military?
<input type="checkbox"/> Yes <input type="checkbox"/> No • Were <u>you</u> or are <u>you</u> currently a Foster Youth <u>and</u> are you younger than 23 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No • Are you 18 years old or younger, <u>or</u> 19 years old and in high school or GED classes?
<input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Have you received TANF in the past 30 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No • Does the child(ren) needing care, have a disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have assets totaling over \$1 Million?
<input type="checkbox"/> Yes <input type="checkbox"/> No • Are you currently homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

If applicant is not the parent of the child(ren) needing services, the following must be provided:

1. Reason the parent is not available **and**
2. Documentation verifying reason parent is not available **and**
3. Documentation verifying you are the person responsible for the child.

Household Members Chart (include only those that live in your household: children, each parent/guardian, step-parent, and adult dependents)

First and Last Name	Relationship to You	Date of Birth	Social Security # (optional)	Child Care Needed
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

(List additional household members on separate page and attach.)

Does each parent, step-parent, and adult dependent in the household work and/or go to school at least 25 hours **each** week?
Yes No

If you do not answer this question, your application will be denied.

Is the household income, before taxes, **less than** the income amount listed in this chart, for your household size?
Yes No

If you do not answer this question, your application will be denied.

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Family Size	Weekly	Bi-Weekly	Bi-Monthly	Monthly
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**** PLACEMENT ON THE WAITLIST IS NOT A GUARANTEE OF SERVICES ****

You are responsible for reporting and meeting requirements for all members in your household considered in determining your eligibility for child care services. By signing and dating below, you understand that all information on this application represents a complete and accurate statement of your family's circumstances at this time.

Signature: _____

Date: _____

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Deaf, hard-of-hearing and speech impaired customers may contact: Relay Texas (800) 735-2989 (TTY) or 711 (Voice).