



PARENT ELIGIBILITY, REPORTING AND ATTENDANCE REQUIREMENTS

Eligibility:

- I agree I must meet minimum training/education/work requirements established by the Board
- I agree I must meet income guidelines established by the Board

Required reporting responsibilities within 14 calendar days:

- I must report a permanent loss of job/training/education
- I must report any permanent Income Increase over 85% of State Median Income amount for my family size (see chart below)

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

- I must report a change of family size
- I must report a change of Address, email, or phone
- I must report any change of Provider

Failure to report may result in in a finding of fraud which is defined as making a false statement or representation, knowing it to be false or knowingly failing to disclose information that could affect eligibility.

Additionally, I may report:

- Reduction in Income/hours that could decrease my parent share of cost
- Temporary changes in employment that could result in decrease of parent share of cost

I understand the following in regards to my Parent Share of Cost amount:

- It is based on my family income and family size
- An additional cost may be assessed for each child in care
- I will pay my parent share of cost directly to provider
- I understand the provider could end my care for failure to pay parent share of cost amount and this could affect care options available to me
- I understand failure to pay parent share of cost could result in repayment being due to Board
- I may request a temporary parent share of cost reduction for but reduction is at discretion of Board
- I understand the provider may charge me the difference between their published rate and the Board's reimbursement rate

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).



PARENT ELIGIBILITY, REPORTING AND ATTENDANCE REQUIREMENTS

Attendance Information and Requirements:

- I will ensure that my child attends child care on a regular basis and is expected to meet monthly attendance standards for child care services which consist of fewer than:
 - Five (5) consecutive absences during the month and/or Ten (10) total absences during the month
- I understand that failure to meet monthly attendance standards may:
 - Result in suspension of care, at my option;
 - May result in a determination that a change in my work/training schedule has occurred and care may be ended.
- I understand that if a child exceeds sixty-five (65) total absences during their current 12-month eligibility period, then the child is not eligible for care at the next eligibility determination. Also, the child is not eligible for the program for 12 months from the end of the most recent eligibility period.
- I will use attendance card to report attendance and absences
- I will report to my provider any issues encountered with card use.
- I understand a failure to report issues may result in absences.
- I understand no one under 16 can be designated a card holder unless they are the parent of the child
- I understand an owner, assistant director, or director of my child care facility cannot be a secondary cardholder
- I understand a secondary cardholder cannot misuse the attendance card and must understand the responsibilities of attendance card usage
- I will not share my personal identification number (PIN) or attendance card with another person, including the child care provider
- I will be aware that failure to meet the provider’s established policy regarding attendance may result in the provider ending the child’s enrollment at the facility

I understand and I am informed that absences due to a child’s documented chronic illness, disability, or court ordered visitation are not counted in the number of absences allowed.

I acknowledge that I have **read, understand, and agree** to the above information regarding Parent Eligibility, Reporting, and Attendance Requirements.

Parent/Guardian #1 Signature

Printed Name

Date

Parent/Guardian #2 Signature

Printed Name

Date

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Acknowledgement of Rights & Responsibilities

Form must be initialed, signed, and dated by all parent(s)/guardian(s).

Return Completed Form:
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

TWIST ID# _____

Please read carefully the information contained in this form. When you have finished, please initial in the spaces provided. Once you have signed and dated it, please return the original to CCS at the address provided. (Initial each section.)

I have read, and understand the following:

Customer Awareness Information

Work/Training/Education:

- I am able to get child care so that I can work, go to school, or be in job training classes.
- I do NOT qualify for child care services, if I am not working, going to school, or in job training classes for at least 25hrs/week (single parent family) or each parent in the household is each working at least 25 hours a week.
- If I am no longer working, no longer in school, or no longer in job training classes, I will notify you **within 14 calendar days of the change.**

Family/Income:

- I qualify for child care based on my family's income and size. If my family's income or size changes, I will notify you within 14 days of the change. These changes could include increase in hours, decrease in hours, increase in pay, decrease in pay, benefit changes, someone moving in our out of the home, a new child, marital status, etc.
- I understand that if I fail to notify you within 14 days as I'm supposed to and I continue to receive child care, it may be considered fraud and criminal charges may be filed against me with the district attorney or county attorney, child care will be terminated, and I will have to repay the amount owed. These consequences apply to a failure to report any of the changes in status discussed above.

Parent Fees/Parent Share of Cost

(Not applicable to TX DFPS, Choices, SNAP Child Care*)

_____ **I agree to pay directly to the child care facility where my child receives care the Parent Share of Cost assessed by CCS.**

- Fees must be paid in advance.
- Providers have the right to remove my child(ren) from their center for failure to pay the parent fee in advance.

Absences/Swipe Card

_____ **I understand that:**

- Workforce Solutions Brazos Valley has established an **absence limit of 65-days** per eligibility period.
- Reporting attendance can be done on the POS machine or by calling the number on the back of your CCAA card.
- If your child is absent from care for any reason you must still swipe for that days absence by calling the number on the back of the CCAA card.
- I should call the child care facility if my child is not attending care that day.
- Each day that I fail to swipe is considered an absence that counts toward the allowable 65 per eligibility period.

Non-Discrimination

_____ **I have the right to receive services without regard to race, sex, color, national origin, age, political beliefs, religion, or disability.**

- I have the right to have information used to determine eligibility for child care services treated as confidential by the child care contractor.
- I understand that by signing this form, I am applying for services from the Texas Workforce Commission or from an agency under contract with the Commission. All information provided represents a complete and accurate statement of my family's (clients) circumstances at the time of application.
- I understand that a person may be prosecuted if the person obtains or attempts to obtain, by fraudulent means, services to which he is not entitled.

Parent/Guardian #1 Signature

Printed Name

Date

Parent/Guardian #2 Signature

Printed Name

Date



Release of Information

Form must be signed and dated by all parent(s)/guardian(s).

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I hereby authorize Workforce Solutions Brazos Valley (WSBV) Child Care Services (CCS) to conduct such inquiries as may be deemed necessary to:

- Verify eligibility for all Child Care programs administered by the WSBV or its representatives
- Confirm any information on the application used to determine eligibility
- Secure appropriate services for me from community resources
- Release any information requested to officially recognized organizations
- Determine the effectiveness of this program in assisting participants in achieving self-sufficiency

I hereby authorize the Texas Workforce Commission, or any private sector service provider maintaining such records, to release to the WSBV any information with regard to my entitlement to benefits or program effectiveness.

I expressly agree to waive liability for any effect the information received from contacted sources, given by myself, or released to outside sources may produce.

WSBV will maintain the confidentiality of any such information received.

By signing this form I certify that I have been made aware of my rights and responsibilities and have been given a copy of them.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date Signed: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date Signed: _____

Staff Signature: _____

Staff Printed Name: _____

Date Signed: _____

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