

COVID-19 Essential Worker Child Care Enrollment Form

Complete the following information for the parent or caregiver who is a COVID-19 Essential Worker in need of child care for their child(ren).

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM-

IF YOU, OR ANYONE IN YOUR HOUSEHOLD, HAVE TESTED POSITIVE FOR COVID-19, HAVE A CASE 'UNDER INVESTIGATION' OR HAVE BEEN DETERMINED PRESUMPTIVELY POSITIVE AND ASKED TO QUARANTINE, DO NOT APPLY FOR CHILD CARE SERVICES AND FOLLOW THE ADVICE OF HEALTH CARE PROFESSIONALS.

Last Name:	First Name:	Middle Name/Initial:
------------	-------------	----------------------

Are you a current Child Care Services customer? Please place a checkmark by your response below:

Yes: No: Unsure:

Date of Birth:

Physical Address:	City:	Zip:	County:
-------------------	-------	------	---------

Mailing Address (if different):	City:	Zip:	County:
---------------------------------	-------	------	---------

Home Phone:	Cell Phone:
-------------	-------------

Work Phone:	Email:
-------------	--------

After you submit this form, you will be contacted by Workforce Solutions staff and asked to provide additional personal information over the phone including, but not limited to, gender, social security number, and race/ethnicity.

Complete the section below with information for the child(ren) in need of child care:

First Name	Middle Name	Last Name	Date of Birth	Gender (M/F)

Which occupation qualifies you as an essential worker during the COVID-19 pandemic? Please place a checkmark by the occupation category that best describes you:

Pharmacy <input type="checkbox"/>	Mail/Delivery <input type="checkbox"/>
Healthcare <input type="checkbox"/>	Military Personnel <input type="checkbox"/>
Local or State Government <input type="checkbox"/>	Other <input type="checkbox"/>
Restaurant or Food Delivery <input type="checkbox"/>	Please describe 'other' below:
First Responder <input type="checkbox"/>	
Gas Station <input type="checkbox"/>	
Child Care, Home Health, other Caregiver <input type="checkbox"/>	

Enter Name and Address of Employer below:

The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities. Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD). La Texas Workforce Commission esta en colaboración con 28 juntas locales de desarrollo laboral forman La Texas Workforce Solutions. Es un empleador que promueve la igualdad de oportunidades. Relay TX: 711 o 1-800-735-2988 (Voice) o 1-800-735-2989 (TDD) Documentos y formularios estan disponibles en Español a petición. Favor de llamar al 1-877-223-0404 ext 4013.

COVID-19 Essential Worker Child Care Enrollment Form

Why is temporary care needed at this time? Please place a checkmark in the box next to all reasons that apply:

Child's regular child care provider is temporarily closed <input type="checkbox"/>
Child's school is temporarily closed <input type="checkbox"/>
Child's regular child care provider has limited capacity and cannot care for my child <input type="checkbox"/>
Child usually stays with friend/family who can no longer care for my child <input type="checkbox"/>
Child's regular child care provider has permanently closed <input type="checkbox"/>
Other <input type="checkbox"/>
Please describe:

Based on family size*, is your income at or below these annual or monthly limits?**
Please place a checkmark by your response:

Yes <input type="checkbox"/>
No <input type="checkbox"/>

* 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.

**Income does not include federal or state assistance or child support and is your gross income received (before taxes).

State Median Income= SMI

Family Size	Annual Household Income (Approx. 150% SMI) at or below	Monthly Household Income (Approx. 150% SMI) at or below
2	\$80,000	\$6,700
3	\$99,000	\$8,200
4	\$118,000	\$9,800
5	\$136,000	\$11,300
6	\$155,000	\$13,000
7	\$159,000	\$13,200
8	\$162,000	\$13,500
9	\$166,000	\$13,800
10	\$169,000	\$14,100

By signing this document, you agree to the following statement:

I certify that I am an essential employee at my place of employment, which is providing essential services to Texans during the COVID-19 pandemic, and I do not have access to a safe and healthy alternative child care option during the pandemic.

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.

Electronic Signatures are acceptable. If completing online, please type your name in the signature field.

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------

Please submit your completed application to the following email address:

CCMS@bvcog.org



The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities. Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD). La Texas Workforce Commission esta en colaboración con 28 juntas locales de desarrollo laboral forman La Texas Workforce Solutions. Es un empleador que promueve la igualdad de oportunidades. Relay TX: 711 o 1-800-735-2988 (Voice) o 1-800-735-2989 (TDD) Documentos y formularios estan disponibles en Español a peticion. Favor de llamar al 1-877-223-0404 ext 4013.