



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: _____

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

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

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

- **Are you a Federal Qualified Veteran or Spouse?**
 Yes No
- **Are you or your Spouse deployed military?**
 Yes No
- **Were you or are you currently a Foster Youth and are you younger than 23 years of age?**
 Yes No
- **Are you 18 years old or younger, or 19 years old and in high school or GED classes?**
 Yes No
- **Have you received TANF in the past 30 days?**
 Yes No
- **Does the child(ren) needing care, have a disability?**
 Yes No
- **Do you have assets totaling over \$1 Million?**
 Yes No
- **Are you currently homeless?**
 Yes 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

(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.

Family Size	Weekly	Bi-Weekly	Bi-Monthly	Monthly
2	\$988	\$1,975	\$2,138	\$4,276
3	\$1,220	\$2,440	\$2,642	\$5,283
4	\$1,452	\$2,905	\$3,145	\$6,289
5	\$1,685	\$3,370	\$3,648	\$7,295
6	\$1,917	\$3,834	\$4,151	\$8,301
7	\$1,961	\$3,921	\$4,245	\$8,490

*** 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: _____