



American Job Center

Child Care Services Job Search 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

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

(Self-Attestation for the questions below)

IS each parent, step-parent, and adult dependent in the household actively job searching or seeking employment at a minimum of 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	\$1,051	\$2,102	\$2,275	\$4,550
3	\$1,298	\$2,596	\$2,811	\$5,621
4	\$1,545	\$3,091	\$3,646	\$6,691
5	\$1,793	\$3,585	\$3,881	\$7,762
6	\$2,040	\$4,080	\$4,417	\$8,833
7	\$2,086	\$4,172	\$4,517	\$9,033

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: _____

A proud partner of the American Job Center network
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](https://www.relaytx.org): (800) 735-2989 (TTY) or 711 (Voice).