



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 applicant 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 1,2023				
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

- **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.

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: \(800\) 735-2989 \(TTY\)](tel:8007352989) 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

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
				<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	\$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

*** 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: _____

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 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](http://RelayTexas.org): (800) 735-2989 (TTY) or 711 (Voice).



Electronic Signature Consent Form

Form must be signed and dated by the customer to be valid.

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 sign in the space provided and return the original to the address provided.

In an attempt to expedite the verification process, Workforce Solutions Brazos Valley (WSBV) asks that customers agree to receive and sign documents electronically.

"Electronic documents" include documents you may complete via web page and save on your computer or attach to e-mail. They can typically be printed out, but exist independently in an electronic form on a server or on your computer. An "electronic signature" includes any mark, symbol, sound, or process that is written, stamped, engraved, attached to or logically associated with an electronic document executed by a person with the intent to sign. Just like you can legally "sign" a printed document by making your mark, whether that be your signature in ink or an "X", so too can you "sign" an electronic document by making your mark, whether that be a high-tech encrypted or digital signature, or just typing your name in the signature line or space on an e-mail or document in the computer. If you sign a paper document in ink and then scan the document and save it on your computer, the image of the signature on the stored electronic document on your computer is also an electronic signature.

Know your rights:

- 1. Right to Receive Paper Documents:** You have the right to have any document provided in paper or non-electronic form. If you want a paper copy of any document, you may click the "Export to PDF" link on any electronic form, save it to your computer, and print to sign.
- 2. Right to Withdraw Consent:** You have the right to withdraw your consent to sign electronic documents with electronic signature by contacting WSBV through the Contact Us link on our website. The legal validity and enforceability of the electronic documents, signatures and deliveries used prior to withdrawal of consent will not be affected. In other words, all prior electronic signatures will be fully valid and enforceable.
- 3. Changes to Your E-Mail Address:** You should keep WSBV informed of any change in your e-mail address. Please contact WSBV as promptly as possible regarding such changes.
- 4. Minimum Hardware and Software Requirements:** To access (open and read) and retain (save) the electronic documents, you may be required to have certain hardware and software including, but not limited to, access to an email address, a computer/tablet/mobile device with Internet or mobile connectivity and sufficient storage to save and/or print, and a current web browser that include 128-bit encryption.
- 5. Your Ability to Access Disclosures:** By completing this consent, you acknowledge that you can access and retain electronic documents.
- 6. Consent to Electronic Signatures and Documents:** By completing this consent form, you are providing electronic consent to the use of electronic documents and signatures.

I hereby understand that if I do not wish to "sign" this way, I may print out the document(s), sign by hand, and mail them to WSBV at the address listed above.

By signing this Electronic Signature Consent Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I understand that my electronic signature is legally binding. By signing below, I accept the conditions of this agreement.

_____ Signature of Applicant (Parent/Guardian #1)	_____ Printed Name	_____ Date Signed
_____ Signature of Applicant (Parent/Guardian #2)	_____ Printed Name	_____ Date Signed
_____ Signature of Parent/Guardian if Applicant is a Minor	_____ Printed Name	_____ Date Signed