**ELIGIBILITY SCREENER**

1. Do you live in the state of Texas?

Only Texas residents may apply for Child Care Services through TX3C.

[ ]  Yes

[ ]  No

1. Which of the following best describes your current living situation?

[ ]  I rent, lease, make mortgage payments, or own my home.

[ ]  I do not rent, lease, make mortgage payments, or own my home.

IF YOU SELECTED “I rent, lease, make mortgage payments, or own my home.” GO TO QUESTION 4.

1. Which of the following best describes your current situation?

[ ]  Staying with someone else because I lost my housing or cannot afford housing

[ ]  Staying in a motel or hotel

[ ]  Staying in a trailer park at a camping ground

[ ]  Staying in an emergency/transitional shelter

[ ] Living in a vehicle, outside, or another place not meant for housing

1. How many family members are in your household (including yourself)?

A family is defined as two or more people, related by blood, marriage, or decree of court who are living together and include one or both of the following:

* Two or more individuals (including by common-law) and their household dependents; or
* A parent and their household dependents

Number of Family Members:

**See Next Page.**

**The table below shows the Board Contract Year 2025 Income Limit for Child Care Services (Effective: October 1, 2024–September 30, 2025) Income limits are based on the amount of income BEFORE taxes and deductions.**

|  |  |  |
| --- | --- | --- |
| **Family Size** | **85% SMI – Annual Income**  | **85% SMI – Monthly Income**  |
| 1 | $45,620 | $3,802 |
| 2 | $59,657  | $4,971  |
| 3 | $73,694  | $6,141  |
| 4 | $87,731  | $7,311  |
| 5 | $101,768  | $8,481  |
| 6 | $115,805  | $9,650  |
| 7 | $118,437  | $9,870  |
| 8 | $121,069  | $10,089  |
| 9 | $123,701  | $10,308  |
| 10 | $126,333  | $10,528  |
| 11 | $128,965  | $10,747  |
| 12 | $131,597  | $10,966  |
| 13 | $134,229  | $11,186  |
| 14 | $136,860  | $11,405  |
| 15 | $139,492  | $11,624  |

1. Does your household make less than the Income Limit Eligibility per month before taxes and deductions?

Please note that you will be asked to submit supporting documents as evidence of income.

[ ]  Yes

[ ]  No

1. Are your household assets worth more than $1 million?

[ ]  Yes

[ ]  No

1. What is your marital status?

[ ]  A single parent

[ ]  Married (Included by common-law) and living with my spouse

[ ]  Separated

Single or Separated Parents Answer the following:

1. Are you working or attending school for at least 25 hours per week?

[ ]  Yes

[ ]  No

SKIP QUESTION 9 IF YOU SELECTED “Yes.”

1. Are you looking for a job?

[ ]  Yes

[ ]  No

MARRIED PARENTS ANSWER THE FOLLOWING:

1. Are you and your spouse working or attending school for at least 50 combined hours per week?

[ ]  Yes

[ ]  No

SKIP QUESTION 11 IF YOU SELECTED “Yes.”

1. Are you or your spouse looking for a job?

[ ]  Yes

[ ]  No

1. Are the children needing Care US citizens or eligible immigrants?

Check all that apply.

[ ]  US citizen

[ ]  Eligible immigrant(s): 1) Permanent resident(s) with green card(s), 2) Asylee(s), refugee(s), or Cuban/Haitian entrant(s) documented with asylum grant letter, I-94, I-571, or I-551 3) Paroled undocumented immigrant(s)

[ ]  Both US Citizen and Eligible Immigrant

[ ]  None of the above

1. Are the children needing care under the age of 13? Or under the age of 19 if they have disabilities?

[ ]  Yes

[ ]  No

**See next page for the Waitlist Application.**

**WAITLIST APPLICATION**

1. What is your relationship to the person applying for services?

[ ]  I’m a Parent/Caregiver/Guardian filling out the application for myself.

[ ]  Other/third party (for example, a case worker)

IF YOU SELECTED “I’m a Parent/Caregiver/Guardian filling out the application for myself.” GO TO QUESTION 25.

1. Full name of the person completing the application:

1. What is your primary home address?

Please note you will be asked to submit supporting documents as evidence of your home address. If you do not have a permanent nighttime residence, you may use the address of a homeless shelter, a friend or family member, your child care provider (if confirmed with the provider), a local workforce solutions office, or a United States Postal Service General Delivery Mail Address if your post office offers this service.

Address:

City:

State:

Zip:

1. Is your mailing address different than your primary home address?

[ ]  Yes

[ ]  No

IF YOU SELECTED “No” GO TO QUESTION 28.

1. You selected that your mailing address is different than your home address. Please enter your mailing address here.

Mailing Address:

Mailing City:

Mailing State:

Mailing Zip:

1. What is your phone number?

Primary Phone Number:

Other Phone Number:

1. What is the best time to call you? \*

[ ]  Morning (8:00 AM -Noon)

[ ]  Afternoon (Noon – 5:00 PM)

[ ]  Evening (5:00 PM – 8:00 PM)

[ ]  No Preference

1. Can the number provided receive text messages?

[ ]  Yes

[ ]  No

IF YOU SELECTED “No” GO TO QUESTION 32.

1. Can we text you about your application at the number provided?

Message and data rates may apply.

[ ]  Yes

[ ]  No

1. Are you a parent/parents on military deployment and unable to enroll your child(ren) in a military-funded child care assistance program?

Military deployment – A parent/parents temporarily assigned to military duty away from their permanent residence location. Includes deployment for the regular military, military reserves, or National Guard.

[ ]  Yes

[ ]  No

### **Household Member Information**

1. Tell us about yourself:

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

**Tell us about your ADULT household/family members:**

1. Family Member 1

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

1. Family Member 2

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

1. Family Member 3

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

**Tell us about your CHILD household/family members:**

1. Child 1

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

1. Child 2

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

1. Child 3

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

1. Child 4

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

1. Child 5

First Name:

Middle Name (*optional*):

Last Name:

Date of Birth:

Gender: [ ]  Male [ ]  Female

Social Security Number (*optional*):

Race: [ ]  American [ ]  Indian or Alaskan Native [ ]  Asian [ ]  Black or African American

 [ ]  Hawaiian or Pacific Islander [ ]  White

Ethnicity: [ ]  Hispanic [ ]  Not Hispanic [ ]  Prefer not to answer

### **Employment/Education Information**

**Applicant (Yourself)**

1. What is your current employment status?

[ ]  Employed

[ ]  Unemployed

[ ]  Attending an education or training program

[ ]  Employed and attending educational or training program

IF YOU SELECTED “Employed” or “Unemployed” GO TO QUESTION 44

1. Since you indicated you are attending an educational or training program, please add any relevant education or training information:

Training/Certificate/Degree:       Start Date:

Name of School: Anticipated Completion Date:

School/Training Type:

1. Are you a qualified veteran, or the spouse of qualified veteran?

Qualified Veteran - Served in the active military, naval, air, or space service, discharged or released from such service under conditions other than dishonorable.

Qualified Spouse - Spouse of a qualified veteran including spouses of:

* A veteran who died of a service-connected disability.
* An active service member who has for over 90 days been classified as:
	+ Missing in action,
	+ Captured in the line of duty,
	+ Forcibly detained by a foreign government or power,
	+ Service-connected disability determined a total disability by VA.
* A service member who died during active-duty service.

[ ]  Yes

[ ]  No

If you selected “Yes” please provide documentation to prove qualified veteran status. Documents allowed include the following: **Military ID, DD 214.**

1. Are you a current or former foster youth between the ages of 14-23?

Parents who are current or former foster youth may be able to access child care sooner. Please note, we will ask for documents that show you are a qualified foster youth.

[ ]  Yes

[ ]  No

**Family Member 1**

1. What is the marital status of Family Member 1?

[ ]  Single

[ ]  Married

1. IF APPLICABLE, what is Family Member 1’s current employment status?

[ ]  Employed

[ ]  Unemployed

[ ]  Attending an education or training program

[ ]  Employed and attending educational or training program

IF YOU SELECTED “Employed” or “Unemployed” GO TO QUESTION 49

1. Since you indicated that Family Member 1 is attending an educational or training program, please add any relevant education or training information:

Training/Certificate/Degree:       Start Date:

Name of School: Anticipated Completion Date:

School/Training Type:

**Family Member 2**

1. What is the marital status of Family Member 2?

[ ]  Single

[ ]  Married

1. IF APPLICABLE, what is Family Member 2’s current employment status?

[ ]  Employed

[ ]  Unemployed

[ ]  Attending an education or training program

[ ]  Employed and attending educational or training program

IF YOU SELECTED “Employed” or “Unemployed” GO TO QUESTION 52

1. Since you indicated that Family Member 2 is attending an educational or training program, please add any relevant education or training information:

Training/Certificate/Degree:       Start Date:

Name of School: Anticipated Completion Date:

School/Training Type:

**Family Member 3**

1. What is the marital status of Family Member 3?

[ ]  Single

[ ]  Married

1. IF APPLICABLE, what is Family Member 3’s current employment status?

[ ]  Employed

[ ]  Unemployed

[ ]  Attending an education or training program

[ ]  Employed and attending educational or training program

IF YOU SELECTED “Employed” or “Unemployed” GO TO QUESTION 55

1. Since you indicated that Family Member 3 is attending an educational or training program, please add any relevant education or training information:

Training/Certificate/Degree:

Name of School:

School/Training Type:

Start Date:

Anticipated Completion Date:

### **Childcare Information**

**CHILD 1**

1. Does Child 1 have a disability that requires specialized care?

[ ]  Yes

[ ]  No

1. Does Child 1 need childcare?

[ ]  Yes

[ ]  No

1. Does Child 1 have court-ordered visits with another parent or guardian?

[ ]  Yes

[ ]  No

1. Is Child 1 the child of a foster youth or former foster youth?

[ ]  Yes

[ ]  No

1. Is Child 1 a US citizen or eligible immigrant?

[ ]  US citizen

[ ]  Eligible immigrant(s): 1) Permanent resident(s) with green card(s), 2) Asylee(s), refugee(s), or Cuban/Haitian entrant(s) documented with asylum grant letter, I-94, I-571, or I-551 3) Paroled undocumented immigrant(s)

1. Child Care Information for Child 1?

[ ]  Full time

[ ]  Part time

[ ]  Summer care

[ ]  School age

[ ]  Care before 7AM or after 7PM

**CHILD 2**

1. Does Child 2 have a disability that requires specialized care?

[ ]  Yes

[ ]  No

1. Does Child 2 need childcare?

[ ]  Yes

[ ]  No

1. Does Child 2 have court-ordered visits with another parent or guardian?

[ ]  Yes

[ ]  No

1. Is Child 2 the child of a foster youth or former foster youth?

[ ]  Yes

[ ]  No

1. Is Child 2 a US citizen or eligible immigrant?

[ ]  US citizen

[ ]  Eligible immigrant(s): 1) Permanent resident(s) with green card(s), 2) Asylee(s), refugee(s), or Cuban/Haitian entrant(s) documented with asylum grant letter, I-94, I-571, or I-551 3) Paroled undocumented immigrant(s)

1. Child Care Information for Child 2?

[ ]  Full time

[ ]  Part time

[ ]  Summer care

☐ School age

☐ Care before 7AM or after 7PM

**CHILD 3**

1. Does Child 3 have a disability that requires specialized care?

[ ]  Yes

[ ]  No

1. Does Child 3 need childcare?

[ ]  Yes

[ ]  No

1. Does Child 3 have court-ordered visits with another parent or guardian?

[ ]  Yes

[ ]  No

1. Is Child 3 the child of a foster youth or former foster youth?

[ ]  Yes

[ ]  No

1. Is Child 3 a US citizen or eligible immigrant?

[ ]  US citizen

[ ]  Eligible immigrant(s): 1) Permanent resident(s) with green card(s), 2) Asylee(s), refugee(s), or Cuban/Haitian entrant(s) documented with asylum grant letter, I-94, I-571, or I-551 3) Paroled undocumented immigrant(s)

1. Child Care Information for Child 3?

[ ]  Full time

[ ]  Part time

[ ]  Summer care

[ ]  School age

[ ]  Care before 7AM or after 7PM

**CHILD 4**

1. Does Child 4 have a disability that requires specialized care?

[ ]  Yes

[ ]  No

1. Does Child 4 need childcare?

[ ]  Yes

[ ]  No

1. Does Child 4 have court-ordered visits with another parent or guardian?

[ ]  Yes

[ ]  No

1. Is Child 4 the child of a foster youth or former foster youth?

[ ]  Yes

[ ]  No

1. Is Child 4 a US citizen or eligible immigrant?

[ ]  US citizen

[ ]  Eligible immigrant(s): 1) Permanent resident(s) with green card(s), 2) Asylee(s), refugee(s), or Cuban/Haitian entrant(s) documented with asylum grant letter, I-94, I-571, or I-551 3) Paroled undocumented immigrant(s)

1. Child Care Information for Child 4?

[ ]  Full time

[ ]  Part time

[ ]  Summer care

[ ]  School age

[ ]  Care before 7AM or after 7PM

**CHILD 5**

1. Does Child 5 have a disability that requires specialized care?

[ ]  Yes

[ ]  No

1. Does Child 5 need childcare?

[ ]  Yes

[ ]  No

1. Does Child 5 have court-ordered visits with another parent or guardian?

[ ]  Yes

[ ]  No

1. Is Child 5 the child of a foster youth or former foster youth?

[ ]  Yes

[ ]  No

1. Is Child 5 a US citizen or eligible immigrant?

[ ]  US citizen

[ ]  Eligible immigrant(s): 1) Permanent resident(s) with green card(s), 2) Asylee(s), refugee(s), or Cuban/Haitian entrant(s) documented with asylum grant letter, I-94, I-571, or I-551 3) Paroled undocumented immigrant(s)

1. Child Care Information for Child 5?

[ ]  Full time

[ ]  Part time

[ ]  Summer care

☐ School age

☐ Care before 7AM or after 7PM

### **Certification and Submission**

I certify that the information provided is complete and accurate to the best of my knowledge. I understand that I will be required to provide documentation to verify this information before I can receive child care services.

**Please turn in your completed application and documents to your Local Workforce Solutions Office.**

### **Notice**

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request. Visit https://www.twc.texas.gov/agency/workforce-development-boards to find your local Workforce Solutions office for interpretation/translation assistance.

**Aviso en Español (Notice in Spanish)**

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud. Visite https://www.twc.texas.gov/agency/workforce-development-boards para encontrar su oficina local de Workforce Solutions para obtener asistencia de interpretación/traducción.

**Thông báo bằng tiếng Việt (Notice in Vietnamese)**

Tài liệu này có thông tin quan trọng về các yêu cầu, quyền hạn, quyết định, và/hoặc trách nhiệm để sử dụng các dịch vụ của hệ thống nhân lực. Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch/chuyển ngữ tài liệu này, có sẵn miễn phí khi quý vị yêu cầu. Truy cập https://www.twc.texas.gov/agency/workforce-development-boards để tìm văn phòng Giải pháp Lực lượng Lao động tại địa phương của bạn để được hỗ trợ phiên dịch/dịch thuật.