



## PARENT ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES FOR CHILD CARE SERVICES

Parent Name: \_\_\_\_\_

TWIST ID: \_\_\_\_\_

Please read the information on this form carefully before you and your spouse (if applicable) sign and date. Contact your child care worker immediately if you have any questions regarding the information or requirements on this form. **Please understand Child Care Services can end at any time if you become ineligible, your eligibility cannot be determined or funding has been exhausted.**

### PARENT ENROLLMENT

I understand the availability of child care services, the process for accessing those services, my rights and responsibilities, and the process to receive and continue the child care services. My spouse (if applicable) and I must:

- Be in training, education or employment activities for at least 25 hours a week for a single family, and 50 hours a week for a two parent household.
- Be within income guidelines for my family size.
- Reside within Hidalgo, Willacy, & Starr County.
- Sign, date and submit all required forms and documents to CCS at least 10 work days before my eligibility end date.
- Report loss of employment within 10 calendar days of occurrence. I understand that I may be eligible for a 28 day job search activity once a year (October to September).
- Select the child care arrangement that my family will be using. I was given information about types of child care; licensed, registered, relative and those with providers with quality ratings.(Not available to CPS referred parents)

I understand the requirements of the child care facility, and

- I will pay my parent share of cost (parent fee) to the provider at the first of each month or before services are rendered.
- I will meet the enrollment requirements and policies of the child care facility unless the policies directly conflict with those of CCS.
- I will report to Child Care Services within 3 business days, instances in which an attempt to record attendance in CCAA is denied or rejected and cannot be corrected at the provider site. And that failure to report such instances will result in an absence counted against my child's attendance.
- I will contact the provider or my child care specialist if my child is/will be absent for five (5) consecutive days & must ensure absences are recorded in CCAA. I understand a fifteen (15) day notification is not required, and child care will not continue, during an appeal if the care was terminated due to not making this contact.
- I will provide information including health and immunization records, authorization to secure medical assistance, and parent contact information to be used in case of an emergency.
- I will abide by the child care facilities business hours and pay charges incurred if I am late picking up my child.
- I will report to Texas Department of Family & Protective Services Child Care licensing office any possible violation of licensing standards at the child care facility. If I need child care on any of the provider's authorized CCS paid holidays, I will make and pay for my own arrangements.
- I will make and pay for other child care arrangements when I am no longer eligible for child care services.
- I understand childcare providers are prohibited from denying a child care referral based on the parent's income status, receipt of public assistance or the child's Texas Department of Family and Protective Services status.
- I understand providers cannot charge fees to parents receiving child care services that are not charged to parents who are not receiving child care services.
- I understand I am allowed no more than three provider transfers per year based on anniversary date. Transfers are effective on the first of the following month. Exception to the transfer limit and effective start date are allowed due to child safety issues, provider corrective action or other extenuating circumstances.

**I release the Workforce Solutions-Child Care Services Contractor, Lower Rio Grande Valley Workforce Development (LRGVWD) Board, and Texas Workforce Commission (TWC) from any responsibility for the quality of the child care services my child may receive from the facility of my choosing.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT RESPONSIBILITY AGREEMENT (PRA)

(not applicable to TDFPS and Choices Referrals)

I understand that my spouse, if applicable, and I:

- Must establish paternity for my child (ren) and obtain child support for my child (ren).
- Must not use, sell or possess marijuana or a controlled substance, or abuse alcohol.
- Must make sure that each family member younger than 18 years of age attends school regularly, unless the child has a high school diploma or a GED credential, or is specifically exempt from school attendance by Texas Education Code (25.086).
- Understand that the statements listed above will be reviewed at certification and recertification.
- Understand that failure of the parent or caretaker to comply with the provisions of this agreement may result in denial of child care services.

### PARENT SELF-DECLARATION

I declare that, since I was last determined to be eligible to receive child care services, my spouse (if applicable) and I have:

*Note: If 2<sup>nd</sup> parent is not in the household, please check the N/A box.*

Used, sold, or possessed marijuana or other controlled substances

**Parent**

☐ Yes ☐ No

**Spouse**

☐ Yes ☐ No

☐ (N/A)

If "yes," I am currently participating in or have completed a drug rehabilitation program and have attached documentation from the program.

☐ Yes ☐ No

☐ Yes ☐ No

I have abused alcohol.

☐ Yes ☐ No

☐ Yes ☐ No

If "yes," I am currently participating in or have completed an alcohol rehabilitation program and have attached documentation from the program.

☐ Yes ☐ No

☐ Yes ☐ No

Spouse Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

### PARENT SHARE OF COST (Parent Fee)

(not applicable to TDFPS, Choices, and SNAP Referrals)

- I shall report to CCS and pay other child care subsidy I receive from another agency to the child care provider.
- I understand that the parent fee amount is based on my gross monthly income, the number of household members, and the number of children I have enrolled in care.
- I shall pay my parent fee even if my child is absent or is not there for the full month.
- If I do not pay the parent fee amount specified on the CCS Case Summary Information Form timely, my child care services may be terminated.
- I shall pay the parent fee to my child care provider before services are provided. I also understand that my child care services will be discontinued on the third (3<sup>rd</sup>) late parent fee provider report within a six month period.
- I understand a mandatory waiting period of thirty (30) days will be required before I can reapply or be placed on the waiting list for child care assistance after my child's enrollment has been denied, reduced, suspended or terminated for nonpayment of the parent fee.
- I understand parent fee changes due to a change in the family's gross monthly income; the new parent fee will not be effective until the first calendar day of the following month.

### PARENT RIGHTS

I understand that I have the following rights:

- To request a Temporary Medical Incapacitation up to 60 days for a medical leave if I submit medical documents from my employer verifying dates of absence from and return to work.
- To appeal a denial, reduction, or termination of services.  
*Note: Does not apply to parents who have children in in-home CPS cases and did not request child care.*
- To have my personal information used to determine eligibility kept confidential.
- To receive services without regard to race, sex, color, national origin, age, political beliefs, religion, or disability.
- To be notified in writing at least 15 calendar days before the denial, reduction, or termination of child care services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT AWARENESS

I shall be in training, education or employment activities at least 25 hours a week for a (1) parent household or at least a combined 50 hours a week for a (2) parent household. I understand that failure to comply with all Child Care Services Requirements, failure to report changes in my case within 10 calendar days of occurrence, and/or failure to provide true and correct information in my case may result in possible criminal prosecution. My case may be referred to the Local Law Enforcement Office, District Attorney's Office (DA) and/or Office of Investigation (OI) for potential prosecution. I will also be required to pay back 100% of the money that was paid to my provider during the period of ineligibility. **I will report the following within 10 calendar days of when the change occurs:**

- Attendance in training, in school, or if my job stops or falls below the required number of hours per week.
- Total amount of income changes, including raises, overtime, bonuses, incentive pay, commission, or an increase in child support or other non-employment income and/or benefits (such as TANF or SSI).
- Marriage, divorce or a change in the number of family members living with me.
- Receipt or the award of any child care funds from other public or private entities; or
- Other changes that may affect the child's eligibility or parent share of cost for child care.

## REPORTING FAMILY INCOME

I understand that I must report the following income on the CCS Eligibility Certification Form and must report changes to any of these income sources within 10 calendar days of occurrence for purposes of determining eligibility and the parent share of cost:

- |   |  |
|---|--|
| • Total gross earnings.   | • Net income from self-employment                |
| • Pensions, annuities, life insurance, and retirement income, and early withdrawals from a 401(k) plan not rolled over within 60 days of withdrawal | • Taxable capital gains, dividends, and interest |
| • Unemployment insurance  | • Net rental income                              |
| • Worker's compensation income, death benefit payments, and/or other disability payments  | • Public assistance payments                     |
| • Lottery payments of \$600 or greater.   | • Income from estate and trust funds             |
|   | • Spousal maintenance or alimony                 |
|   | • Child support                                  |
|   | • Court-settlements or judgments; and            |

I understand a mandatory waiting period of thirty (30) days will be required before a parent can reapply or be placed on the waiting list for child care assistance after eligibility was terminated due to failure to report to the Child Care Contractor, within 10 calendar days of occurrence, any changes in the family's circumstances that would render the family ineligible for subsidized care. I understand that the information I provide to Workforce Solutions-Child Care Services to determine my eligibility is subject to validation through cross-checks against state and federal databases; and that I may be asked to provide original documents and participate in face-to-face interviews to verify identity and eligibility for child care services. Failure to comply with this requirement will constitute a voluntary discontinue.

## PARENT ELIGIBILITY END DATE

I understand that in order to continue to receive child care services, I must provide all Child Care Services required forms and documents along with all household income information to Workforce Solutions- Child Care Services at least 10 work days before my eligibility redetermination end date or my child care may be terminated.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPEALS

I understand that participating in Child Care Services grants me the right to file a complaint regarding my child care services. I will be provided with an opportunity for an informal resolution in an attempt to resolve the issue. If I am not satisfied with the informal resolution, a Board hearing may be scheduled.

### Appeals:

- I understand I have the right to appeal denial, reduction, or termination of services. This does not apply to parents who have children in in-home CPS cases and did not request child care.
- You have 14 calendar days from the mailing date of the determination letter of an adverse action, such as a termination of services, to file an appeal with Workforce Solutions –Lower Rio Grande Valley Workforce Development (LRGVWD) Board requesting a review.
- Your appeal must be submitted in writing and include:
- Your name, mailing address, and phone number
- A copy of the determination letter (if applicable), and
- A brief justification of your appeal request
- The Board will provide an opportunity for an informal resolution in an attempt to resolve the issue.
- If you are not satisfied with the informal resolution, a Board hearing will be scheduled.
- You have the right to have a representative during the informal resolution and at the Board hearing. Your representative may include an attorney (at your expense), friend, co-worker, or family member. If you choose to have a representative during the informal resolution and/or Board hearing, you must submit a written authorization.

**I read and understand all the requirements stated above and all my questions have been answered.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CCS Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_