

CCS WAIT LIST CHECK-LIST

*****YOU MUST BE WORKING AT LEAST 25 HOURS A WEEK,
OR ENROLLED IN SCHOOL, TO BE PLACED ON THE CCS WAIT LIST***
YOU WILL NOT BE PLACED ON THE CCS WAIT LIST UNLESS YOU HAVE COMPLETED THIS ENTIRE PACKET**

EMPLOYMENT INFORMATION

If you are currently employed, and working at least 25 hours a week, please return one (1) of the following items:

- ☐ 1. Your four (4) most recent pay stubs or
- ☐ 2. If you have been employed less than two (2) months, please have your employer complete the enclosed CCS Wage/Income Verification Form or
- ☐ 3. A print-out from your employer showing your gross wages

COLLEGE INFORMATION

If you are currently attending college, please return all of the items listed below. All of the necessary forms are included in this packet.

- ☐ 1. The CCS Verification of College and/or High School Enrollment Form must be completed by your school. Please complete both pages of this form.
- ☐ 2. Include a copy of your current class schedule. You must take at least nine (9) credits during the regular semester, and at least six (6) credits during each summer session.
- ☐ 3. Documentation showing your plan for obtaining a degree.
- ☐ 4. A current copy of your transcript, clearly showing your GPA.

HIGH SCHOOL / GED / STARS PROGRAM

If you are currently attending high school, please have your school complete the items listed below. All of the necessary forms are included in this packet.

- ☐ 1. The CCS Verification of College and/or High School Enrollment Form must be completed by your school. You only need to complete the first page of this form.

The following information must also be provided:

- ☐ 1. Social Security Cards – Please include copies of Social Security Cards for everyone in your household. If you misplaced or lost any cards, you must re-apply for the card.

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CHILD SUPPORT

Portal no longer usable as of August 31, 2009

If you do not have an open child support case, go to the Attorney General's website at **www.oag.state.tx.us/cs/parents/apply_services.shtml**, apply online, and print the receipt. You must also provide all necessary information to the OAG's office in order to establish paternity and obtain child support for your children.

You must go to the OAG website if any of the following apply to you:

- ☐ 1. You do not have a child support case open; or
- ☐ 2. You have more than one child support case and you are not sure whether all the cases are open (you must go to the Attorney General's Office and request a complete financial activity report); or
- ☐ 3. You do not know your CIN number **(Request your CIN number on the Attorney General's website provided above. The request takes at least 3 weeks to process either in person or on the website.)**

If you do not have access to a computer or have difficulties using the website, please go to the Attorney General's office. You need to fill out the top part of the Verification of Child Support Income form supplied in the Wait List Packet and take it with you to the Attorney General's Office.

If you do have an open case and know your CIN number for each father, you can access the child support payment information on the OAG website (www.oag.state.tx.us) and attach it to your Wait List Packet.

CCS WAIT LIST CHECK-LIST

THE FOLLOWING INFORMATION PERTAINS TO GUARDIANS, GRANDPARENTS, ETC.

WE NEED DOCUMENTATION SHOWING WHY THE PRIMARY PARENT IS UNAVAILABLE AND DOCUMENT VERIFYING THE CARETAKER IS RESPONSIBLE FOR THE CHILD.

Example 1: Medical Incapacitation, In Treatment, or In Rehabilitation Center requires the following information: A document from a licensed medical professional or documentation from a licensed professional such as a counselor or therapist, or if the parent is in a treatment of rehabilitation center, a letter from the facility verifying admission signed by an authorize representative. Also, the Caretaker must have a notarized power of attorney or a sworn affidavit of temporary custody/guardianship of the child.

Example 2: Child Protective Services (CPS) requires the following information: A recent (within the last 6 months) CPS safety plan or CPS placement agreement, a court order naming the individual as the Caretaker, or a letter from CPS that confirms the children's placement with the Caretaker is ongoing.

Example 3: Military Deployment requires the following information: military orders, or a suitable alternative, such as a confirmation by the Base Commander of other military official. Along with a military power of attorney appointing a Caretaker as the guardian of the child; or in lieu of a military power of attorney, a military family plan that gives the Caretaker the authority to execute decisions on child care matters.

***In order to serve you faster we have a website that can help you find a daycare center for your needs:
www.txchildcaresearch.org***

Be sure to check with CCS if items are being faxed to make sure we have received all the items to complete your Wait List application. After we receive all the items, you will then be placed on the Wait List.

Please call back every sixty (60) days to update your file and report any changes.

ELIGIBILITY CODE CARD FOR CHILD CARE SERVICES

Effective October 1, 2010 through September 30, 2011

Family Size	Monthly Income Limits 75% SMI	Extended Year Teen Parent Transitional Income	Family Size
1	\$2124	\$2407	1
2	\$2777	\$3148	2
3	\$3431	\$3888	3
4	\$4084	\$4629	4
5	\$4738	\$5369	5
6	\$5391	\$6110	6
7	\$5514	\$6249	7
8	\$5636	\$6388	8
9	\$5759	\$6527	9
10	\$5881	\$6665	10

PARENT OR CARETAKER INFO

CCS WAIT LIST INTAKE FORM

Last Name: _____ First Name: _____ MI: _____ SSN: _____ Sex: _____
Date of Birth: _____ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
Are you a Veteran? ☐ Yes ☐ No Are you the Spouse of a Veteran? ☐ Yes ☐ No
Ethnicity: Hispanic or Latino? _____ Race: ☐ American Indian or Alaskan Native ☐ African-American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown
Are you a teen parent? ☐ Yes ☐ No Are you a current or former foster youth and currently under the age of 23? ☐ Yes ☐ No
Are you currently receiving any type of assistance or service through Child Protective Services (CPS)? ☐ Yes ☐ No
Physical Address: _____ City/State/Zip: _____
Mailing Address: _____ City/State/Zip: _____
County: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____

Employer Name: _____ Name of School: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Work Phone: _____ Ext: _____ Hours Enrolled: _____
Hours Worked per Week: _____ Hourly Pay Rate: \$ _____ Date of Enrollment: _____
Date of Hire: _____ Total Credit Hours completed: _____
Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly Training/Certification Degree you are pursuing: _____

SPOUSE INFO

Last Name: _____ First Name: _____ MI: _____ SSN: _____ Sex: _____
Date of Birth: _____ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
Are you a Veteran? ☐ Yes ☐ No Are you the Spouse of a Veteran? ☐ Yes ☐ No
Ethnicity: Hispanic or Latino? _____ Race: ☐ American Indian or Alaskan Native ☐ African-American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown
Are you a teen parent? ☐ Yes ☐ No Are you a current or former foster youth and currently under the age of 23? ☐ Yes ☐ No
Are you currently receiving any type of assistance or service through Child Protective Services (CPS)? ☐ Yes ☐ No
Physical Address: _____ City/State/Zip: _____
Mailing Address: _____ City/State/Zip: _____
County: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____

Employer Name: _____ Name of School: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Work Phone: _____ Ext: _____ Hours Enrolled: _____
Hours Worked per Week: _____ Hourly Pay Rate: \$ _____ Date of Enrollment: _____
Date of Hire: _____ Total Credit Hours completed: _____
Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly Training/Certification Degree you are pursuing: _____

DO YOU OR YOUR SPOUSE RECEIVE ANY OF THE FOLLOWING?

Food Stamps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transitional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workforce Investment Act (WIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF PERSONS IN HOUSEHOLD?

What is the TOTAL NUMBER OF PERSONS living in the household (this includes parent/caretaker, spouse, all children, and any other dependent persons)? _____

CCS WAIT LIST INTAKE FORM

INFORMATION REGARDING EACH CHILD NEEDING CARE

1. Last Name: _____ First Name: _____ MI: _____ SSN: _____ Sex: _____
Date of Birth: _____ Relationship to Parent/Caregiver: ☐ Son/Daughter ☐ Niece/Nephew ☐ Other
Age: _____ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child? ☐ Yes ☐ No
Ethnicity: Hispanic or Latino? _____ Race: ☐ American Indian or Alaskan Native ☐ African-American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown
Does child have a disability? ☐ Yes ☐ No If yes please explain: _____
Has child ever received ECI services or been in a Special Education Program? ☐ Yes ☐ No
Type of care needed: ☐ Full Time ☐ Part Time ☐ After School ☐ Summer Care

2. Last Name: _____ First Name: _____ MI: _____ SSN: _____ Sex: _____
Date of Birth: _____ Relationship to Parent/Caregiver: ☐ Son/Daughter ☐ Niece/Nephew ☐ Other
Age: _____ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child? ☐ Yes ☐ No
Ethnicity: Hispanic or Latino? _____ Race: ☐ American Indian or Alaskan Native ☐ African-American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown
Does child have a disability? ☐ Yes ☐ No If yes please explain: _____
Has child ever received ECI services or been in a Special Education Program? ☐ Yes ☐ No
Type of care needed: ☐ Full Time ☐ Part Time ☐ After School ☐ Summer Care

3. Last Name: _____ First Name: _____ MI: _____ SSN: _____ Sex: _____
Date of Birth: _____ Relationship to Parent/Caregiver: ☐ Son/Daughter ☐ Niece/Nephew ☐ Other
Age: _____ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child? ☐ Yes ☐ No
Ethnicity: Hispanic or Latino? _____ Race: ☐ American Indian or Alaskan Native ☐ African-American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown
Does child have a disability? ☐ Yes ☐ No If yes please explain: _____
Has child ever received ECI services or been in a Special Education Program? ☐ Yes ☐ No
Type of care needed: ☐ Full Time ☐ Part Time ☐ After School ☐ Summer Care

4. Last Name: _____ First Name: _____ MI: _____ SSN: _____ Sex: _____
Date of Birth: _____ Relationship to Parent/Caregiver: ☐ Son/Daughter ☐ Niece/Nephew ☐ Other
Age: _____ (if relationship is not son or daughter, do you have legal custody or proof of guardianship for this child? ☐ Yes ☐ No
Ethnicity: Hispanic or Latino? _____ Race: ☐ American Indian or Alaskan Native ☐ African-American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown
Does child have a disability? ☐ Yes ☐ No If yes please explain: _____
Has child ever received ECI services or been in a Special Education Program? ☐ Yes ☐ No
Type of care needed: ☐ Full Time ☐ Part Time ☐ After School ☐ Summer Care

Other siblings in the household NOT needing care

Child's Name	Age	SSN*	Date of Birth	Sex	Race	Relationship

If you need care, what is the name of the Daycare facility you have in mind?: _____

Daycare Address: _____

Daycare Telephone: _____ Who Did You Speak With?: _____

To search for child care, please visit: www.txchildcaresearch.org *SSN Information is Voluntary.

CCS WAGE / INCOME VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY YOUR CURRENT EMPLOYER ONLY IF YOU HAVE BEEN EMPLOYED LESS THAN TWO (2) MONTHS.

I, _____, give my permission to release the following information to Workforce Solutions for the Heart of Texas, Child Care Service:

1. Is _____ employed by you? Yes ☐ No ☐ SS Number: _____

2. How often is this employee paid? Daily ☐ Bi-Weekly ☐ Weekly ☐ Bi-Monthly ☐ Monthly ☐

3. Is there any overtime pay based on past income history? Yes ☐ No ☐

4. List all wages received by the employee over the last four (4) pay period:

Gross Pay	Date Pay Period Began	Date Pay Period Ended	Number of Hours Worked	Hourly Rate	Other Pay Received

If this employee is a new hire, please complete the following information:

Date Hired: _____ Hourly Wage: _____ Average Number of Hours Scheduled to Work (Weekly): _____

Name of Company/Organization: _____

Signature of Person Providing This Information: _____

Title: _____ Date: _____

Address/City/State/Zip: _____

Telephone Number: _____

For any questions regarding this form, please contact the Child Care Services Team at (800) 772-2269. You may fax this completed form to (254) 753-6355.

CCS VERIFICATION OF COLLEGE AND / OR HIGH SCHOOL ENROLLMENT FORM

THIS FORM IS TO BE COMPLETED BY THE COLLEGE OR HIGH SCHOOL YOU ARE CURRENTLY ENROLLED IN.

If you are currently attending college, please provide this completed form, and a class schedule, degree plan, and transcript/GPA.

The student listed below is receiving child care services paid from the Texas Workforce Commission. Please fill out this form to provide verification of the student's enrollment and attendance in your program. This form is to be completed by the school's attendance / financial aid department.

Student Name: _____

Date of Enrollment: _____

Hours and Days of Scheduled Classes: _____

Has the Student Withdrawn from this Institution?: Yes ☐ No ☐

If Yes, What Date did the Student Withdraw?: _____

Has this Student Applied for or is Currently Receiving any Loans, Grants, or Scholarships?: Yes ☐ No ☐

If No, is this Student Receiving Aid from Other Sources?: _____

Name of Person Completing this Form: _____

Signature: _____

Title: _____

Name of College or School: _____

Address/City/State/Zip: _____

Telephone Number: _____

Date: _____

Please be sure to complete page 2 of this form.

For any questions regarding this form, please contact the Child Care Services Team at (800) 772-2269. You may fax this completed form to (254) 753-6355.

CCS VERIFICATION OF COLLEGE AND / OR HIGH SCHOOL ENROLLMENT FORM

THIS FORM IS TO BE COMPLETED BY THE COLLEGE OR HIGH SCHOOL YOU ARE CURRENTLY ENROLLED IN.

I, _____ give my permission to release the following information to the Texas Workforce Commission in order to assist in determining my eligibility for child care assistance.

Applicant Signature: _____ Social Security Number: _____ Date: _____

Time Period Covered by Current Financial Aid and Expenses:

3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ Other: ☐ _____

Please list the total amount received by this student for the time period indicated above.

Pell Grants: _____

Stafford Loan: _____

Perkins Loan (formerly National Direct Student Loan): _____

Parent Loans for Students (Plus Loans): _____

State Funding: _____

Work Study: _____

Accepted/Rejected: _____

Please list the following expenses incurred by this student for the time period indicated above.

Tuition: _____

Books: _____

Mandatory Fees: _____

Supplies: _____

Tools: _____

Other: _____

I certify that the above information is true and correct.

Name of Person Completing this Form: _____

Signature: _____

Title: _____

Telephone Number: _____

Date: _____

For any questions regarding this form, please contact the Child Care Services Team at (800) 772-2269. You may fax this completed form to (254) 753-6355.



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT
CHILD SUPPORT DIVISION

Effective June 1, 2011

VERIFICATION OF CHILD SUPPORT INCOME

Date: _____

Applicant's Name: _____

Applicant's SSN: _____

Name and Address of Requesting Authority:

Applicant's DOB: _____

Heart of Texas CCS

1416 S New Road, Waco, TX 76711

Payor: _____

Requesting Authority Agent Name:

Name of Child(ren): _____

Crystal Jackson - Wait List Specialist

Telephone and fax number:

(254) 296-5371 / (254) 753-6355 (fax)

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.

Applicant's Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. code make it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code 559 gives you the right to review and request correction of information on this form.

Official OAG use only

The applicant listed above:

- ☐ IV -D services are not being provided
- ☐ Does not have an active full service case with our agency
- ☐ Does have a registry only case with the county
- ☐ Does not have a registry only case with the county
- ☐ the agency is not aware of a support order
- ☐ Does have an active full service case with our agency
- ☐ Applicant is cooperating
- ☐ Applicant is not cooperating
- ☐ The amount of court ordered Child support is \$ _____ per _____ (week, month, etc.)
- ☐ Is Cp receiving child support payments @ this time? yes ☐ no ☐
- ☐ Last payments of \$ _____ was received _____ date
- ☐ Last payments of \$ _____ was received _____ date
- ☐ Last payments of \$ _____ was received _____ date

Signature - Title

Date

Comments:

ATTENTION: Crystal Jackson - Wait List Dept.

Heart of Texas WORKFORCE DEVELOPMENT BOARD ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM (29 CFR Part 37)

This Orientation to Discrimination Complaint Procedures Form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

Workforce Investment Act (WIA)

Temporary Assistance for Needy Families (TANF) / CHOICES

Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)

Child Care Services (CC)

Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)

Project Reintegration of Offenders (Project RIO)

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

Heart of Texas Workforce Development Board, Inc.
801 Washington Avenue, Suite 700
Waco, Texas 76701

Equal Opportunity (EO) Officer: Aquanetta Brobston
Telephone Number: (254) 296-5300
Relay Texas: 1-800-735-2989 / TTY 1-800-735-2988 (Voice)

The (Heart of Texas) Workforce Development Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 242-T
Austin, TX 78778-0001

Telephone Numbers: (512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Heart of Texas WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 37)**

PROCEDURES ON HOW TO FILE A COMPLAINT

☐ **WORKFORCE INVESTMENT ACT (WIA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):**

If you think you have been subjected to equal opportunity discrimination under a WIA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

☐ **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care Services (CC) financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the Office of Civil Rights, U.S Department of Health and Human Services (HHS), 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056. Those filing complaints on child care services may choose to contact the U.S. Department of Agriculture (USDA), Office of Civil Rights-Southwest Region, Food and Nutrition Services, 1100 Commerce Street, Dallas, Texas 75242, (214) 290-9820. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

☐ **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Civil Rights Office/Food and Nutrition Service, 1100 Commerce Street, Dallas, TX 75242, (214-290-9800) or USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, DC 20250-9410 (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

☐ **PROJECT REINTEGRATION OF OFFENDERS (PROJECT RIO):**

If you think you have been subjected to discrimination and are co-enrolled in a WIA or SNAP E&T program, you may file a complaint and follow the applicable program complaint procedure as described above.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedure Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, it is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Applicant Signature

Printed Name

Date

SELF-ATTESTATION FORM

Please check one of the following definitions that appropriately describes your classification.

☐ **FEDERAL/STATE QUALIFIED VETERAN**—a person who in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable as specified at 38 U.S.C. 101 (2). Active services include full-time duty in the National Guard or a Reserve component, other than full time for training purposes.

☐ **FEDERAL QUALIFIED SPOUSES**—the spouse of:

- Any veteran who died of a service-connected disability;
- Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
 - (i) Missing in action;
 - (ii) Captured in line of duty by a hostile force; or
 - (iii) Forcibly detained or interned in line of duty by a foreign Government or power;
- Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs;
- Any veteran who died while a disability, as previously indicated, was in existence

☐ **STATE QUALIFIED SPOUSE**—a spouse:

- Who meets the definition of federal qualified spouse; or
- Of any member of the armed force who died while serving on active military, naval, or air services.

I _____ ATTEST THAT I MEET THE DEFINITION MARKED ABOVE AND THE ASSOCIATED ELIGIBILITY CRITERIA. I CERTIFY THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT IF I HAVE MISREPRESENTED MYSELF, THERE MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Printed Name

Date

CERTIFICATION

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Workforce Solutions Child Care Services

Printed Name

Date