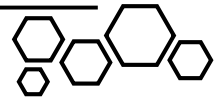
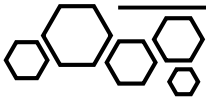


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

FAMILY INCOME

We will likely ask you to provide proof of income before we award you Workforce Solutions financial aid. Complete a worksheet for **EACH** household family member, including you, who has a source of income. Complete all lines that apply to you.

List all your own gross income.

Name : _____

Income Source	Income Received in the Most Recent 26 weeks	Income Received in the Most Recent Complete Month
Gross Wages/Salary		
Self Employment Income		
Regular Social Security Payments		
Workers Compensation		
Other Disability Payments		
Interest/Dividends		
Railroad Retirement		
Other Pensions/Retirement Income		
Other Included Income		
Child Support		
Public Assistance		
Unemployment Insurance Benefits		
WIA Payments		
Capital Gains/Losses		
One-time Cash Payment		
Veterans Active Duty		
Payment in Lieu of TANF		
Payment from Home Sale		
Auto Accident Payment		
Social Security Disability Income (SSDI)		
Total		

The information submitted here is complete and accurate to the best of my knowledge.

Signature: _____

Date: ____ / ____ / ____

Print Name: _____

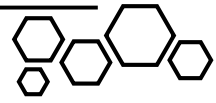
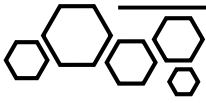
WFS Staff Name: _____

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

FAMILY INCOME

We will likely ask you to provide proof of income before we award you Workforce Solutions financial aid. Complete a worksheet for **EACH** household family member, including you, who has a source of income. Complete all lines that apply to you.

List all your own gross income.

Name : _____

Income Source	Income Received in the Most Recent 26 weeks	Income Received in the Most Recent Complete Month
Gross Wages/Salary		
Self Employment Income		
Regular Social Security Payments		
Workers Compensation		
Other Disability Payments		
Interest/Dividends		
Railroad Retirement		
Other Pensions/Retirement Income		
Other Included Income		
Child Support		
Public Assistance		
Unemployment Insurance Benefits		
WIA Payments		
Capital Gains/Losses		
One-time Cash Payment		
Veterans Active Duty		
Payment in Lieu of TANF		
Payment from Home Sale		
Auto Accident Payment		
Social Security Disability Income (SSDI)		
Total		

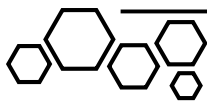
The information submitted here is complete and accurate to the best of my knowledge.

Signature: _____

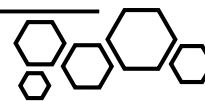
Date: ____ / ____ / ____

Print Name: _____

WFS Staff Name: _____



Application for Financial Aid



DOCUMENTS CHECKLIST

We keep your application on file for _____ days. By (date) _____ / _____ we need the documents checked below as proof that the information on your application is true and correct.

You can fax the documents to me at: _____.

If you cannot get some of the required documents please call me at: _____.

I can help you get what need or tell you about alternatives.

Documents Needed For You (only those checked by your counselor)

- ☐ Government or School Issued Picture ID (name document) _____
- ☐ Social Security Card
- ☐ US Birth or Hospital Certificate or Passport
- ☐ Non-citizen Eligible to work in US _____
- ☐ Pay stubs for 26 weeks beginning _____ and ending _____
- ☐ Pay stubs for the weeks _____
- ☐ Letter from your employer on letterhead showing employment dates, work hours and pay
- ☐ Child Support Income award or payment history, or verification of receipt of cooperation with the Attorney General
- ☐ Current class schedule including semester end date and credit hours
- ☐ Current school transcript
- ☐ High school students – letter stating number of days and hours you attend school
- ☐ Employment verification form signed by your employer
- ☐ Proof of employment challenge for youth (list document) _____
- ☐ Other (list): _____

For Your Adult Family Members (list names of family members)

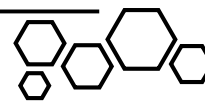
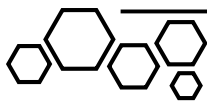
1. _____
2. _____
3. _____
4. _____

- ☐ Pay stubs for 26 weeks beginning _____ and ending _____
- ☐ Pay stubs for the weeks _____
- ☐ Letter from your employer on letterhead showing employment dates, work hours and pay
- ☐ Other (list): _____

For Your Children under 13 years old or under 19 years old if disabled

- ☐ Proof of her/his Citizenship or her/his Legal Immigrant Status
- ☐ Copies of Social Security Cards
- ☐ Proof of child's disability _____
- ☐ Name and telephone number of daycare facility you children will attend _____

As soon as we have all the necessary documents, we will be able to tell you if you qualify for Workforce Solutions financial aid. We must always receive confirmation that funds are available before awarding financial aid.



Application for Financial Aid

WEBSITES WITH HELPFUL INFORMATION

Here is some information you may want to read as you consider applying for Workforce Solutions financial aid.

CAREER PLANNING

- Take a look at our industry and occupation profiles called “Focus On” guides. These profiles contain information specific to career opportunities in the Houston-Galveston region, and tell you how to get those jobs.
<http://www.wrksolutions.com/jobs/focuson.html>
- Check out our Career Cube. It’s a fun and informative resource to help you learn, prepare and find well-paying, satisfying jobs in our Gulf Coast region’s big industries – Health Care, Energy, Construction and Aerospace – and in other fields as well.
<http://www.careercube.org>
- Find online resources for career research and job opportunities.
<http://www.wrksolutions.com/jobs/onlineresources.html>

WORKFORCE SOLUTIONS SCHOLARSHIP INFORMATION

- See which occupations we support with our scholarships.
<http://www.wrksolutions.com/jobs/occupationindemand.html>

SCHOOLS THAT ACCEPT OUR SCHOLARSHIP VOUCHERS

- http://wrksolutions.com/aid/fin_aid_train_ed.html#tpn

FINDING THE RIGHT CHILD CARE PROVIDER FOR YOUR CHILD

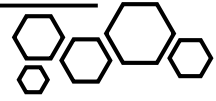
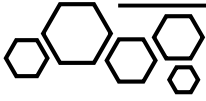
- http://www.wrksolutions.com/aid/fin_aid_child_care.html#providers
- <http://www.collabforchildren.org>
- Or call 211

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SELF-CERTIFICATION

I hereby certify under penalty of perjury, that the following information is true:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination of Workforce Solutions services and/or penalties as specified by law.

Signature: _____ Date: ____/____/____

Signature of Parent or Legal Guardian: _____

Address: _____

Phone Number: _____

The above self-certification documents the following eligibility criteria:

CERTIFICATION

I certify that the information recorded on this form was provided by the individuals whose signatures appear above.

Workforce Solutions Career Office Staff Signature: _____

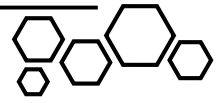
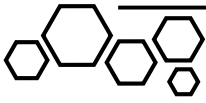
Printed Name: _____ Date: ____/____/____

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

SELF-EMPLOYMENT INCOME VERIFICATION

The net self-employment income must be determined for the period beginning ____/____ and ending ____/____. IRS documents or the self-employed individual's profit loss statement for the income determination period may be used to document the net income. Where this information is not available, the self-employed individual must complete this worksheet covering the 26-week income determination period.

Applicant Name :		Application Date :		
Self-Employed Individual's Name :				
Relationship to Applicant :		Starting/Ending Dates of Business :		
Description of Business :				
Description of Operating Expenses of Business :				

From	To	Gross Receipts	Expenses	Net Income
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____
		_____ - _____		\$ _____

I hereby attest that this is an accurate summary of my business income.

Signature of Self-Employed _____ Date ____/____/____

PHONE VERIFICATION

The above information was verified on this date by telephone (phone no: _____) with _____, who is the self-employed individual or representative thereof.

Staff Signature _____

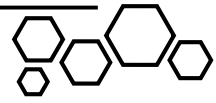
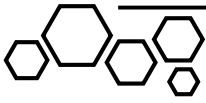
Date ____/____/____

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

INCOME RECONSTRUCTION WORKSHEET

Use this form to reconstruct income received during 26-week income determination period when little or no documentation is available. Work backwards from the application date.

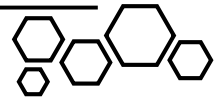
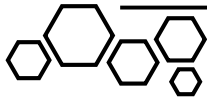
Income determination period: _____ / _____ to _____ / _____

Week #	From	To	Wage per Hour	X	Hours Worked	+	Other (i.e. Tips)	=	Total
1	/	/	\$	X		+		=	\$
2	/	/	\$	X		+		=	\$
3	/	/	\$	X		+		=	\$
4	/	/	\$	X		+		=	\$
5	/	/	\$	X		+		=	\$
6	/	/	\$	X		+		=	\$
7	/	/	\$	X		+		=	\$
8	/	/	\$	X		+		=	\$
9	/	/	\$	X		+		=	\$
10	/	/	\$	X		+		=	\$
11	/	/	\$	X		+		=	\$
12	/	/	\$	X		+		=	\$
13	/	/	\$	X		+		=	\$
14	/	/	\$	X		+		=	\$
15	/	/	\$	X		+		=	\$
16	/	/	\$	X		+		=	\$
17	/	/	\$	X		+		=	\$
18	/	/	\$	X		+		=	\$
19	/	/	\$	X		+		=	\$
20	/	/	\$	X		+		=	\$
21	/	/	\$	X		+		=	\$
22	/	/	\$	X		+		=	\$
23	/	/	\$	X		+		=	\$
24	/	/	\$	X		+		=	\$
25	/	/	\$	X		+		=	\$
26	/	/	\$	X		+		=	\$
Total estimated income received for the 26 week period									\$

I hereby attest that this is an accurate summary of income I received during this period.

Signature of Self-Employed _____ Date _____ / _____ / _____


Workforce Solutions



Application for Financial Aid

PARENTAL AGREEMENT

PARENT'S RIGHTS: You have the right to expect good service from Workforce Solutions.

- We'll tell you if you're eligible for child care as soon as possible, but no later than 20 days from the date we receive all your documents.
- You may receive child care regardless of race, color, national origin, age, sex, disability, political beliefs, or religion.
- We assure any personal information you give to Workforce Solutions will be treated as confidential.
- You may choose the child care arrangement best meeting your needs including care provided by a child's relative.
- We'll notify you fifteen (15) days before we end or change the payment of care unless your child isn't attending regularly:
 - A. 3 days have passed since childcare was authorized and the child isn't in attendance, or
 - B. 5 days consecutive absences without contact from you to the provider or Workforce Solutions, or
 - C. 30 days absence in a one year period, or
 - D. you've failed to pay your portion of the child care parent fee as agreed below, or
 - E. you voluntarily withdraw your child from care.

WFS Staff Signature: _____

Parent's Signature: _____

Printed Name: _____

Printed Name: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Identification number: _____

RESPONSIBILITIES: Before we provide financial aid for child care, Workforce Solutions expects your cooperation. The parent or parents receiving Workforce Solutions financial aid for child care must read the statements below and sign in the space provided at the bottom of this page.

1. **Work/Training Education.** I understand I am able to get child care so I can work, go to school, or attend job training classes. I cannot get child care if I'm not working, going to school, or in job training classes for at least _____ hours a week. If I'm no longer working, no longer in school, or no longer attending job training classes, for at least _____ hours a week, I'll notify Workforce Solutions within 10 calendar days of the change.

Parent's Initials _____

2. **Family/Income.** I understand I qualify for child care financial aid based on my family's income or size. I must report changes in income or size of family, loss of cash assistance grant or Medicaid benefits or any other change which may affect eligibility. I must report any change to Workforce Solutions within 10 calendar days.

Parent's Initials _____

3. **Submission of Required Documents.** I understand I must contact Workforce Solutions and submit required documents within 21 calendar days from the date of the Workforce Solutions request letter or my child care financial aid will be denied or terminated.

Parent's Initials _____

4. **Requirements of Your Personal Responsibility Agreement.**

- I will cooperate with the Attorney General's office if it's necessary to establish paternity or enforce child support.
- I won't use, sell, or possess marijuana or other controlled substances and won't abuse alcohol.
- I will make sure each child in my family younger than 18 years of age attends school regularly, unless the child has a GED or is specifically exempt from school attendance by Education Code.

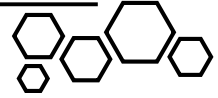
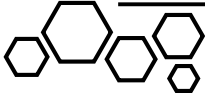
Parent's Initials _____

5. **Parent Fee.** I agree to pay my monthly parent fee to the assigned child care provider. Workforce Solutions assesses a fee of 11% of a family's gross monthly income if only one child in the family is in care. When two or more children are in care, we assess a fee of 13%. After we provide you financial aid for two years, we may increase the fee by up to 1 percent per year for future years.

Parent's Initials _____

(Parental Agreement continued on back)


Workforce Solutions



Application for Financial Aid

PARENTAL AGREEMENT (CONTINUED)

6. *Choice of Providers. I understand if I choose:*

- a relative to provide care for my child, the decision to choose my child's relative is mine alone for which I am fully responsible. I understand that my child's relative is not subject to health and safety requirements as is required of a regulated child care provider. I am responsible for setting requirements for the care provided by my child's relative. I understand that neither Houston-Galveston Area Council, through Workforce Solutions nor any of its employees, affiliates or contractors, is responsible for actions or omissions of my child's relative providing child care or for the health and safety of my child.
- a regulated provider to provide care for my child, the decision to choose a particular provider is mine alone for which I am fully responsible. I understand neither Houston-Galveston Area Council, through its Workforce Solutions workforce system nor any of its employees, affiliates or contractors, is responsible for actions or omissions of a regulated provider or for the health and safety of my child.

Parent's Initials _____

7. *Reporting Attendance. I understand:*

- I must use the Child Care Automated Attendance (CCAA) system to report my child's attendance;
- if I don't report attendance or absences using the attendance card, my child care services will be terminated;
- I can designate up to three individuals who are 18 years of age or older, as alternate card holders to report attendance/absences in my behalf; and
- I (or my alternate cardholders) must review the receipt generated by the attendance card machine to confirm my child's attendance is approved for the day.

Parent's Initials _____

8. *Security Agreement Requirements for the Attendance Card.*

- I will not let any other individual, vendor, or its employees possess, accept, use my card or PIN, (or my alternate cardholders' CCAA card or PIN), to perform the attendance/absence reporting function on my behalf.
- I am responsible for any misuse of the attendance card by my alternate cardholders.
- I will not designate vendor staff to swipe my CCAA card or the card of my alternate card holders to enroll or report attendance at the child care facility.
- I will report misuse of CCAA cards and/or PINs to Workforce Solutions.

Parent's Initials _____

Workforce Solutions will take appropriate action against anyone who fails to abide by the above security requirements for the CCAA system, including closing intake, moving children to another vendor selected by the parent, withholding vendor payments or reimbursement of costs incurred, termination of childcare services, recoupment of funds, and up to filing criminal charges with the appropriate authorities.

Parent's Acknowledgement:

- I understand it may be considered stealing child care services if I continue to receive child care and I don't notify Workforce Solutions within 10 days of any changes in my work, training, or education status; my income; benefits; family; or marital status.
- I understand if I fail to notify you within 10 days of any change, criminal charges may be filed against me, child care will be terminated, and I'll have to repay the amount owed. These are the consequences if I fail to report any change in status discussed above.
- I also acknowledge, I received the Child Care Parent Handbook and my questions were answered.
- I give permission to the Gulf Coast Workforce Development Board to contact a third party to verify income, family size and child support or to use Social Security numbers listed in the financial aid application for identification and verification of Social Security Benefits, income and child support.
- A person who obtains or attempts to obtain by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws.

Parent's Signature: _____

Printed Name: _____

Date: ____/____/____

WFS Staff Signature: _____

Printed Name: _____

Date: ____/____/____

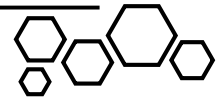
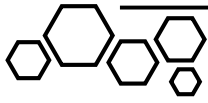


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

INDIVIDUAL REFERRAL/COST OBLIGATION FORM

STUDENT INFORMATION

Student Name:	SSN:
Telephone:	Student ID:

SCHOOL INFORMATION

Training Organization Name:		
Contact Name:	Telephone:	Fax:
Course(s):		
Certificate:	Hours:	
Degree:		
Training Worksite:	Total Weeks in Training:	
Projected Costs: \$	Beginning Date:	Ending Date:

		Semester 1	Semester 2	Semester 3	Semester 4	Semester 5
	Vendor	/ - /	/ - /	/ - /	/ - /	/ - /
Tuition		\$	\$	\$	\$	\$
Fees		\$	\$	\$	\$	\$
Books		\$	\$	\$	\$	\$
Supplies		\$	\$	\$	\$	\$
Other (list)		\$	\$	\$	\$	\$
TOTAL		\$	\$	\$	\$	\$

Cumulative projected total \$ _____

Training Provider Staff Signature _____ Date _____ / _____ / _____

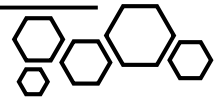
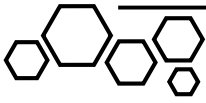
Return this information to the career office for the completion of the Authorization to Enroll Voucher.

Child Care

Scholarship

Transportation

Other



Application for Financial Aid

ATTENDANCE AND PROGRESS REPORT

MONTH OF:

Student Name:

Telephone:

Address:

Student ID:

1st Week Ending:

Course Name	Days						
	Su	M	T	W	Th	F	S

2nd Week Ending:

Course Name	Days						
	Su	M	T	W	Th	F	S

3rd Week Ending:

Course Name	Days						
	Su	M	T	W	Th	F	S

4th Week Ending:

Course Name	Days						
	Su	M	T	W	Th	F	S

5th Week Ending:

Course Name	Days						
	Su	M	T	W	Th	F	S

This student is making satisfactory progress in school?

Yes ☐ No ☐

Comment

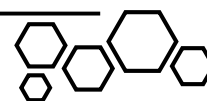
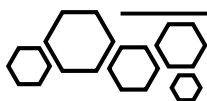
Training Provider's Signature: _____

Title: _____

Date: ____ / ____ / ____

Student's Signature: _____

Date: ____ / ____ / ____



Application for Financial Aid

MONTHLY EXPENSES WORKSHEET

1. Use the information from the Family Income Sheet to estimate your expected monthly income and enter it in Section *A. Monthly Net Income*.
2. Add Sections *B. Housing Expenses* and *C. Other Expenses* to estimate your monthly expenses
3. Enter the total in Section *D. Total Monthly Expenses*
4. Subtract *D.* from *A.* to see if you can pay your bills while you're in school.

Your Name: _____

Housing Expenses		Other Expenses	
Rent or Mortgage	\$	Food	\$
Gas	\$	Personal Hygiene	\$
Electricity	\$	Clothing	\$
Phone	\$	Child Care	\$
Cable/DSL	\$	Medical	\$
Water	\$	<i>Transportation</i>	
Trash Pick-Up	\$	Gas/Oil	\$
Other	\$	Insurance	\$
Other	\$	Bus Fare	\$
Other	\$	Other	\$
Other	\$	Other	\$
(B) Total	\$	(C) Total	\$

- A. Monthly Net Income from wages & other income: A) \$ _____
- B. Total Housing Expenses: B) \$ _____
- C. Total Other Expenses: C) \$ _____
- D. Total Monthly Expenses (add B and C): D) \$ _____
- E. Will my income meet my needs? (Subtract D from A) E) \$ _____