

COVID-19 Essential Worker Child Care Enrollment Form

Complete the following information for the parent or caregiver who is a COVID-19 Essential Worker in need of child care for their child(ren).

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM-

IF YOU, OR ANYONE IN YOUR HOUSEHOLD, HAVE TESTED POSITIVE FOR COVID-19, HAVE A CASE 'UNDER INVESTIGATION' OR HAVE BEEN DETERMINED PRESUMPTIVELY POSITIVE AND ASKED TO QUARANTINE, DO NOT APPLY FOR CHILD CARE SERVICES AND FOLLOW THE ADVICE OF HEALTH CARE PROFESSIONALS.

Last Name:	First Name:	Middle Name/Initial:
------------	-------------	----------------------

Are you a current Child Care Services customer? Please place a checkmark by your response below:

Yes: _____ No: _____ Unsure: _____

Date of Birth: _____

Physical Address:	City:	Zip:	County:
-------------------	-------	------	---------

Mailing Address (if different):	City:	Zip:	County:
---------------------------------	-------	------	---------

Home Phone:	Cell Phone:
-------------	-------------

Work Phone:	Email:
-------------	--------

After you submit this form, you will be contacted by Workforce Solutions staff and asked to provide additional personal information over the phone including, but not limited to, gender, social security number, and race/ethnicity.

Complete the section below with information for child(ren) in need of child care.

First Name	Middle Name	Last Name	Date of Birth	Gender (M/F)

Which occupation qualifies you as an essential worker during the COVID-19 pandemic? Please place a checkmark by the occupation category that best describes you:

Pharmacy Healthcare Local or State Government Restaurant or Food Delivery First Responder Gas Station Child Care, Home Health, other Caregiver	Mail/Delivery Military Personnel Other Please describe below:
--	--

Enter Name and Address of Employer

The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities. Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD). La Texas Workforce Commission esta en colaboración con 28 juntas locales de desarrollo laboral forman La Texas Workforce Solutions. Es un empleador que promueve la igualdad de oportunidades. Relay TX: 711 o 1-800-735-2988 (Voice) o 1-800-735-2989 (TDD). Documentos y formularios estan disponibles en Español a petición. Favor de llamar al 1-877-223-0404 ext 4013.

COVID-19 Essential Worker Child Care Enrollment Form

Why is temporary care needed at this time? Please place a checkmark in the box next to all reasons that apply:

Child's regular child care provider is temporarily closed
Child's school is temporarily closed
Child's regular child care provided has limited capacity and cannot care for my child
Child usually stays with friend/family who can no longer care for my child
Child's regular child care provider has permanently closed
Other Please describe:

Based on family size*, is your income at or below these annual or monthly limits?**

Please place a checkmark by your response:

Yes
No

* Family size consists of parent(s)/spouse and any other person in the home that can be claimed as dependents on a federal tax return or a minor who is the responsibility of the parent/applicant.

**Income does not include federal or state assistance or child support.

Family Size	Annual Household Income (Approx. 150% SMI) at or below	Monthly Household Income (Approx. 150% SMI) at or below
1	\$61,000	\$5,100
2	\$80,000	\$6,700
3	\$99,000	\$8,200
4	\$118,000	\$9,800
5	\$136,000	\$11,300
6	\$155,000	\$13,000
7	\$159,000	\$13,200
8	\$162,000	\$13,500
9	\$166,000	\$13,800
10	\$169,000	\$14,100

By signing this document, you agree to the following statement:

I certify that I am an essential employee at my place of employment, which is providing essential services to Texans during the COVID-19 pandemic, and I do not have access to a safe and healthy alternative child care option during the pandemic.

I certify that all information provided on this form is accurate and child care may be terminated if any of this information is found to be inaccurate. I understand that giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled.

Electronic Signatures are acceptable

Parent Signature:	Date:
-------------------	-------

**Please submit the completed application to the following email:
COVID.childcare@twc.state.tx.us**