

# Service Industry Recovery (SIR) Child Care Enrollment Form

**Complete the following information for the parent or caregiver who is a Service Industry Worker in need of child care for their child(ren) in order to work.**

Last Name:	First Name:	Middle Name/Initial:
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**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:
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Mailing Address (if different):	City:	Zip:	County:
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Home Phone:	Cell Phone:
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Work Phone:	Email:
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Primary Language Spoken at Home:

*After you submit this form, you will be contacted by Workforce Solutions staff and asked to provide additional personal information over the phone which will include which child care provider you have chosen.*

**Complete the section below with information for each household member. Household members consist of spouse/partner and dependents only. (Attach an additional sheet if needed.)**

First Name	Middle Name	Last Name	Date of Birth	Gender (M/F)	Hispanic /Latino (Y/N)	Ethnicity <sup>1</sup>	Child Care Needed
							Yes: <input type="checkbox"/> No: <input type="checkbox"/>
							Yes: <input type="checkbox"/> No: <input type="checkbox"/>
							Yes: <input type="checkbox"/> No: <input type="checkbox"/>
							Yes: <input type="checkbox"/> No: <input type="checkbox"/>
							Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<sup>1</sup>**Ethnicity choices:** White, Black/African American, American Indian or Alaskan Native, Asian, Hawaiian Native or Pacific Islander, or Unspecified/Declined to Answer

**Based on family size\*, is your income\*\* at or below these annual or monthly limits of State Median Income (SMI) in the chart below?**

Family Size	Annual Household Income at or below 75% SMI	Monthly Household Income at or below 75% SMI
2	\$43,549	\$3,629
3	\$53,796	\$4,483
4	\$64,043	\$5,337
5	\$74,290	\$6,191
6	\$84,537	\$7,045
7	\$86,458	\$7,205
8	\$88,380	\$7,365
9	\$90,301	\$7,525
10	\$92,222	\$7,685

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 peticion. Favor de llamar al 1-877-223-0404 ext 4013.

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**If your family income is above the 75% SMI limit, based on the previous chart, you do not qualify for SIR child care and cannot apply for this program.**

\* Family size consists of parents, those 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. A family's monthly income is the gross income *before adjustments are made for taxes*, which can also be referred to as gross earnings or gross pay.

Employer Information	Self	Spouse/Partner
Name		
Address		
City, State, Zip		
Job Title		

**Which occupation qualifies you as working in the Service Industry Sector?** Please place a checkmark by the occupation category that best describes you (only one parent is required to be working in Service Industry Sector):

Arts, Entertainment, and Recreation	<input type="checkbox"/>
Accommodations (Hotels) and Food Services	<input type="checkbox"/>
Retail Trade	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please describe:	

**Please submit proof of employment in the qualifying occupation. Examples of acceptable documentation are:**

- Current paystub (dated in last 30 calendar days).
- Employment verification form signed by your employer.
- Signed letter of employment on company letterhead with appropriate company contact information included.

**By signing this document, you agree to the following statements:**

I certify that I qualify as a Service Industry Worker, require child care to work, my family income is at or below 75% SMI and the address I have provided is my current residential address. I also certify that I am meeting the participation requirements for my household size (25 hrs. per week for single parent/50 hrs. per week for two-parent household).

**I understand that child care is only provided for 12 months and I will have to reapply for child care services at the end of the 12-month timeframe. Upon re-applying I may be subject to a waitlist and will not have child care services while on the waitlist or during the eligibility process.**

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:
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**Documents required to be submitted prior to eligibility determination for SIR child care:**

- Proof of employment in a qualifying occupation.
- Proof of citizenship/legal immigration status for children needing care.
- Completed and signed SIR Child Care Enrollment Form (this application).