

RESIDENCY INFORMATION FORM

PARENT INFORMATION

Name: _____ TWIST ID: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Are you Employed, In School or Job Searching? _____

Which Child Care Facility do you want to use?: _____

Is your current residence **Temporary** or **Permanent**? (Circle one)

Which of the following situations describes your family's current nighttime residence?

(you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If your family is living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain):

Mount Pleasant

312 N. Riddle
Mt. Pleasant, TX 75455
(903) 572-9841
(903) 572-0159 (Fax)

Paris

5210 S.E. Loop 286
Paris, TX 75460
(903) 784-4356
(903) 784-7267 (Fax)

Sulphur Springs

1513 Houston St.
Sulphur Springs, TX 75482
(903) 885-7556
(903) 439-1012 (Fax)

Texarkana

1702 Hampton Road
Texarkana, TX 75503
(903) 794-4163
(903) 792-2976 (Fax)

Child Care Services

1702 Hampton Road
Texarkana, TX 75503
(903) 794-8999
(903) 794-8012 (Fax)

CHILD INFORMATION

Child 1

Name: _____ SSN: _____

Date of Birth: _____ Needs Child Care? Yes No

Child 2

Name: _____ SSN: _____

Date of Birth: _____ Needs Child Care? Yes No

Child 3

Name: _____ SSN: _____

Date of Birth: _____ Needs Child Care? Yes No

Child 4

Name: _____ SSN: _____

Date of Birth: _____ Needs Child Care? Yes No

Child 5

Name: _____ SSN: _____

Date of Birth: _____ Needs Child Care? Yes No

Please list additional children on the back of this page.

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 CHILD CARE SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW.

PARENT'S SIGNATURE _____

DATE _____

Babel Notice:

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language service, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

EQUAL OPPORTUNITY IS THE LAW

Workforce Solutions Northeast Texas dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TTD) 1-800-735-2988 (voice).

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Parent's Name: _____

Twist ID: _____

TO BE COMPLETE BY CCS STAFF

Verification of residency information from other program (if available):

- WIOA determination
- Local school district
- Head Start program
- Homeless shelter
- Transitional housing program
- Other social services agency

Describe any verifications obtained, including contact information and dates:

Does the family's nighttime residence meet the following standards? (See form instructions in the Eligibility Documentation Log for guidance)

- Fixed
- Regular
- Adequate

Case Manager/Intake Notes:

CCS STAFF SIGNATURE

PRINT NAME

DATE

CCS MANAGER/REVIEWER SIGNATURE

PRINT NAME

DATE

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