



Child Care Services PARENT WORKSHEET

Client's Day Care Choice(s) for child(ren): _____

Number of children needing care? _____ Desired location of daycare? _____

Is the child(ren) listed above already attending day care(s)? YES -or- NO

How did you hear about Child Care Services?

- Workforce Services Office TV Printed Advertisement Radio Job Fair Other:

ARE YOU A: Veteran Qualifying Spouse of a Veteran Foster Youth Teen Parent
 Parent of a Child with Disabilities Homeless (If yes, additional information is needed)
 Caring for Child of a Military Deployed Parent Worker at a Daycare Center

The last 4 digits of the Social Security Number are used for identification purposes. *Providing the 4 digits is optional.

PARENT INFORMATION

Name: _____ SS#(*last 4 digits) _____
Race: White Black or African American American Indian or Alaskan Native Asian Hawaiian Native or Pacific Islander Hispanic/Latino: Yes or No

Spouse Name: _____ SS#(*last 4 digits) _____
Race: White Black or African American American Indian or Alaskan Native Asian Hawaiian Native or Pacific Islander Hispanic/Latino: Yes or No

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EMAIL Address: _____

Do you have a regular, fixed, and adequate residence? YES NO

If the answer is No, do you consider yourself to be homeless? YES NO

Do both of the child's/children's parents (married, divorced, or other) reside at the same address/residence with the CCS applicant or person completing the form? YES NO

If yes, please list the name on page 3 with all household member information.

EMPLOYER INFORMATION

If you are employed, you must provide **13 most recent weeks of paycheck stubs** OR have your employer complete the Employment/Wage Verification (enclosed) - same for Spouse's Employment Information.

Employer Name: _____

Work Phone Number: _____

Hours Worked: _____ am (to) _____ pm

Days Worked in a Week: Mon. Tue. Wed. Thu. Fri. Sat. Sun.

Are you on a rotating schedule? YES or NO

If YES, type of rotation (ex: 4 days on, 3 days off): _____

EMAIL: easttexas.ccs.customers@gmail.com

MAILING ADDRESS: CCS

PO BOX 131869

TYLER, TX 75713

1-800-676-8283

WEBSITE: EASTTEXASWORKFORCE-CHILDCARE.ORG

This is an equal opportunity program.
Auxiliary aids and services are available upon request
TX Relay 1-800-735-2989.



Child Care Services PARENT WORKSHEET

SPOUSE / ADDITIONAL EMPLOYMENT INFORMATION

Employer Name: _____

Work Phone Number: _____

Hours Worked: _____ am (to) _____ pm

Days Worked in a Week: Mon. Tue. Wed. Thu. Fri. Sat. Sun.

Are you on a rotating schedule? YES or NO

If YES, type of rotation (ex: 4 days on, 3 days off): _____

EDUCATION INFORMATION

Highest Grade Completed: Less than 9; 9; 10; 11; 12; HS Graduate; GED;
 1st year of college 2nd year of college Associates Degree Bachelor's Degree Other _____

School Status: In High School or less In School, Post High School
 Not Attending School (HS Dropout) Not Attending School (HS Graduate or Equivalent)

COLLEGE INFORMATION

Name of School: _____

Current semester hours enrolled: _____ Are you participating in a college Work-Study: YES or NO

Are you receiving financial aid for college? YES or NO

What type of aid do you receive (check all that apply): Subsidized Student Loan Pell Grant
 Unsubsidized Student Loan Need Based Scholarship Other: _____

TANF ASSISTANCE

Last date you received TANF (Temporary Assistance to Needy Families) benefits? _____

OTHER INCOME INFORMATION

Do you receive income from rental property? YES or NO

Do any children ages 14–19 years old in your household work? YES or NO

Are you currently receiving (check what you receive): Social Security Disability Ins. Payments
 Alimony Worker's Comp Cash Payments/Gifts (received more than one time in the last 3 months)

PERSONAL ASSETS

Do your total assets exceed \$1,000,000 (\$1 million)? YES or NO

EMAIL: easttexas.ccs.customers@gmail.com

MAILING ADDRESS: CCS

PO BOX 131869

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HOUSEHOLD INFORMATION

List All Additional Members of the Household:

Care Required?	Name	Relationship	Date of Birth	Attend Public School?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Pacific Islander Hispanic/Latino: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Pacific Islander Hispanic/Latino: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Pacific Islander Hispanic/Latino: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Pacific Islander Hispanic/Latino: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Pacific Islander Hispanic/Latino: <input type="checkbox"/> Yes or <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Pacific Islander Hispanic/Latino: <input type="checkbox"/> Yes or <input type="checkbox"/> No			

If there are more household members than space allows here, please continue listing them (with same information requested above) on the back of this page.

CERTIFICATION

I understand that by signing this form I am attesting that all aforementioned statements and information listed on pages 1 through 3 are true and accurate to the best of my knowledge and if this information is found to be intentionally falsified I would be subject to have criminal charge filed against me, my child care services would be terminated, and I would have to repay the total amount of child care services received that I was not eligible for.

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

Signature: _____

Date: _____

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, 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.



PARENT ACKNOWLEDGEMENT FORM (PAF)

***Read the Parent Handbook and then sign & date this form.**

Child Care Services (CCS) will answer any questions you may have regarding the Parent Handbook.

I understand the Handbook does not include all Workforce Solutions East Texas Board (WSETB) and Texas Workforce Commission (TWC) child care policies and procedures. If I have questions or need clarifications, I must contact CCS.

SECTION I – I Acknowledge:

- CCS explained my rights and responsibilities and that I will comply with all requirements, policies, and procedures of the TWC, WSETB, CCS, and the child care provider while my child is enrolled in CCS childcare.
- I was provided copies of the Customer Rights and Complaint Resolution Procedure and the Orientation to Complaint Procedure. I understand the information provides me with procedures to file a complaint and/or request an Informal Review, a Board Hearing, and a TWC Appeal if I choose.
- I was provided information about several types of child care and allowed to select the child care arrangement for my family's needs.
- CCS explained age and citizenship verification for my children, parent share of cost (PSoC), reporting a change to the Child Care Contractor, the attendance/absences policy (unexplained absences, chronic illness, court visitation), re-determination of my eligibility, termination, fraud policy, minimum number of 25 employment/training hours and/or attending 9 semester hours for each Fall or Spring semester (6 hours for each Summer semester) making progress toward successful completion by continued enrollment in the training or educational program, the appeals/complaint process and timeframes for returning documentation/paperwork. I am allowed to receive care for up to 60 months if enrolled in a post-secondary education full-time. For two-parent families, employment, training and/or education hours must equal to at least 50 hours per week.
- I was provided information explaining income eligibility and permanent vs. temporary changes in work, job training, or education activities.
- I, the parent, cannot be the owner, director, or assistant director of the daycare facility where my children attend; however, I can be an employee of the daycare.
- If I commit fraud, future child care eligibility may be prohibited.

SECTION II – I understand and agree to the following:

- Upon receipt of the CCS Application & Eligibility Form E-2050, I will review the information and make certain everything is correct on the form;
- Inform CCS of any errors on Form E-2050 concerning my parent share of cost, where I work, or income; and
- I agree to follow the policies and procedures of Child Care Services, including those outlined in the CCS Parent Handbook.

SECTION III – Parent Share of Cost:

I understand and AGREE to pay a Parent Share of Cost (if applicable), to my child's/ren's Child Care Provider in advance of my child receiving child care services. My parent fee is based on my family's total gross income and family size. Failure to pay the parent share of cost is a program violation and subject to early termination of child care. If I am terminated because I did not pay my PSoC, I cannot receive CCS or be added to the waitlist unless:

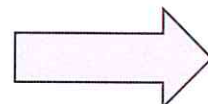
1. I have paid the provider in full; and
2. 60 days have passed.

SECTION IV – I understand and agree to the following:

(1) 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. (2) I am entitled to be notified of my eligibility for services within 20 calendar days of submitting a complete application for the Intake Interview. (3) I, or my representative, may appeal the denial, reduction, or termination of services. (4) Services will be provided without regard to sex, race, creed, color, national origin, or disability. (5) The information I provide, or a third party provides regarding my income and circumstances is confidential.

SECTION V – CUSTOMER AWARENESS – I understand and agree to the following:

- I will only receive child care services to work, go to school, or be in job training classes;
- I will not receive child care during the appeal process if the child's enrollment is terminated due to excessive unexplained absences, or nonpayment of parent share of cost;
- I will let CCS know within 14 calendar days of the changes below;
 - ◆ Changes in family income or family size that would cause the family to exceed income eligibility for a family the same size;
 - ◆ Permanent changes in work or attendance at a job training or educational program; and,
- Any change in the family residence, primary phone number, or e-mail (if available).

 Parent Initials: _____
 Parent Initials: _____

PARENT ACKNOWLEDGEMENT FORM – (CONTINUED)

SECTION VI – PERSONAL ASSETS:

- I agree and attest my total assets do not exceed one million dollars.

I understand and agree to the following:

- The child care provider may end my child's enrollment with their facility if my child does not meet the provider's established attendance policy.
- If my child exceeds 40 total unexplained absences during the most recent 12-month eligibility period, my child care will be terminated. I will be ineligible to apply for child care services for 60 calendar days.
- I will agree to follow the attendance policy as outlined by CCS, the Board, and the Texas Workforce Commission.
- There will be a waiting period of two weeks before the effective date of a provider transfer, except in cases in which the provider is subject to a Child Care Regulations (CCR) action.
- If I transfer to or from another workforce area in which a reduction for selection of a Texas Rising Star provider is not offered, the reduction will no longer apply.

I acknowledge I have read and agreed to this parent agreement, and all my questions about this agreement have been answered.

NOTICE: Information you provide to determine eligibility is subject to validation through cross-checks against State and Federal databases, and you may be asked to provide original documents and participate in face-to-face interviews to verify identity and eligibility for child care services.

I GIVE PERMISSION to the Texas Workforce Commission (TWC), East Texas Council of Governments, Workforce Solutions East Texas Board (WSETB), the Child Care Services Contractor (the agency under contract), to contact a third party (which includes past, present, future employers, or educational institutions to verify income, scholarships, family size, education, training, and/or any item related to my child care eligibility.

I HEREBY CERTIFY under penalty of perjury, that the information I provided to Child Care Services is true and accurate.

Parent Signature: _____ Spouse Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

CCS Client Services Specialist: _____ Date: _____

A FAILURE TO REPORT ONE OF THE CHANGES ABOVE WITHIN 14 DAYS OF THE OCCURRENCE MAY RESULT IN FACT-FINDING FOR SUSPECTED FRAUD.

ADDITIONAL CCS PARENT HANDBOOKS ARE AVAILABLE ON OUR WEBSITE: <http://childcare.easttexasworkforce.org> OR YOU CAN REQUEST ONE BE MAILED TO YOU BY EMAILING: easttexas.ccs.customers@gmail.com OR CALLING 1-800-676-8283

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**WORKFORCE SOLUTIONS EAST TEXAS BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

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 Innovation and Opportunity Act (WIOA)
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)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Workforce Solution East Texas Board
3800 Stone Rd
Kilgore, TX 75662**

**Equal Opportunity (EO) Officer: Keith Huddleston
Telephone Number: (903) 218-6439
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Workforce Solutions East Texas 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 504
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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA 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 WIOA 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. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA 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 may file a complaint with CRC before receiving that Notice. 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.

 Initials _____

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)



PROCEDURES ON HOW TO FILE A COMPLAINT

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA 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 (CC) program or activity receiving federal financial assistance, 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 U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. 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, Director, Office of Adjudication, 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.

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 Procedures 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, this form 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

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AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM

*Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)*



Workforce Solutions East Texas
Customer Rights and Complaint Resolution Procedure and Customer Complaint Form

Participating in workforce services administered by the Texas Workforce Commission (Commission) or Workforce Solutions East Texas Board (Board) grants you the right to file a complaint regarding your workforce services. These rights are guaranteed through the Commission's complaints, hearings and appeals procedures* at 40 TAC, Chapter 823. *This complaint process does not pertain to matters alleging violations of nondiscrimination or equal opportunity requirements under the Workforce Innovation and Opportunity Act (WIOA) or matters governing job service-related complaints.

The Complaint Process:

What is a complaint?

A complaint is a written statement alleging a violation of any law, regulation, or rule relating to any federal- or state-funded workforce service. If you have received an adverse action or want to file a formal complaint about workforce services, you are first encouraged to discuss the adverse action or complaint with Texas Workforce Center staff where the complaint originated.

Who may file a complaint?

- Texas Workforce Center customers – Individuals who have applied for or are eligible to receive federal- or state-funded workforce funded services administered by the Commission or the Board. **These services include Child Care; Temporary Assistance for Needy Families Choices; Supplemental Nutrition Assistance Program Employment & Training; WIOA Adult, Dislocated Worker, Youth; Non-Custodial Parent; and, Eligible Training Providers receiving WIOA funds or other funds for training services.**
- Other interested parties affected by the Texas workforce system, including sub-recipients. These individuals may be child care or other service providers that have received a written statement issued by the Board, a Texas Workforce Center, or the Agency relating to an adverse action, or a provider or contractor, related to denial or termination of eligibility, under programs administered by the Agency or the Board.
- Previously employed individuals who believe they have been displaced by a Texas Workforce Center customer participating in work-based services such as subsidized employment, work experience, or workfare.

How do I file a complaint?

- Complaints must be in writing using the attached complaint form.
- Complaints must be filed within 180 days of the alleged violation.
- Complaints must be mailed to:
 Hearing Officer
 Workforce Solutions East Texas
 3800 Stone Rd.
 Kilgore, TX 75662

Board complaint procedures are available upon request.

How will the complaint be resolved?

- You will be given the opportunity for an informal resolution to resolve any disputes resulting from either a complaint or an appeal to a determination. An example of an informal resolution may include:
 - Meeting with your immediate case worker to seek a resolution;
 - Meeting with a Texas Workforce Center manager or designated Board staff for a more in-depth discussion related to the circumstances of the complaint and to discuss how the complaint may be resolved;
- If you are not satisfied with the outcome of the informal resolution, you have the right to file a complaint and to have the opportunity for a Board hearing with the Workforce Solutions East Texas Board at: **3800 Stone Rd. Kilgore, Texas 75662.**
- Once a complaint is filed with the Board, you will be notified in writing of a Board hearing at least (10) ten calendar days prior to the hearing date. The ten-day notice may be shortened with prior written consent of the parties involved.
- A Board decision will be issued within 60 calendar days from the date the complaint is originally filed.

If you do not agree with the decision issued by the Board or if no decision is mailed within 60 calendar days from the date the complaint was originally filed, you may file a written appeal to the Commission. The appeal must be sent within 14 calendar days after the mailing date of the Board's decision or 90 calendar days after the original filing date of the complaint. Appeals to the Commission are mailed to:

Appeals, Texas Workforce Commission
 101 East 15th St., Room 410
 Austin, Texas 78778-0001

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

This is to certify that I have read the Customer Rights and Complaint Resolution Procedure and Customer Complaint Form and that I have been given the opportunity to ask questions about its contents. By my signature below, I acknowledge that I have received a copy of the aforementioned form.

Applicant Signature _____

Print Full Name _____

Date _____

Workforce Solutions East TX is an Equal Opportunity Employer/Program.
 Auxiliary Aids and Services are available, upon request, to individuals with disabilities.
 Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-662-4954 (Español)

Workforce Soluciones de East TX es un programa de oportunidades de igualdad de empleo.
 Ayudantes auxiliares y servicios están disponibles a petición para individuos con incapacidades.
 Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-662-4954 (Español)



RESIDENCY INFORMATION FORM

Name: _____

TWIST ID: _____

TO BE COMPLETED BY PARENT

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 a 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 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):

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.

X

PARENT'S SIGNATURE

DATE