

Date: \_\_\_\_\_  
TWIST ID: \_\_\_\_\_  
NEW/UPDATE

**Please call back in 90 days!**

# Workforce Solutions Child Care Interest Form

4309 Jacksboro Hwy St 230  
Wichita Falls, TX. 76302  
Phone: 940-723-8774  
FAX: 940-723-1818

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Physical address: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Is this a temporary address? Yes No If yes, please explain: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ is this a Cell, home, or work number: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_

Approx. Hrs. per week: \_\_\_\_\_ Hr rate/Salary: \$ \_\_\_\_\_ Contact person: \_\_\_\_\_

How Often paid? Weekly BiWeekly Twice monthly Monthly Date of hire: \_\_\_/\_\_\_/\_\_\_ GMI=\$ \_\_\_\_\_

Position: \_\_\_\_\_ Job duties: \_\_\_\_\_

School or Training: \_\_\_\_\_ Current hours: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Are you a teen parent? Yes No

Marital Status: (circle one) Married Single Separated Divorced Widowed

Hispanic/Latino: Y/N Citizenship: (circle one) U.S Citizen Refugee/Parolee Permanent Resident Alien Other Eligible Non-Citizen

Race: (circle one) White, Black or African American, American Indian or Alaskan Native, Hawaiian Native or Pacific Islander Asian

Is there another adult/caregiver in the home? Yes / No

If yes, what relation are they to your children? \_\_\_\_\_

Are they working, in training going to school or \*disabled (\*Dr. statement required?) (circle one)

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Employer: \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_

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How Often paid? Weekly BiWeekly Twice monthly Monthly GMI=\$ \_\_\_\_\_

School or training: \_\_\_\_\_ Current hours: \_\_\_\_\_

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Race: (circle one) White, Black or African American, American Indian or Alaskan Native, Hawaiian Native or Pacific Islander Asian

How many people live in the home? \_\_\_\_\_ Do total family assets exceed \$1 Million? Yes No

Do you receive any social security disability benefits? Yes No If yes, please explain: \_\_\_\_\_ \$ \_\_\_\_\_

Are you or your spouse a: Veteran? Yes No a foster child with a child? Yes No TGMI=\$ \_\_\_\_\_

Children	U.S Citiz. Y N	Race	Hisp. Y N	Gender	Social Security #	DOB	Disability