Date: TWIST ID: NEW/UPDATE <mark>Please call back in 90 days!</mark>		rce Solu hild Care rest For		4309 Jacksbord Wichita Falls, 1 Phone: 940-7 FAX: 940-723	X. 76302 23-8774	30
Name:		S	S #:	Date c	of Birth	//
Physical address:						
Mailing address if different from abo	ove:	<u> </u>				
Is this a temporary address? Yes No	If yes, please e	explain:				
Primary Phone: ()	is this a Ce	ll, home, o	r work n	umber:		
Email:						
Employer:				Wk Phone: ()_		
Approx. Hrs. per week: How Often paid? Weekly BiWee Position:	any twice month	y wontiny	Dute	· · · · · · · · · · · · · · · · · · ·		
School or Training:		· · · · · · · · · ·		Current hours:		
Highest grade completed:	Are you a	a teen parent	? Yes N	0		
Marital Status: (circle one) Marr	ied Single Sepa	rated Divo	rced Wi	dowed		
Hispanic/Latino: Y/N Citizenship: (circle	one) U.S Citizen Ref	ugee/Parolee	Permanen	t Resident Alien Other	Eligible Non	-Citizen
Race: (circle one) <u>White, Black or Africa</u>	n American, <u>A</u> meric	can <u>I</u> ndian or	Alaskan N	ative, <u>H</u> awaiian <u>N</u> ative	or <u>P</u> acific <u>I</u>	slander <u>A</u> sian
Is there another adult/caregiver in t	he home? Yes /	/ No				
If yes, what relation are they to your	r childron?					
Are they working, in training going t Name:	o school or *disa	abled (*Dr.	stateme	ent required?) (circ	le one)	
	o school or *disa	abled (*Dr. S	stateme S #:	ent required?) (circ Date o	le one) of Birth	
Name: Employer: Approx. Hrs. per week:	o school or *disa	abled (*Dr. S \$	stateme S #: \ Cor	ent required?) (circ Date o Wk Phone: () itact person:	le one) of Birth	
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