



Child Care Services Eligibility Documentation Log

General Instructions

This documentation log is required for eligibility determinations for the following:

- **Low-income**
- **Temporary Assistance for Needy Families (TANF) applicant**
- **Homelessness**
- **Initial Job Search**

Note: Eligibility for Choices, Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T), and Department of Family and Protective Services (DFPS) child care (including Former DFPS) is determined by the referring agencies.

Texas Child Care Connection (TX3C): KinderTrack is the primary repository for Child Care Services (CCS) eligibility determination data. To support accurate data entry, staff must use the Eligibility Documentation Log, which provides a comprehensive list of all approved CCS criteria. Only documentation specified in this log is accepted for determining and redetermining program eligibility.

Eligibility Criteria

To establish eligibility for services, the case manager must collect and verify the following criteria:

- Age and citizenship status of child
- Household affiliation
- Parent/Guardian's identification
- Reason for care
- Income information (documentation must be completed within 90-days of enrollment for Homeless and Initial Job Search eligibility)

Completed documentation logs and copies of all collected source documentation must be maintained and uploaded into the child care case management system. **Failure to accurately document a customer's eligibility could result in a finding of improper payment.**



Name: _____
(First, Middle Initial, Last)

Case Number: _____

Date of Application/Renewal: ____ / ____ / ____

Basic Eligibility for Child Care Services

All children must meet the following eligibility criteria to receive services. Supporting documentation for each criterion must be maintained at the Board level. One source document from each list is sufficient to meet documentation requirements to prove eligibility. Complete this section for each child who requires care.

Name of child requiring care: _____
(First and Last)

Applicant's relationship to the child: ☐ Parent/Guardian ☐ Person standing in loco parentis

Eligibility Factor		
	For primary verification of age, citizenship, and household affiliation the following are acceptable:	☐ Original or certified copy of a birth certificate issued by a State Bureau of Vital Statistics or equivalent agency from a U.S. territory or District of Columbia ☐ Verification of Birth Facts (for infants up to 12 months) ☐ Original or certified copy of an adoption decree (United States or its territories) ☐ TANF, SNAP or Medicaid records verified through TIERS
	For secondary verification of age only , if no documentation listed under the primary age and citizenship category is available, the following are acceptable sources to verify a child's age:	☐ Current U.S. Passport ☐ Adoption papers or records (United States or its territories) ☐ Bureau of Indian Affairs or Tribal records ☐ Immigration or Naturalization Service records ☐ Military Dependent ID Card ☐ Consular Report of Birth Abroad (CRBA)

Eligibility Factor		
	For secondary verification of citizenship or immigration status only, if no primary documents for age and citizenship are available, the following are acceptable sources to verify a child's citizenship or immigration status:	For a U.S. citizen: ☐ Valid, unexpired U.S. passport book or U.S. Passport card ☐ Original or certified copy of a birth certificate issued by a State Bureau of Vital Statistics or equivalent agency from a U.S. territory or District of Columbia ☐ Original or certified copy of CRBA or Certificate of Report of Birth issued by the U.S. Department of State ☐ U.S. Citizenship Certificate or Certificate of Naturalization with identifiable photo (This document is also applicable for children who derived or acquired U.S. citizenship through a naturalized parent.) ☐ U.S. citizen ID card ☐ Native American Tribal Document/Card U.S. Nationals, Lawful Permanent Residents, Refugees, and Asylees: ☐ Valid, unexpired U.S. Passport book or U.S. Passport card stating, "The bearer is a United States national and not a United States citizen" on the last page ☐ Valid, unexpired Permanent Resident Card, also known as a Green Card(Form I-551) ☐ Valid, unexpired foreign passport, visa (visa may be valid or expired) with valid I-94 ☐ Form I-94/I-94a, an arrival/departure admission form given by U.S. Immigration and Customs Enforcement at the port of entry to nonimmigrant visa holders that must indicate the applicable immigration rule citations as follows: ☐ For Asylee—Annotated showing asylum granted under §208 of the Immigration and Nationality Act (INA), a copy of grant letter from the Asylum

Eligibility Factor	Verification Goal	Acceptable Forms of Verification
		Office of the U.S. Citizenship and Immigration Services or a copy of the order of an immigration judge granting asylum ☐ For Refugee—Annotated showing admission under INA§207 or Form I-571 (Refugee Travel Document) ☐ For Cuban/Haitian Entrant—Annotated with stamp showing §501(e), Permanent Resident Card, also known as a Green Card (Form I-551), unexpired temporary Form I-551, or stamp in foreign passport showing §501(e) Note: I-94/I-94a can be provided electronically. ☐ Machine-readable Immigrant Visa with temporary I-551 language and Alien Documentation, Identification, and Telecommunications stamp ☐ Alien whose deportation or removal has been withheld ☐ Refugee Travel Document
Household Affiliation	For secondary verification of legal guardianship , if no primary documents for legal guardianship are available, the following are acceptable sources to verify legal guardianship of a child:	☐ Court custody documents ☐ Tax return ☐ Military Dependent ID Card (The parent/guardian's Department of Defense ID number on the dependent's card must be verified against the parent/guardian's official active record.) ☐ Foster care placement letter/agreement ☐ Adoption decree

Eligibility for Low-Income or CCS for Children Experiencing Homelessness

Families must meet the following criteria. One source document from each list is sufficient.

Eligibility Factor	Verification Goal	Acceptable Forms of Verification
Resident of Local Workforce Development Area	For verification of residency in a local workforce development area , the following are acceptable sources:	☐ Copy of a current utility bill (electric, water, gas, or internet bill) dated within 30 days of the date of the child care application ☐ Current public assistance/social service records ☐ School records (high school, college or university report card or transcript for the current school year) ☐ Pay stub dated within 30 days of the date of application (if current address is printed on stub) ☐ Rent receipt (showing current address) dated within 30 days of the date of application ☐ Current lease agreement ☐ Mortgage statement (showing current address) ☐ Section 8 award letter ☐ Homelessness determination ☐ Official USPS Change of Address confirmation ☐ Two pieces of mail showing name and residential address
Family Income	For verification of family income , the following documentation should be provided for each applicable income source, for each family member:	☐ Pay stubs for the past 12 weeks ☐ Employment/Income Verification form or letter ☐ Workers Compensation documentation/statement ☐ Social Security Disability Insurance (SSDI) statement ☐ Retirement/Pension statement ☐ Quarterly estimated tax for self-employed persons (Schedule C) ☐ Self-employment verification form ☐ Family or business financial records ☐ Award letter from Veterans Affairs ☐ Bank statement

Eligibility Factor	Verification Goal	Acceptable Forms of Verification
		☐ Compensation award letter or offer letter ☐ IRS form 1099-DIV, -INT, for dividends or interest ☐ IRS form 1040 Schedule D for capital gains
Reason for Care	For verification of the reason for care (employment, education, or training), the following are acceptable sources:	Employment ☐ Pay stubs with hours worked ☐ Employment/Income Verification form or letter ☐ Self-employment verification form ☐ Financial records for self-employed persons ☐ Quarterly estimated tax for self-employment (Schedule C) ☐ WorkinTexas.com Registration for Initial Job Search Education OR Training ☐ Transcript from education/training program ☐ Statement from education/training provider ☐ Tuition statement with semester hours ☐ Admissions letter ☐ Other official document from an education/training provider indicating current enrollment
Household Dependent	For verification of a household dependent :	Adult Tax Dependent: ☐ Most recent federal income tax return (Form 1040 listing the adult as a dependent) ☐ Official IRS tax transcript ☐ Social Security disability award letter (if dependency is based on disability) ☐ Proof of financial support (bank statements or records showing you pay >50% of their expenses) Child of a Teen Parent: ☐ Birth certificate (listing the teen as the parent)

Eligibility Factor	Verification Goal	Acceptable Forms of Verification
		☐ Hospital birth records (if birth was within the last 30 days) ☐ Official benefit records (Women, Infants, and Children (WIC), SNAP, or TANF statement listing both the teen and the child) Minor Under the Parent's Responsibility (Non-Biological/Custodial): ☐ Court-ordered custody or guardianship papers ☐ Foster care placement records ☐ Medical/insurance records (listing you as the authorized representative) ☐ Notarized power of attorney for a minor ☐ DFPS placement records ☐ TANF, SNAP or Medicaid records verified through TIERS
Parent/Guardian	For verification of Parent/Guardian's identity for resolving data mismatches:	Issued with a photograph* ☐ U.S. passport* ☐ State driver's license* ☐ Government-issued identification card (for example, state ID card for non-drivers)* ☐ School ID card* along with a verification of enrollment) ☐ U.S. military card or draft record ☐ Military dependent's ID card* ☐ Birth certificate ☐ Native American Tribal document/card (I-872) ☐ U.S. Coast Guard Merchant Mariner ID card* ☐ Certificate of Degree of Indian Blood or another U.S. American Indian/Alaskan Native and Tribal document* ☐ Adoption papers or records ☐ Employee ID card* along with a verification of employment ☐ Certificate of U.S. citizenship* (N-561)

Eligibility Factor	Verification Goal	Acceptable Forms of Verification
		☐ Lawful permanent resident card, also known as a green card* (I-551) ☐ Employment authorization card (I-766)* ☐ Certificate of birth, issued by a foreign service post (FS-545) ☐ Foreign passport* ☐ Form I-94 Arrival/Departure Record ☐ Travel document card*
Eligible Foster Youth	For verification of eligible foster youth :	☐ Court documentation ☐ CPS documentation showing the youth is or was placed in foster care ☐ Documents showing payments made to a foster parent on behalf of the child
Child with Disability	For verification of a child with a disability :	☐ Supplemental Security Income (SSI) benefits statement ☐ Social Security Disability Insurance (SSDI) statement ☐ Early Childhood Intervention (ECI) program contact ☐ Head Start contract that identifies the child as having a disability ☐ Public school special education services, including PPCD, contact ☐ Statement or letter from a qualified clinician

Documentation Requirements for In Loco Parentis

Reason Parent is Unavailable	Documentation Verifying Reason Parent is Unavailable	Documentation Verifying Caretaker is Responsible for the Child
Medical Incapacitation or In Treatment or Rehabilitation	A document from a licensed medical professional, for example, physician, psychiatrist or psychologist, stating the medical condition that makes the parent unable to care for their child or A document from a licensed professional such as a counselor or therapist is an acceptable alternative as long as the	Caretaker must have a notarized power of attorney or a sworn affidavit of temporary custody/guardianship of the child.

Reason Parent is Unavailable	Documentation Verifying Reason Parent is Unavailable	Documentation Verifying Caretaker is Responsible for the Child
	recommendation or diagnosis does not exceed the licensed professional's authority. If the parent is in a treatment or rehabilitation center, a letter from the facility verifying admission must be signed by an authorized representative of the facility and include both the admission and anticipated release date. A copy of the order mandating the placement will suffice.	
DFPS Placement	Documentation must include at least one of the following: • A recent (within six months) DFPS safety plan or DFPS placement agreement • A court order naming the individual as the caretaker • A letter from DFPS that confirms the child's placement with the caretaker or foster parent is ongoing	No other documentation is necessary.
Military Deployment	Military orders or A suitable alternative, such as a confirmation by the base commander or other military official	A military power of attorney appointing the caretaker as guardian of the child or In lieu of a military power of attorney, a military family plan that gives the caretaker the authority to execute decisions on child care matters
Incarcerated	Documentation must include at least one of the following: • A commitment order from the court • Verification from the Texas Department of Criminal Justice (TDCJ) Offender Information Search database for offenders who are incarcerated in a TDCJ facility	Caretaker must have a notarized power of attorney or a sworn affidavit of temporary custody/guardianship of the child.

Reason Parent is Unavailable	Documentation Verifying Reason Parent is Unavailable	Documentation Verifying Caretaker is Responsible for the Child
	• A letter from the sheriff's office confirming incarceration if the parent is in a local jail The document must include the date of incarceration and anticipated release date, unless the parent has not been sentenced and no release date is currently available.	
Other Reasons Parent or Legal Guardian is Unavailable	A sworn affidavit of facts attesting to all of the following: • The circumstances of how and why the caretaker assumed responsibility for the child • The whereabouts of the natural parent(s) • The caretaker's relationship to the child • The length of time the child has been with the caretaker	Caretaker must have a notarized power of attorney or a sworn affidavit of temporary custody/guardianship of the child. Additionally, the caretaker must have documentation from a verifiable source that establishes their parental responsibility for the child. The documentation may be one of the following: • The caretaker's most recent Internal Revenue Service (IRS) tax return listing the child as a dependent • A letter from a child care center or other independent, nonrelative, verifiable source that can establish the individual's parental and financial responsibility for the child • A letter from an ISD • Documentation that the caretaker is receiving TANF benefits on behalf of the child or has received TANF benefits within the past six months



Case Manager/Intake Notes:

Texas Workforce Solutions Staff Signature

Date: ____ / ____ / ____

Texas Workforce Solutions Staff Printed Name

Manager/Receiver Signature

Date: ____ / ____ / ____

Manager/Receiver Printed Name



Instructions for Completing the Employment/ Income Verification Form

The purpose of this form is to document a family's income and work hours at time of application when pay stubs are not available. The most likely situations that will require the Employment/Income Verification Form are when a family member:

- has just begun new employment and check stubs are not yet available;
- has pay documents that reflect gross pay but not hours worked;
- is an employee but is paid in cash by their employer; or
- had a recent change to employment such as change in work hours, work schedule and/or pay rate and the pay stubs do not reflect it.

Note: To ensure eligibility determination processes that are both family- and employer-friendly, Boards must use this form only when employment income and hours cannot be otherwise verified.

Specific Instructions

If a family member reports employment income, but lacks pay stubs, Workforce Solution staff must provide the parent with the Employment/Income Verification form to be completed by the family member and their employer.

Step 1: Determine if the customer has pay stubs for each job for the previous three-month period.

- a. Does the family member have pay stubs for the previous three months?
- b. If the family member has fewer than three months of pay stubs, is year-to-date information available that includes the last three months?
- c. Is the employment new (fewer than three months old)?
- d. Do the pay stubs reflect hours worked, current work schedule and current pay rate?

Step 2: If the employment is new, pay stubs are not available, or the pay stubs do not reflect hours worked, current work schedule or pay rate, staff must assist the family member with completing their portion of the Employment/Income Verification form and provide instructions for asking an employer to complete their portion.

Step 3: Staff must ensure customers and employers are aware of the following ways to return the completed form:

- TX3C for Families message attachment
- Mail
- Email
- Fax



Child Care Services Employment/Income Verification

To Be Completed by the Employee

Employee Name: _____ Case Number: _____

Note to Employer: This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care services, verification of income actually received for the period ____/____/____ to ____/____/____ is needed. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

Employee Signature Date: ____/____/____

To Be Completed by the Employer

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Employed from: ____/____/____ to ____/____/____ Position: _____
(Month/Day/Year)

Hourly Pay Rate: \$_____/hour Average # of Hours Scheduled per Week: _____

OR

Gross Pay (Before Deductions) per Pay Period: \$_____

Pay Frequency: ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Typical Work Schedule (for example, Monday–Friday, 8:00 a.m.–5:00 p.m.): _____



Overtime Pay Frequency: ☐ Frequently ☐ Rarely ☐ Never

Estimated Monthly Overtime Pay: \$_____

Does this employee receive tips? ☐ Yes ☐ No

Estimated Monthly Tip Income: \$_____

Does this employee receive bonuses? ☐ Yes ☐ No If yes, how often?

Estimated Monthly Bonus Income: \$_____

Comments:

Employer Representative Name and Title (**Please print.**)

Employer Representative Signature

/ /
Date

Please turn in your completed Income Verification form to your Local Workforce Board.

