

# Workforce Solutions Borderplex Child Care Services

The goals of the Workforce Solutions Borderplex Child Care Services Program are:

- To enable low income parents to work, train, or continue their education goals
- To help prevent abuse and neglect of children
- To support the physical, social, emotional, and intellectual development of children

Workforce solutions Borderplex Child Care Services provides support services by providing child care funding to eligible families. Funding and policy regulations for the program are implemented by the Borderplex Workforce Development Board.

CCS maintains a wait list of eligible families who are in need of child care assistance when funding is fully expended. Wait list period may last anywhere from 6-12 months (in some cases longer). Child care assistance may be available for certain state and federal mandated priority groups:

- Teen Parents
- US Veterans
- Children with Disabilities

## TO BE ELIGIBLE:

- Each parent or guardian is required to:
  - Be employed or
  - Attending school or training

**A minimum of 25 hours of participation per week**
- **Family's income** must be less than the income listed below for their family size. (Base pay only for military service members)

<b>Family Size</b>	<b>Max. Income Allowed</b>
	185% Federal Poverty Guidelines
<b>2</b>	<b>\$2425.00</b>
<b>3</b>	<b>\$3051.00</b>
<b>4</b>	<b>\$3677.00</b>
<b>5</b>	<b>\$4303.00</b>
<b>6</b>	<b>\$4929.00</b>
<b>7</b>	<b>\$5555.00</b>

- **Other Requirements**
  - Single parents are required to have an **active child support** case for each minor child living in the household.
  - **School-age children are required to attend school**
  - CCS requires that children are **US citizens or legal residence** and **reside in the El Paso County**.

If you meet the above requirements, you may proceed with the waitlist application. Because funding availability may last for up to a year or longer we ask that you **update your waitlist status every 180 days in order to stay current on the waitlist** (Report address changes along with any other changes affecting your income or employment/trainings). Failure to do so may result in removal on the waitlist for child care assistance.

**Return Application to:**  
**CCS**  
**1600 Brown St.**  
**El Paso, TX 79902**  
**OR**  
**Fax to: (915) 225-0248**

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All applications will be reviewed by our Wait List staff within 5 business days of receipt. If you qualify, your children will be placed on the Wait List and a letter will be mailed to the address in the application confirming wait list status. **All information gathered is strictly confidential and is not shared with outside parties, individuals, or agencies. Social security numbers, although helpful, are strictly voluntary.**

## Your Application Must Be Complete For Consideration:

Language Preference:  English  Spanish

### Applicant:

_____ Last Name	_____ First Name	_____ M.I	_____ Social Security #	_____ Date of Birth
( ) - Home Phone	( ) - Cell Phone	_____ Ethnicity	_____ Marital Status	_____ # In Household
_____ Physical Address		_____ City	_____ State	_____ Zip Code
_____ Mailing Address (If Different)		_____ City	_____ State	_____ Zip Code

### Employer:

_____ Name of Employer/Company	_____ Wage	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
_____ Address	_____ City	_____ State	_____ Zip Code	
( ) - Work Phone	_____ Hrs/Per Week			

### Education/Vocational Training:

_____ Degree Plan/Vocational Training	_____ Semester Credits Enrolled/ Hrs. of Attendance		
_____ Name of College/University/Trade School			
_____ Address	_____ City	_____ State	_____ Zip Code

### Spouse Information:

_____ Last Name	_____ First Name	_____ M.I	_____ Social Security #	_____ Date of Birth
( ) - Home Phone	( ) - Cell Phone	_____ Ethnicity		

### Spouse's Employer:

_____ Name of Employer/Company	_____ Wage	<input type="checkbox"/> Hourly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
_____ Address	_____ City	_____ State	_____ Zip Code	
( ) - Work Phone	_____ Hrs/Per Week			

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**Spouse's Education/Vocational Training:**

Degree Plan/Vocational Training

Semester Credits Enrolled/  
Hrs. of Attendance

Name of College/University/Trade School

Address

City

State

Zip Code

**Does your household receive any of the following?**

SNAP

TANF Benefits \$ /Month

Child Support-- \$ /Month

Other Income Source of Income (Social Security, Unemployment, etc):

Specify: \_\_\_\_\_ \$ \_\_\_\_\_ Total Per Month

**Children**

Last Name	First Name	M.I	SSN - -	D.O.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male Medical Needs <input type="checkbox"/> Female
Last Name	First Name	M.I	SSN - -	D.O.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male Medical Needs <input type="checkbox"/> Female
Last Name	First Name	M.I	SSN - -	D.O.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male Medical Needs <input type="checkbox"/> Female
Last Name	First Name	M.I	SSN - -	D.O.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male Medical Needs <input type="checkbox"/> Female
Last Name	First Name	M.I	SSN - -	D.O.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male Medical Needs <input type="checkbox"/> Female
Last Name	First Name	M.I	SSN - -	D.O.B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male Medical Needs <input type="checkbox"/> Female