



## Eligibility Verification for Teen Parents

The student listed below is receiving or requesting child care services paid by the Tarrant County Child Care Management Services. Please fill out this form to provide verification of the student's enrollment and attendance in your program.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**TWIST ID:** \_\_\_\_\_ **SS # (Opt.):** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

\_\_\_\_\_

**Student Phone #:** \_\_\_\_\_

**Student Cell #:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**Hours/Days of Scheduled Classes:** \_\_\_\_\_

\_\_\_\_\_

Is the Student meeting your attendance requirement?  Yes  No

If not, please specify last date attended. \_\_\_\_\_

Has the student withdrawn from this institution?  Yes  No

ISD: \_\_\_\_\_ Current grade level: \_\_\_\_\_

Is teen working? (Attach check stubs / employment verification.)  Yes  No

Is the child's other parent in the home? (Attach spouse's info)  Yes  No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS # (opt.): \_\_\_\_\_

Is other documentation being provided? (SSI, Unemployment, etc)  Yes  No

Comments: \_\_\_\_\_



Tarrant County Child Care Management Services

305 NE Loop 820, Ste. 600 | Hurst, TX 76053

Phone: (817) 831-0374 | Fax: (817) 840-7211 | <https://TarrantCountyCCMS.org>

Children		
First Name	Last Name	Date of Birth

Selected Daycare Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Desired Start Date (assume 2-3 days processing for CCMS): \_\_\_\_\_

Has the teen been in the CCMS program before?  Yes  No

Remember that all income information must also be reported to HHSC. If a teen fails to do so, it may delay their enrollment. They must also submit all required paperwork to the child care facility they have selected before their enrollment can be completed.

Understand that by signing this form, you are agreeing that all information contained on and submitted with this form is complete and accurate. The teen will be enrolled using ONLY the information provided with this enrollment form. If any required information affecting eligibility is not received by CCMS, the teen may be liable for repayment of services provided.

\_\_\_\_\_  
Signature and Title of person Completing this Form      Printed Name      Date

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-Mail

*The Texas Workforce Commission prosecutes fraud to ensure that child care funds are maximized for qualified families. To report suspected fraud, call the fraud hotline at (800) 252-3642.*