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Child Care Services
2626 JBS Parkway Bldg. D
Odessa, TX 79761
432.367.3332
FAX: 432.367.1498

This assessment may be mailed, faxed or hand delivered to the CCS Office.

Wait List Assessment

Check all that apply
Please leave blank and continue if none apply
Currently receiving child care assistance from a different area of Texas
A qualified veteran
A foster youth
Homeless
A parent on military deployment
A teen parent
A parent whose child has a disability
TANF recipient in last 12 months
Parent participating in Workforce Solutions WIOA program
Referred by Workforce Solutions Partner Please list name of Referring Agency:

Please Print

Parent Name: Date of Birth: Male Female

Mailing Address: Apt #: County:

Residence Address: Apt #: County:

City and Zip:

Daytime Telephone Number:

Marital Status: Single Married Divorced Separated Widowed

Note: If you are employed, we must have your hourly wage, or gross monthly salary and average number of hours per week you work.

Gross monthly salary: \$ Rate of pay per hour: \$ Avg. # of work hours per week:

Training information:

Currently enrolled at: Number of semester hours currently enrolled:

2nd Parent

Name (if living in the home): Date of Birth:

Male Female Gross monthly salary: \$

Rate of pay per hour: \$ Avg. # of work hours per week:

Training information:

Currently enrolled at: Number of semester hours currently enrolled:

LIST ALL FAMILY MEMBERS IN YOUR HOUSEHOLD

Include child(ren) eligible to receive child care services, parents of the child living in the home, and household dependents.

First and Last Name of Each Child Living in the Household	Date of Birth	Child Care Needed		Sex	
		Yes	No	Male	Female

Total Number of Household Members _____

BY SIGNING BELOW

I understand it is my responsibility to contact Child Care Service (CCS) at 432-367-3332

- **If any changes to this application should occur, this includes address and phone numbers.**
- **Every 30 days to keep my name on the wait list. By not calling every 30 days I am authorizing CCS to remove my name from the wait list.**

Name _____

Date _____