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WORKFORCE SOLUTIONS EAST TEXAS CHILD CARE SERVICES PARENT HANDBOOK March 25, 2021

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Auxiliary Aids and Services are available, upon request, to individuals with disabilities.
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-662-4954 (Español)

Workforce Soluciones de East TX es un programa de oportunidades de igualdad del empleo.
Ayudantes auxiliares y servicios están disponibles a petición para individuos con incapacidades.
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-662-4954 (Español)

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

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FOREWORD

Workforce Solutions East Texas Child Care Services is referred to as the **Child Care Contractor or Child Care Services (CCS)** for the purposes of this handbook. **Child Care Services** offers a network of child care facilities throughout the 14-county East Texas service area which is all licensed or registered by the State of Texas. The East Texas area includes Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood counties. CCS customers include parents who are currently working, participating in a job training program, or enrolled in school.

Please read this handbook carefully. Keep it nearby as a reference for future questions about child care services. Parents may also call CCS at **1-800-676-8283** or **903-526-1105** if you have any questions. For the Hearing impaired, customers can use the TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).

There are CCS offices in Tyler and Longview only. You may call or visit one of these locations.

SELECTING A CHILD CARE ARRANGEMENT

There are several child care options available to parents unless it is a Child Protective Service placement.

Participating Child Care Centers/Homes sign a Statement of Services with CCS to provide child care for children referred by CCS. The provider can be a:

Licensed Child Care Center (LCCC) – a child care facility which provides care for 13 or more children under the age of 14 that has been authorized to operate by the Child Care Regulation. A licensed facility must comply with the Minimum Standards and Guidelines for child care centers required by CCR and is subject to regular monitoring by CCR.

Licensed Child Care Home (LCCH) – a child care provider who provides care for no more than 12 children under the age of 14 authorized to operate by the Texas Child Care Licensing. A Licensed Child Care Home must comply with the Minimum Standards & Guidelines for LCCH and is subject to regular monitoring by CCR.

Registered Child Care Home (RCCH)– a home in which the caregiver lives and takes care of no more than six children under the age of 14, plus no more than six additional school-age children. The total number of children, counting the caregiver's own children, may not be more than 12 at any time. Child Care Regulation authorizes the operation of the home and the home must comply with

minimum standards and guidelines of Child Care Regulation. Registered family homes may be monitored by CCR as needed.

Relative Providers - are providers who are an eligible relative of the child and do not live in the same home as the child, except for teen parents and other extenuating circumstances.

RELATIVE PROVIDERS

Parents may select a relative provider to provide child care services for their children.

TWC Child Care Rules state the Relative Provider can provide care in the child's home for the following reasons only if:

- A child has a disability (CWD), and his or her siblings can be offered relative care;
- A child is under 18 months of age, and his or her siblings can be offered relative care;
- The child is the child of a teen parent; or,
- The parent's work schedule requires evening, overnight, or weekend care in which taking the child outside the child's home would be disruptive to the child.

ALL eligible **Relative Providers** must:

- be a grandparent, great-grandparent, uncle, or aunt, by blood relationship, marriage, or court decree, of the child and must be at least 18 years old, and does not reside in the same home as the child(ren);

OR,

- be the child's sibling, who is at least 18 years old, and does not reside in the same home as the child; **AND,**
- agree to DFPS completing a Sex Offender Registry check; **AND,**
- submit an application and a \$20.00 fee annually to DFPS to become a listed provider and have a Criminal Background check.

TWC **requires all relative child care providers, including those providing care for a child(ren) in the child's home (in-home care), be listed with the Department of Family and Protective Services (DFPS) as a home before** the relative provider can be reimbursed by CCS.

Anyone 14 years or older, in the home, is required to agree to a Sex Offender Registry check. If any individual's name appears on the Sex Offender Registry, the home cannot be an eligible relative child care provider.

A CCS Licensed or Registered Child Care Provider may be a **Texas Rising Star Provider (TRSP)**: A provider who exceeds minimum state licensing standards. These providers have smaller group sizes, more qualified staff, and program components that address sound practices for the development of children. *Parents are encouraged to inquire whether a chosen provider is a Texas Rising Star Provider.* A provider may also meet specific criteria in professional development increasing education and skill levels to become a **Texas School Ready!™ Provider.**

* Child Protective Services placements are limited to enrollment in a licensed or registered center/home. A Texas Rising Star Provider is the first placement of choice.

NOTE: With the exception of foster parents, child care cannot be paid for a child at the following facilities:

Licensed Center – If the parent(s) including stepparents are the Director, Assistant Director or has an ownership interest;

Licensed\Registered\Listed Homes – Where the parent works during the hours the child is in care. This applies to home-based care situations.

CHILDREN WITH DISABILITIES (CWD)

Child Care Services offers additional services to families for children with disabilities who need care.

The parent, not the provider, **must request the Inclusion Assistance Rate**. The CCS CWD Specialist must confirm the child's enrollment in or receipt of benefits from one or more of the following programs:

- Supplemental Security Income (SSI) benefits;
- Social Security Disability Insurance (SSDI) benefits;
- Texas Department of Assistive and Rehabilitative Services Early Childhood Intervention (ECI) program;
- A Head Start program that identified the child as having a disability;
- Public school special education services, including preschool programs for children with disabilities (PPCD).

There are additional forms to be completed by the child's medical physician, the parent, the child care provider, and the CWD professional.

CCS may provide child care for your child with disabilities up to 19 years of age if the child has a permanent diagnosis statement from the physician, and the statement also declares the child is not mentally or physically capable of taking care of himself or herself.

The parent or caretaker is required to update documentation of the disability diagnosis on a yearly basis, if the disability is not permanent. If the parent requests inclusion rate assistance for their provider, the forms must be completed annually by the parent, provider, and the CWD professional.

If your child needs these services, please discuss with CCS.

GENERAL ELIGIBILITY

In order to be eligible for child care services, a child must meet the following requirements:

- Be under 13 years of age; or,
- A child with disabilities under 19 years of age;
- A US citizen or legal immigrant as determined under applicable federal laws, regulations, and guidelines; and,
- Resides with:
 - a family in the Board workforce area whose income does not exceed 85% of the state median income (SMI) for a family of the same size;
 - a person standing in loco parentis for the child while the child's parent or parents are on military deployment and the deployed military parent's income does not exceed the Board's income limits.

Family assets must not exceed \$1,000,000 as certified by a family member; or
Meets the definition of experiencing homelessness as defined by Chapter 809.2 of the Child Care Rules.

TEEN PARENTS

The following is information for teen parents:

- you must be 18 years of age or younger, or 19 years of age and attending high school or the equivalent (pursuing G.E.D.);
- you must receive a high school diploma or G.E.D. *by your 20th birthday*;
- the teen's income must not exceed the income guidelines;
- teen parents pay a parent share of cost for child care; based on the teen parent's monthly income and family size (teen and teen's children only); or,
- if the teen parent participates in the Choices program there is no cost to the teen parent.

CHILD PROTECTIVE SERVICES (CPS)

Parents who are referred to CCS by the Texas Department of Family and Protective Services (DFPS) to receive child care assistance must comply with rights and responsibilities as determined by DFPS. DFPS is the state agency overseeing Child Protective Services (CPS).

- CPS caseworkers determine child care eligibility for children in protective care.
- CPS families must choose a Texas Rising Star child care provider. However, if a Texas Rising Star Provider is unavailable, CPS must approve another provider before child care services can begin.
- Foster parents may use an authorized Licensed or Registered Provider with a signed Statement of Services with CCS.
- CPS/Foster Care Parents do not pay a parent share of cost unless authorized by the CPS caseworker.

- CPS/Foster care families do not have the right to appeal to CCS for the reduction, denial, or termination of services to CCS. The foster parent must follow the procedures for appeals as established by the Texas Department of Family and Protective Services.

AGE AND CITIZENSHIP VERIFICATION FOR CCS CHILD(REN)

Texas Workforce Commission (TWC) requires Child Care Services to verify the **age, citizenship, or immigration status of all children who receive low income subsidized child care services**. The verification (proof) is needed only for the child or children in the family who will be receiving child care services.

Acceptable documentation for age and citizenship is listed below;

- Birth certificate (U.S. or its possessions);
- U.S. Passport (must be current);
- Hospital or public health record (U.S. or its possessions);
- Church or baptismal record (U.S. or its possessions) - record must include the date of birth and place of birth;
- Temporary Assistance for Needy Families (TANF), food stamp benefits; Medicaid, or other related public assistance records;
- School records;
- School identification card;
- Adoption papers or records;
- Child support paternity records; or,
- Divorce or custody decrees.

If the documentation listed above is unavailable, the following documents may be used to verify the child's citizenship or immigration status:

- Baptismal certificate - record must include the date of birth and place of birth;
- Report of birth abroad of U.S. citizen issued by U.S. Dept. of State;
- Certificate of Birth issued by a foreign service post;
- Certificate of U.S. Citizenship; or,
- Native American Tribal Document/Card.

Immigrant/"Qualified Alien"

- Lawful Permanent Resident Card, also known as "Green Card" (Form I-551)
 - Form I-94 (Form I-94 is an arrival/departure admission form given by U.S. Immigration and Customs Enforcement at the port of entry to nonimmigrant visa holders and must be stamped with the applicable immigration rule citations):

For Asylee: Annotated with stamp showing asylum granted under §208 of the Immigration and Nationality Act (INA), a copy of grant letter from the Asylum Office of the U.S. Citizenship and Immigration Services (USCIS) or a copy of the order of an immigration judge granting asylum

For Refugee: Annotated with stamp 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 Green Card (Form I-551), unexpired temporary Form I-551, or stamp in foreign passport showing §501(e)

- Alien Whose Deportation or Removal Was Withheld—order from an immigration judge showing deportation or removal withheld
- Alien Granted Conditional Entry—Form I-94 identifying the bearer as “Refugee-Conditional Entry” and a citation of §203(a)(7)
- Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty—USCIS petition and supporting documentation
- Alien Who Is Paroled—proof of parole under INA §212(d)(5) for a period of at least one year

CCS ELIGIBILITY DETERMINATION & PARENT SHARE OF COST

The Parent Share of Cost is based on a sliding fee scale and is determined by the family’s total gross monthly income, the family size, and by the number of children in care. TWC requires local Boards and their Child Care Contractors use a specific dollar amount for the first child in the family, with a specific amount for each additional child in TWC’s income ranges.

A parent share of cost cannot be waived or adjusted when children are absent. A parent share of cost is a fixed fee and is not adjusted for the number of hours per day or days per week care is provided. Parents must pay the parent share of cost for the month if the child is present every day or is absent several days in the month. Specifically, fees are not adjusted for part day or part week schedules.

Parents agree and understand:

- they must pay the fee in advance to the provider, before receiving child care;
- they must pay the Parent Share of Cost as determined by CCS at the Initial Determination of Eligibility and at Re-determination. Parents agree to pay the Parent Share of Cost if the fee changes due to a decrease in income, family size, etc.;
- any child care subsidy the parent receives from another agency must also be paid to the child care facility where their child receives care;
- the Parent Share of Cost is based on the family’s total gross income and family size; and,
- the Parent Share of Cost may increase at the parents’ re-determination.

EXCLUDED INCOME IN ELIGIBILITY DETERMINATION AND PARENT SHARE OF COST

The following types of income are not included in determining CCS eligibility and the Parent Share of Cost (PSoC):

- Medicare, Medicaid, SNAP benefits, school meals, and housing attendance;
- Monthly monetary allowances provided to or for children of Vietnam veterans born with certain birth defects;
- Needs-based educational scholarships, grants, loans; including financial assistance under Title IV of the Higher Education Act—Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Work-Study Program, PLUS, Stafford loans, and Perkins loans;

- Individual Development Account (IDA) withdrawal for the purchase of a home, medical expenses, or educational expenses;
- One-time cash payments; including tax refunds; Earned Income Tax Credit (EITC) and Advanced EITC, one –time insurance payments, gifts, and lump sum inheritances;
- Vista and AmeriCorps living allowances and stipends;
- Noncash or in-kind benefits such as employer-paid fringe benefits, food, or housing received in lieu of wages;
- Foster care payments and adoption assistance;
- Special military pay and allowances, including subsistence allowances, housing allowances, family separation allowances, or special allowances for duty subject to hostile fire or imminent danger
- Income from a child in the household between 14 and 19 years of age who is attending school;
- Early withdrawals from qualified retirement accounts specified as hardship withdrawals as classified by the Internal Revenue Service (IRS);
- Unemployment compensation;
- Child support payments;
- Cash assistance payments, including Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Refugee Cash Assistance, general assistance, emergency assistance, and general relief;
- Onetime income received in lieu of TANF cash assistance;
- Income earned by a veteran while on active military duty and certain other veteran's benefits, such as compensation for service-connected death, vocational rehabilitation, and education assistance;
- Regular payments from Social Security, such as Old-Age, and Survivors Insurance Trust Fund;
- Lump sum payments received as assets in the sale of a house, in which assets are to be reinvested in the purchases of a new home (consistent with IRS guidance;)
- Payments received as a result of an automobile accident insurance settlement that is being applied to the repair or the replacement of an automobile; and,
- Any income sources specifically excluded by federal law or regulation.

TYPES OF INCOME INCLUDED TO DETERMINE CCS ELIGIBILITY AND PARENT SHARE OF COST

The family income for purposes of determining child care eligibility and the parent share of cost means the **monthly total gross income** of the following items **for each member of the family includes:**

- **Total gross earnings.** These earnings include wages, salaries, commissions, tips, piece-rate payments, and cash bonuses earned.
- **Net income from self-employment.** Net income includes gross receipts minus business-related expenses from a person's own business, professional enterprise, or partnership, which result in the person's net income. Net income also includes gross receipts minus operating expenses from the operation of a farm.
- Scholarships received considered non-needs based.

- Taxable capital gains, dividends, and interest. These earnings include capital gains and earnings from dividends from stock holdings and interest on savings or bonds.
- Rental income. This includes net income from rental of a house, homestead, store, or other property, or rental income from boarders or lodgers.
- Social Security Disability Insurance (SSDI)
- Income from estate and trust funds. These payments include income from estates, trust funds, inheritances, or royalties.
- Workers' compensation income, death benefit payments, and other disability payments. These payments include compensation received periodically from private or public sources for on-the-job injuries as well as short-term and long-term disability.
- Spousal maintenance or alimony. This includes any payment made to a spouse or former spouse under a separation or divorce agreement.

NOTE: Any other income not considered excluded in the "Excluded Income in Eligibility Determination and Parent Share of Cost".

SELF-EMPLOYMENT INCOME

Self-employment income: Any income the parent or any members of the household earn working for themselves.

Examples of self-employment jobs:

- Uber Driver
- Tutor
- Odd Jobs (Laborer)
- Backyard Mechanic Work
- Buying and Selling
- House Cleaning
- Landscaping and Lawn care
- Hairdressers, Hairstylists, and Cosmetologists
- Painter
- Farmer and Rancher
- Carpenters

The Standard Deduction amount is: 30% of gross income.

If the parent chooses to itemize expenses, receipts must be provided for operating expenses such as rent, utilities, gas booth rental, payroll, etc. The parent must fill out the WDA Form 325 Self-Employment Verification Form for the past three months and attach it to the application. Any income and/or expenses listed on WDA Form 325 Self-Employment Verification Form must have back up documentation to be counted. Additional sheets of paper may be needed. These items can be copied, but copies must be legible. If they are not legible the documentation cannot be used and will cause a delay in certifying the case for child care services.

Items not allowed to be claimed are:

- Rent/mortgage, taxes, or utilities not exclusive for your business if it operates out of your home (unless these costs are separate from the costs of your home);
- Cost of goods you buy for the business, but use yourself;
- Net business loss from a prior period; and,
- Depreciation.

Income includes money from sales, cash receipts, crops, commissions, leases, fees, or whatever the parent does or sells for money.

PARENT ENROLLMENT AGREEMENT

Enrollment Requirements for Parents

1. I must be employed or in training at least 25 hrs. per week or attending college at least 9 hrs. per semester (or 6 hrs. per summer semester) with a minimum 2.0 GPA each semester to be eligible. If I am a two-parent family, each parent must be employed or in training at least 25 hours per week or in education 9 hours per semester (or 6 hrs. per summer semester). A reduction to the work, education, or job training activity requirements may be allowed if a parent's documented medical disability or need to care for a physically or mentally disabled family member prevents the parent from participating in these activities for the required number of hours per week.

This does not include parents participating in Choices, Child Protective Services, or Supplemental Nutrition Assistance Program Employment and Training programs.

2. I understand only CCS can authorize child care in a licensed child center or home, or registered home, or a Relative Provider. Only CCS can authorize child care if I change providers.
3. I will inform Child Care Services and the child care provider/center about permanent changes **within 14 calendar days after the change occurs** in the following:
 - ◆ work;
 - ◆ school;
 - ◆ training;
 - ◆ address and/or telephone number;
 - ◆ marital status;
 - ◆ emergency contact information;
 - ◆ medical incapacitation; or,
 - ◆ family size decrease or increase.
4. I will comply with all child care requirements and policies of Texas Workforce Commission, Child Care Services, Workforce Solutions East Texas Board, and my provider.

5. I will not transfer my children from one provider to another more than 2 times in a 12-month eligibility period.
6. **I agree to pay a Parent Share of Cost (if applicable), to my child/ren's Child Care Provider in advance of my child receiving child care services. My parent fee is based on my family's total gross income and family size.**

NOTE: Failure to pay the parent share of cost is a program violation and child care will be terminated during the 12 month eligibility period. If I am terminated because I did not pay my PSOC, I cannot receive CCS or be added to the waitlist unless;

1. I have paid the Provider in full; and,
2. 60 days have passed.

7. I understand if my child care services are **terminated and I owe monies to CCS** for unreported permanent changes, fraud recoupment, overpayments, total cost of child care payments during appeal due to loss of appeal, etc., **I cannot receive child care services until the balance is paid in full.** I may make payments to CCS until the balance is paid in full, but I cannot receive child care during that time.

Failure to report changes may result in fact-finding for suspected fraud.

Parent Requirements

1. I will meet the enrollment requirements and all other policies specified by the child care center/home in which my child is enrolled.
2. I will provide information, including health and immunization records, authorization to secure medical assistance, and parent contact information to be used in case of an emergency.
3. I will be on time and honor the child care opening and closing hours of the center/home. I will pay all late fees charged if I am late picking up my child from the provider/center.
4. I will report any changes exceeding 85% SMI for my family size.
5. I will report to the Child Care Regulation office any complaints about a possible violation of licensing standards, which affects the care of children attending the provider/center.
6. If I need child care on any of the child care provider's nine paid holidays, I will make the arrangements myself and pay for my own child care arrangements.

7. Parents, with Relative Provider child care, may use one of the following methods for reporting attendance:

- a. Text
- b. Email
- c. Phone

REPORTING CHANGES TO CHILD CARE SERVICES

Parents are required to report items affecting eligibility. Parents will report to CCS within **14** calendar days the following:

Changes in income;

Any permanent interruption in work, job training, or educational program;

Any change in family residence, primary phone number, or e-mail (if applicable); and,

Any change in family size.

Failure to report changes may result in fact-finding for suspected fraud.

FAMILY SIZE VERIFICATION

Parents must submit a Lease Agreement or Landlord verification or other acceptable documentation when applying for child care services; when the parent moves from one address to another; and, at each re-certification to continue receiving child care services.

In the event the above documents are not available, Child Care Services provides the Family Size Verification Form to parents at initial eligibility and at redetermination, or other times when it may be required to determine who lives in the home. The form must be completed by a family friend, co-worker, supervisor, etc. who does not live in the same home with the family receiving child care services. Staff or a Director of a CCS Provider cannot complete the form. The form must be completed with the family member's names, address, telephone number; and, the person completing the form must provide their name, address, telephone number, signature, and date.

Any form of verification provided by the parent is subject to confirmation by Child Care Services.

If you move to another home/apartment, you **must contact your caseworker within 14 calendar days** of your move. The CCS Intake Eligibility Specialist will mail you a new Family Size Verification Form.

NOTE: Please remember to complete a "change of address" card at the post office with your new address so you will continue to receive all your mail.

ATTENDANCE & ABSENCES REPORTING POLICIES & PROCEDURES

Parents are to ensure their child(ren) attend on a regular basis consistent with the child's authorization for enrollment. Unexplained absences include any absence not due to a documented chronic illness or disability, or to a court-ordered custody or visitation agreement.

Failure to meet attendance standards may result in,
Suspension of care, at the concurrence of the parent; or
Be grounds for determining a change in the parent's participation in work, job training, or an education program has occurred and care may be terminated pursuant to the requirements of Chapter 809.51(b) of the Child Care Rules.

It is the parent's responsibility to notify the child care center or the home of their child's absence during normal participation hours. Parents must call their Provider and tell the provider the reason their child will be absent that day.

Child Care Services will be terminated before the 12-month eligibility ends if the child has more than 40 unexplained absences.

Written notices will be mailed to parents when a child reaches 15 and 30 general absences cumulatively with a 12-month eligibility period.

A child may be absent for court-ordered visits with a non-custodial parent. Parents must call CCS and let them know their child is going to be absent from child care because of a court-ordered visit before the child(ren) goes on the court-ordered visit.

RIGHTS AND RESPONSIBILITIES SUMMARY

Rights of Parents or Guardian

Parents Have a Right to:

1. have persons represent them when applying for child care services.
2. be notified about their eligibility for services within 20 calendar days. from the date, all eligibility documents are received by the Child Care Contractor.
3. select the child care arrangement they desire from the options open to them and go to the center/home before making a choice.
4. visit the provider/center/home in which their child is enrolled and to participate in activities.
5. receive assistance in choosing initial or additional child care referrals including information about policies regarding transferring their child from one provider to another.
6. **transfer their child(ren) from one provider to another of their choice no more than 2 times during a 12-month eligibility period. Furthermore, parents must give a two-week advanced notice before a transfer is granted.**
7. have parent/family information used to determine eligibility kept confidential by the Texas Workforce Commission, the Workforce Solutions East Texas Board, and Child Care Services.
8. receive services without regard to race, sex, color, national origin, age, political beliefs, religion, or disability.
9. file a complaint to the Workforce Solutions East Texas Board alleging a violation of any law, regulation, or rule relating to any federal or state-funded workforce service, including child care services.
10. appeal the denial, reduction or termination of services. Requests for an Informal Review and/or Board Hearing are made to Child Care Services. This does not apply to parents who have children from CPS in-home cases.
11. reject an offer of child care services or voluntarily withdraw their child from child care services. This does not apply to families who have children from CPS in-home cases.
12. be informed by Child Care Services of possible consequences of rejecting or ending child care that is offered.
13. be notified in writing by Child Care Services at least fifteen calendar days before the denial, reduction, or termination of services.
14. have the Board and the Board's child care contractor treat information used to determine eligibility for child care services as confidential.

Responsibilities of Parents or Guardian

Parents Must:

1. Provide Child Care Services with all eligibility information any form of income, family size verification, age, and citizenship or immigration status for my children, school attendance verification, paternity and child support documentation, employment hours, marital status, income, (etc.) necessary to establish eligibility to receive child care services. This information must be provided within 15 calendar days from the day CCS makes the request at redetermination.
2. Parents must be working or in training at least 25 hours per week; and for a two-parent family, each parent must work at least 25 hours per week or attend college at least 9 hours per semester (or 6 hrs. per summer semester) and maintain a 2.0 GPA each semester; or a combination of work and school totaling 25 hours each week.
3. Report permanent changes in income (any), employment and/or education hours, family size, marriage, address, education, and any other permanent change in circumstances that may affect eligibility. Changes must be reported to Child Care Services within **14** calendar days of the change.
4. Comply with the Texas Workforce Commission (TWC) Child Care Rules, Child Care Services (CCS), Workforce Solutions East Texas Board (WSETB) policies and procedures, and child care provider requirements.
5. **Parents and caretakers should be aware they will be referred to the TWC Office of Investigations and may be prosecuted for obtaining or attempting to obtain, by fraudulent means, child care services to which they are not entitled.**

REPAYMENT OF MONIES PAID FOR CHILD CARE

Parents are responsible for repaying the Child Care Contractor all child care monies paid for child care when the parent was not eligible to receive care.

Parents must complete a Repayment Plan with CCS and agree to pay back the cost of care they received when they were not eligible. **Parents must pay all the monies owed to CCS.**

FRAUD

Fraud is defined as the intentional deception or misrepresentation a parent makes, knowing it to be false, and that could result in some unauthorized benefit (such as child care services) to the parent.

If a parent knowingly and intentionally gives false information (example - has someone other than the parent's employer complete the Wage Verification Form), or does not give necessary information (such as income from other sources, or has married and did not report or is living with the father of one or more of her children and does not report) to Child Care Services during eligibility determinations, this may be considered fraud) **and the case must be referred to Texas Workforce Commission's Office of Investigations.**

COMPLAINTS, HEARINGS, AND APPEALS

COMPLAINTS

A complaint is a written statement alleging a violation of any law, regulations, or rule relating to any federal or state funded workforce service. Individuals receiving any of the workforce services have the right to file a complaint and be provided with information about appeals rights. Complaints must be in writing, signed, and dated. A complaint must be made within 180 days from the date of the alleged violation. If an individual is unable or unwilling to file a written complaint, a verbal complaint must be put in writing by staff taking the complaint, with the date of the complaint. All complaints are then referred for further action by the Child Care Contractor and/or Workforce Solutions East Texas Board (WSETB).

APPEALS

Child Care will not continue during an appeal if child care is terminated due to exceeding 40 unexplained absences or nonpayment of parent share of cost.

Parents are eligible to appeal an adverse action (denial) and/or termination of child care services if the request for the appeal is made **within fourteen (14) calendar days of notification of termination.** For a child currently enrolled in child care, services will continue during the appeal process until a decision is reached if the parent requests a hearing.

The cost of providing services during the appeal process is subject to recovery from the parent if the parent loses the appeal.

Child Care Services provides parents (by mail or in person) with a termination form WDA Form 0210, (*Notification of Denial, Reduction, or Termination of Services*, notifying parents child care services are being denied, terminated in fifteen calendar days. The parent also receives WDA Form 0211, *Request for Appeal*, notifying the parent he/she has a right to appeal. The parent may request an Informal Review by the Child Care Contractor by completing WDA Form 0211, and returning the form with the 0210 if the parent wants child care during the appeal process) with any documentation or paperwork in the following ways:

By mail: Child Care Services, PO Box 131869, Tyler, TX 75713.

Email: easttexas.ccs.customers@gmail.com

By Fax: (888) 977-1693

This request must be mailed or delivered in person within fourteen calendar days from the date shown on the WDA Form 0210 and WDA Form 0211.

If the parent disagrees with the CCS Informal Review, he/she may request a Board Hearing within **14** calendar days of the Informal Review. If the parent does not agree with the Board decision, the parent may appeal to the TWC Department of Appeals. The parent has **fourteen calendar days** from the mailing date of the Board Hearing Decision Letter to appeal to TWC. All information/documents pertaining to the TWC Appeal must be mailed to the following address: **Appeals, Texas Workforce Commission, 101 East 15th Street, Room 410, Austin, TX 78778-0001.**

MANDATORY WAITING PERIOD FOR REAPPLICATION FOR CHILD CARE SERVICES

Workforce Solutions East Texas Board (WSETB) policy determines a parent and his/her family are ineligible to reapply for child care services or be placed on the Wait List for a minimum of **60** calendar days if the parent's eligibility or a child's enrollment is terminated due to:

- Excessive unexplained absences (40 days within a twelve-month eligibility period); or,
- Nonpayment of parent share of cost.

ADDRESSES, PHONE NUMBERS AND RESOURCES

If you need to FAX required forms/paperwork to your Child Care Intake Eligibility Specialist who lives in another town or city, or you need to use the computers in the Workforce Resource Rooms, the Workforce Centers (WC) will let you use their FAX Machines and Resource Room computers in the following locations:

NOTE: Counties denoted with an "*" have CCS services available in the Workforce Center (WC). The Child Care Administration Office is in Smith County.

Anderson County

Workforce Center
2000 S Loop 256, Suite 18
Palestine, TX 75801
WC Number: (903) 212-9982
WC Fax Number: (903) 729-3030
CCS Number: (800) 676-8283
CCS Fax: (888) 977-1693

***Smith County**

Workforce Center & Child Care Admin. Office
4100 Troup Highway
Tyler, TX 75703
WC Number: (903) 561-8131
WC Fax Number: (903) 561-4204
CCS Number: (903) 526-1105 800-676-8283
CCS Fax (888) 977-1693

Harrison County

Workforce Center
4300 East End Boulevard
Marshall, TX 75672
WC Number: (903) 935-7814
WC Fax Number: (903) 935-5106
CCS Number: (800) 676-8283
Monday – Friday 8 a.m. – 5 p.m.

Henderson County

Workforce Center (Legacy Park)
205 North Murchison, Suite 101
Athens, TX 75751
WC Number: (903) 677-3521
WC Fax Number: (903) 677-1749
CCS: (800) 676-8283
CCS Fax: (888) 977-1693

All programs and employers under the auspices of the Workforce Solutions East Texas Board are Equal Opportunity Entities. Auxiliary aids and services are available, upon request, to those with disabilities. 1-800-735-2988 VOICE, 1-800-735-2989 TDD

FORMS



PARENT ACKNOWLEDGEMENT FORM (PAF)

***Read the Parent Handbook and then sign & date this form.**

CCS will answer any questions you may have regarding the Parent Handbook. I understand the Handbook does not include all Board and TWC child care policies and procedures. If I have questions or need clarifications I must contact CCS.

SECTION I – I Acknowledge:

- CCS explained my rights and responsibilities and I will comply with all requirements, policies, and procedures of the Texas Workforce Commission (TWC), Workforce Solutions East Texas Board (WSETB), Child Care Services (CCS), and the child care provider while my child is enrolled in CCS childcare.
- I was provided copies of the Customer Rights and Complaint Resolution Procedure and the Orientation to Complaint Procedure. I understand the information provides me with procedures to file a complaint and/or request an Informal Review, a Board Hearing, and a TWC Appeal if I choose.
- I was given information about different types of child care and allowed to select the child care arrangement for my family's needs.
- CCS explained age and citizenship verification for my children, parent share of cost, reporting a change to the Child Care Contractor, the attendance/absences policy (unexplained absences, chronic illness, court visitation), re-determination of my eligibility, termination, fraud policy, minimum number of 25 employment/training hours and/or attending 9 semester hours for each Fall or Spring semester (6 hours for each Summer semester) maintaining a minimum 2.0 GPA each semester at eligibility redetermination, the appeals/complaint process and timeframes for returning documentation/paperwork.
- I was given information explaining income eligibility and permanent vs. temporary changes in work, job training or education activities.
- If I commit fraud, future child care eligibility may be prohibited.

SECTION II – I understand and agree to the following:

- Upon receipt of the CCS Application & Eligibility Form E-2050, I will review the information and make certain everything is correct on the form; and,
- Inform CCS of any errors on Form E-2050 concerning my parent share of cost, where I work, or income.
- I agree to follow the policies and procedures of Child Care Services, including those outlined in the CCS Parent Handbook.

SECTION III – Parent Share of Cost:

I understand and AGREE to pay a Parent Share of Cost (if applicable), to my child's/ren's Child Care Provider in advance of my child receiving child care services. My parent fee is based on my family's total gross income and family size. Failure to pay the parent share of cost is a program violation that is subject to early termination of child care. **If I am terminated because I did not pay my PSOC, I cannot receive CCS or be added to the waitlist unless;**

1. I have paid the Provider in full; and,
2. 60 days have passed.

SECTION IV – I understand and agree to the following:

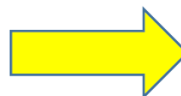
(1) A person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws. (2) I am entitled to be notified of my eligibility for services within 20 calendar days of submitting a complete application for the Intake Interview. (3) I, or my representative, may appeal the denial, reduction, or termination of services. (4) Services will be provided without regard to sex, race, creed, color, national origin, or disability. (5) The information I provide or a third party provides regarding my income and circumstances is confidential.

SECTION V – CUSTOMER AWARENESS – I understand and agree to the following:

- I will only receive child care services to work, go to school, or be in job training classes;
- I will not receive child care during the appeal process if the child's enrollment is terminated due to excessive unexplained absences, or nonpayment of parent share of cost;
- I will let CCS know within 14 calendar days of the changes below;
 - ◆ Changes in family income or family size that would cause the family to exceed income eligibility for a family the same size;
 - ◆ Permanent changes in work or attendance at a job training or educational program; and,
 - ◆ Any change in family residence, primary phone number, or e-mail (if available).

SECTION VI – PERSONAL ASSETS:

- I agree and attest my total assets do not exceed one million dollars.



Parent Initials:

Parent Initials:



PARENT ACKNOWLEDGEMENT FORM – (CONTINUED)

I understand and agree to the following:

- The child care provider may end my child's enrollment with their facility if my child does not meet the provider's established attendance policy.
- If my child exceeds 40 total unexplained absences during the most recent 12-month eligibility period, then my child care will be terminated. I will be ineligible to apply for child care services for 60 calendar days.
- I will agree to follow the attendance policy as outlined by CCS, the Board and the Texas Workforce Commission.

I acknowledge I have read and agreed to this parent agreement, and all my questions about this agreement have been answered.

NOTICE: Information you provide to determine eligibility is subject to validation through cross-checks against State and Federal databases, and you may be asked to provide original documents and participate in face-to-face interviews to verify identity and eligibility for child care services.

I GIVE PERMISSION to the Texas Workforce Commission (TWC), East Texas Council of Governments, Workforce Solutions East Texas Board (WSETB), the Child Care Services Contractor (the agency under contract), to contact a third party (which includes past, present, future employers, or educational institutions to verify income, scholarships, family size, education, training, and/or any item related to my child care eligibility.

I HEREBY CERTIFY under penalty of perjury, that the information I provided to Child Care Services is true and accurate.

Parent Signature: _____ Spouse Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

CCS Client Services Specialist: _____ Date: _____

A FAILURE TO REPORT ONE OF THE CHANGES ABOVE WITHIN 14 DAYS OF THE OCCURRENCE MAY RESULT IN FACT-FINDING FOR SUSPECTED FRAUD.

ADDITIONAL CCS PARENT HANDBOOKS ARE AVAILABLE ON OUR WEBSITE: <http://childcare.easttexasworkforce.org> OR YOU CAN REQUEST ONE BE MAILED TO YOU BY EMAILING: easttexas.ccs.customers@gmail.com OR CALLING 1-800-676-8283

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.



**WORKFORCE SOLUTIONS EAST TEXAS BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Workforce Solution East Texas Board
3800 Stone Rd
Kilgore, TX 75662**

**Equal Opportunity (EO) Officer: Keith Huddleston
Telephone Number: (903) 218-6439
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Workforce Solutions East Texas Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001**

**Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)**

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Initials _____

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM

Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)

PROCEDURES ON HOW TO FILE A COMPLAINT

☐ **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):**

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

☐ **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

☐ **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

 Applicant Signature

 Printed Name

 Date

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM
Auxiliary aids and services are available upon request to individuals with disabilities
 Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)



WORKFORCE SOLUTIONS EAST TEXAS BOARD
FORMULARIO PARA LA ORIENTACIÓN A LOS PROCEDIMIENTOS DE QUEJA
DE DISCRIMINACIÓN
(29 CFR Part 38)

Este Formulario para la Orientación a los Procedimientos de Queja de Discriminación explica los procedimientos de queja de discriminación para los programas y los servicios mencionados administrados en el Local Workforce Development Area por el Workforce Development Board y sus contratistas:

Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)

RECIPIENTE DEL APOYO FINANCIERO FEDERAL ES:

Workforce Soluciones East Texas Board
3800 Stone Rd
Kilgore, TX 75662

Oficial de Igualdad de Oportunidades (EO): Keith Huddleston
Número telefónico: (903) 218-6439
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voz)

El Workforce Soluciones East Texas (el Board) resolverá quejas de la igualdad de oportunidades de una manera justa y expedita. Se prohíben los actos de internamiento, de interferencia, de la coerción, de la discriminación, o de la represalia hacia los denunciantes que ejercitan sus derechos de presentar una queja conforme a este procedimiento. Este procedimiento se aplica a todos los aspirantes y participantes que tengan causa para presentar una queja de la discriminación relacionada con las actividades o los programas administrados por el Board. Si tiene una queja de la igualdad de oportunidades referente a cualquiera de estos programas, puede presentar su queja oficial por escrito al Oficial de EO del Board o del contratista, como sea apropiado.

Después de que se haya recibido su queja de la igualdad de oportunidades, el oficial del EO le notificará del paso siguiente en el proceso de la queja. Mientras desea perseguir su queja, el Board o el contratista seguirá los pasos descritos abajo. Debe estudiar el procedimiento de queja de la discriminación cuidadosamente, y si se siente que los pasos requeridos no se están siguiendo, póngase en contacto con el oficial del EO. Recuerde que si se siente que no le están proporcionando bastante ayuda en cualquier etapa del proceso de la queja, usted debe ponerse en contacto con:

Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001

Números telefónicos:
512-463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voz)

LA IGUALDAD DE OPORTUNIDADES ES LA LEY

La ley prohíbe que este beneficiario de asistencia financiera federal discrimine por los siguientes motivos: contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto y las condiciones médicas relacionadas, y los estereotipos sexuales, el estatus transgénero y la identidad de género), origen nacional (incluyendo el dominio limitado del inglés), edad, discapacidad, afiliación o creencia política, o contra cualquier beneficiario, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Innovación y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título I de WIOA. El beneficiario no deberá discriminar en los siguientes áreas: decidiendo quién será permitido de participar, o tendrá acceso a cualquier programa o actividad que recibe apoyo financiero bajo el Título I de WIOA; proporcionando oportunidades en, o tratar a cualquier persona con respecto a un programa o actividad semejante; o tomar decisiones de empleo en la administración de, o en conexión a un programa o actividad semejante. Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas con discapacidades sean tan efectivas como las comunicaciones con los demás. Esto significa que, a petición y sin costo alguno para el individuo, los recipientes están obligados a proporcionar ayuda auxiliar y servicios para individuos con discapacidades calificados.

Qué hacer si usted cree haber sido discriminado/a: Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del Título I de la WIA, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, D.C. 20210. Si usted presenta una queja con el recipiente, usted debe esperar hasta que el recipiente emita una decisión final escrita o que pasen por lo menos 90 días (lo que ocurra primero), antes de presentar una queja con el Centro de Derechos Civiles (CRC, por sus siglas en inglés) a la dirección mencionada previamente. Si el beneficiario no le entrega una decisión final escrita dentro de 90 días después de la fecha en que presentó su queja, usted puede presentar su queja con el CRC antes que reciba la decisión final. Sin embargo, es necesario presentar su queja con el CRC dentro de 30 días después de la fecha límite de 90 días (en otras palabras, dentro de 120 días después de la fecha en que presentó la queja con el recipiente). Si el recipiente emite una decisión final escrita, pero usted no está satisfecho con el resultado o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja con el CRC dentro de 30 días después que reciba la decisión final escrita.

Initials _____

EMPLEADOR CON IGUALDAD DE OPORTUNIDAD DE EMPLEO/PROGRAMAS
Ayudas auxiliares y servicios están disponibles a petición para individuos con incapacidades
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-622-4954 (Español)



INSTRUCCIONES DETALLADAS PARA CLASIFICAR UNA QUEJA

☐ **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) y TRADE READJUSTMENT ALLOWANCES (TRA):**

Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del Título I de la WIOA o TAA/TRA, puede presentar una queja dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Si presenta su queja con el destinatario de asistencia federal o su contratista, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito dentro de los 90 días de la fecha de presentación de su queja, usted puede presentar una queja con el CRC. La queja CRC debe presentarse dentro de los 30 días del vencimiento del plazo de 90 días, es decir, dentro de 120 días a partir de la fecha en que presentó su queja con el destinatario. Si éste le entrega un Aviso de Acción Definitiva por escrito con respecto a su queja y usted sigue inconforme con la decisión o resolución, puede presentar una queja con el CRC. Hay que presentarla con el CRC dentro de los 30 días subsiguientes a la fecha en que recibió el Aviso de Acción Definitiva.

☐ **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**

Si cree haber sufrido discriminación en un programa o actividad a tenor TANF/Choices y/o Child Care Services (CC) que recibe asistencia financiera federal, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con la Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Si cree haber sufrido discriminación en un programa o actividad a tenor de la CC que recibe asistencia financiera federal de USDA, puede proponerse en contacto con el U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. Si presenta su queja con el destinatario de asistencia federal, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al U.S. Dept. of Health and Human Services.

☐ **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**

Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del programa SNAP E&T, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al 202-260-1026. Si presenta su queja con el destinatario de asistencia federal o su contratista, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al U.S. Dept. of Agriculture.

Favor de no firmar sin haber leído este aviso y haber comprendido su contenido.

Por mi firma abajo, reconozco esta orientación al procedimiento de queja de la discriminación y la declaración con respecto a que la igualdad de oportunidades es la ley. Afirmo que he leído el *Formulario para la Orientación a los Procedimientos de Queja de Discriminación* y que me han dado la oportunidad de hacer preguntas acerca de su contenido. Entiendo que el formulario One-Stop no es solicitud para trabajo; se utiliza para determinar mi elegibilidad para recibir servicios de programa y para cumplir con requisitos federales de información. Entiendo también que la falta de proporcionar la información pedida puede evitar que reciba servicios.

Firma del solicitante

Nombre en letra de molde

Fecha

EMPLEADOR CON IGUALDAD DE OPORTUNIDAD DE EMPLEO/PROGRAMAS
Ayudas auxiliares y servicios están disponibles a petición para individuos con incapacidades
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-622-4954 (Español)



Workforce Solutions East Texas

Customer Rights and Complaint Resolution Procedure and Customer Complaint Form

Participating in workforce services administered by the Texas Workforce Commission (Commission) or Workforce Solutions East Texas Board (Board) grants you the right to file a complaint regarding your workforce services. These rights are guaranteed through the Commission's complaints, hearings and appeals procedures* at 40 TAC, Chapter 823. *This complaint process does not pertain to matters alleging violations of nondiscrimination or equal opportunity requirements under the Workforce Innovation and Opportunity Act (WIOA) or matters governing job service-related complaints.

The Complaint Process:

What is a complaint?

A complaint is a written statement alleging a violation of any law, regulation, or rule relating to any federal- or state-funded workforce service. If you have received an adverse action or want to file a formal complaint about workforce services, you are first encouraged to discuss the adverse action or complaint with Texas Workforce Center staff where the complaint originated.

Who may file a complaint?

- Texas Workforce Center customers – Individuals who have applied for or are eligible to receive federal- or state-funded workforce funded services administered by the Commission or the Board. **These services include Child Care; Temporary Assistance for Needy Families Choices; Supplemental Nutrition Assistance Program Employment & Training; WIOA Adult, Dislocated Worker, Youth; Non-Custodial Parent; and, Eligible Training Providers receiving WIOA funds or other funds for training services.**
- Other interested parties affected by the Texas workforce system, including sub-recipients. These individuals may be child care or other service providers that have received a written statement issued by the Board, a Texas Workforce Center, or the Agency relating to an adverse action, or a provider or contractor, related to denial or termination of eligibility, under programs administered by the Agency or the Board.
- Previously employed individuals who believe they have been displaced by a Texas Workforce Center customer participating in work-based services such as subsidized employment, work experience, or workfare.

How do I file a complaint?

- Complaints must be in writing using the attached complaint form.
- Complaints must be filed within 180 days of the alleged violation.
- Complaints must be mailed to:

Hearing Officer
 Workforce Solutions East Texas
 3800 Stone Rd.
 Kilgore, TX 75662

Board complaint procedures are available upon request.

How will the complaint be resolved?

- You will be given the opportunity for an informal resolution to resolve any disputes resulting from either a complaint or an appeal to a determination. An example of an informal resolution may include:
 - Meeting with your immediate case worker to seek a resolution;
 - Meeting with a Texas Workforce Center manager or designated Board staff for a more in-depth discussion related to the circumstances of the complaint and to discuss how the complaint may be resolved;
- If you are not satisfied with the outcome of the informal resolution, you have the right to file a complaint and to have the opportunity for a Board hearing with the Workforce Solutions East Texas Board at: 3800 Stone Rd, Kilgore, Texas 75662.
- Once a complaint is filed with the Board, you will be notified in writing of a Board hearing at least (10) ten calendar days prior to the hearing date. The ten-day notice may be shortened with prior written consent of the parties involved.
- A Board decision will be issued within 60 calendar days from the date the complaint is originally filed.

If you do not agree with the decision issued by the Board or if no decision is mailed within 60 calendar days from the date the complaint was originally filed, you may file a written appeal to the Commission. The appeal must be sent within 14 calendar days after the mailing date of the Board's decision or 90 calendar days after the original filing date of the complaint. Appeals to the Commission are mailed to:

Appeals, Texas Workforce Commission
 101 East 15th St., Room 410
 Austin, Texas 78778-0001

Please do not sign this notice until you have read it and understand its contents.

This is to certify that I have read the Customer Rights and Complaint Resolution Procedure and Customer Complaint Form and that I have been given the opportunity to ask questions about its contents. By my signature below, I acknowledge that I have received a copy of the aforementioned form.

Applicant Signature _____

Print Full Name _____

Date _____

Workforce Solutions East TX is an Equal Opportunity Employer/Program.
 Auxiliary Aids and Services are available, upon request, to individuals with disabilities.
 Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-662-4954 (Español)

Workforce Soluciones de East TX es un programa de oportunidades de igualdad de empleo.
 Ayudantes auxiliares y servicios están disponibles a petición para individuos con incapacidades.
 Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-662-4954 (Español)



Workforce Solutions East Texas
Customer Rights and Complaint Resolution Procedure and Customer Complaint Form

Complainant (person filing the complaint)

*NAME (PERSON AND/OR BUSINESS)		E-MAIL ADDRESS
*MAILING ADDRESS		HOME PHONE #
*CITY/STATE	*ZIP CODE	WORK PHONE #
CELL PHONE #		

Complaint Filed Against:

*NAME (PERSON AND/OR BUSINESS)		E-MAIL ADDRESS
*MAILING ADDRESS		HOME PHONE #
*CITY/STATE	*ZIP CODE	WORK PHONE #
CELL PHONE #		

*Required Information

Provide a clear and brief statement of the facts, including relevant dates and any known violation of law, regulations, or rules related to any federal- or state-funded workforce service. If additional space is needed, you may use the reverse side of this form or attach a separate statement of no more than 5 pages.

The above information is true and correct to the best of my knowledge.

Signature of Complainant	Date
--------------------------	------

FOR OFFICIAL USE	
Individual Receiving Complaint: _____	Title: _____
City: _____	Telephone: _____
Date complaint was received: _____	Action Taken: _____

This complaint process does not pertain to matters alleging violations of nondiscrimination or equal opportunity requirements under WIOA or matters governing job service-related complaints.

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.
Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

Workforce Solutions East TX is an Equal Opportunity Employer/Program.
Auxiliary Aids and Services are available, upon request, to individuals with disabilities.
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Workforce Solutions East Texas

Derechos del cliente y procedimiento de resolución de quejas y el formulario de reclamación del cliente

Participar en servicios administrados por personal de la Comisión Laboral de Texas (Texas Workforce Commission (Comisión) o Soluciones Workforce East Texas Board (Junta) le otorga el derecho a presentar una queja en cuanto a su plantilla de servicios. Estos derechos están garantizados a través de la Comisión de Denuncias, audiencias y apelaciones procedimientos* a 40 TAC, capítulo 823. *Este proceso de queja no se refieren a cuestiones alegando violaciones de la no discriminación o igualdad de oportunidades bajo los requisitos de la Innovación de la fuerza laboral y Opportunity Act (WIOA) o asuntos que rigen los reclamos relacionados con el servicio del trabajo.

El proceso de la queja:

¿Qué es un Reclamo?

Una queja es una declaración por escrito alegando una violación de cualquier ley, reglamento o norma relativa a cualquier federal- o estado financiado por el servicio de mano de obra. Si usted ha recibido una acción adversa o desea presentar una queja formal acerca de workforce services que son alentados a discutir la acción adversa o queja con el personal del Centro de Fuerza Laboral de Texas donde se originó la denuncia.

Quién puede presentar una reclamación?

- Los clientes del Centro de Fuerza Laboral de Texas - Personas que hayan solicitado o son elegibles para recibir federales o estatales workforce financiado servicios administrados por la Comisión o la junta. **Estos servicios incluyen el cuidado de los niños; el Programa de Asistencia Temporal para Familias Necesitadas Opciones; el Programa Suplementario de Asistencia Nutricional; WIOA & empleo formación adulta, el trabajador desplazado, la juventud; Non-Custodial Padre; y, proveedores de formación elegibles recibir WIOA fondos u otros fondos para servicios de capacitación.**
- Otras partes interesadas afectadas por el sistema de Fuerza Laboral de Texas, incluyendo sub-beneficiarios. Estos individuos pueden ser de cuidado infantil o de otros proveedores de servicios que han recibido una declaración escrita emitida por la Junta, un centro de Fuerza Laboral de Texas, o la Agencia en relación con una acción adversa, o un proveedor o contratista, en relación con la denegación o la terminación de la elegibilidad, en el marco de los programas administrados por la Agencia o la junta.
- Las personas empleadas anteriormente que creen que han sido desplazados por un cliente de centro de Fuerza Laboral de Texas que participan en el trabajo, tales como los servicios basados en el empleo subvencionado, experiencia de trabajo, o de tipo asistencial.

¿Cómo puedo presentar una queja?

- Las quejas deben presentarse por escrito mediante el formulario de reclamación adjunto.
- Las quejas deben ser presentadas dentro de un plazo de 180 días a partir de la presunta violación.
- Las quejas deben ser enviadas a:
Hearing Officer
Workforce Solutions East Texas
3800 Stone Rd.
Kilgore, TX 75662

Junta de procedimientos de denuncia están disponibles bajo petición.

¿Cómo va la queja se ha resuelto?

- Se le dará la oportunidad para una resolución informal para resolver cualquier controversia derivada de una denuncia o un llamamiento a una determinación. Un ejemplo de resolución informal pueden incluir:
 - Reunión con su trabajador de caso de inmediato a buscar una solución.
 - Reunión con un administrador del centro de Fuerza Laboral de Texas o designado personal a bordo para una discusión más detallada relacionada con las circunstancias de la denuncia y para discutir cómo la denuncia podrá ser resuelto;
- Si usted no está satisfecho con el resultado de la resolución informal, usted tiene derecho a presentar una queja y a tener la oportunidad de una audiencia de la junta con las Soluciones Workforce East Texas junta en: **3800 Stone Rd, Kilgore, Texas 75662.**
- Una vez presentada la queja con la Junta, se le notificará por escrito una audiencia de la Junta al menos diez (10) días naturales antes de la fecha de audiencia. El aviso de diez días podrá reducirse con el consentimiento previo por escrito de las partes involucradas.
- Una decisión de la Junta se publicará dentro de los 60 días calendario a partir de la fecha en que la queja es presentada originalmente.

Si usted no está de acuerdo con la decisión emitida por la Junta Directiva o si ninguna decisión es enviada dentro de los 60 días calendario a partir de la fecha en que la denuncia fue presentada originalmente, puede presentar una apelación por escrito a la Comisión. La apelación deberá ser enviado dentro de los 14 días naturales después de la fecha del envío de la decisión de la junta o 90 días naturales después de la fecha de presentación de la denuncia. Hace un llamamiento a la Comisión son enviados por correo a:

Appeals, Texas Workforce Commission
101 East 15th St., Room 410
Austin, Texas 78778-0001

Por favor no firmen este aviso hasta que lo haya leído y entender su contenido.

Esto es para certificar que he leído los derechos del cliente y procedimiento de resolución de quejas de clientes y formulario de queja y que me han dado la oportunidad de hacer preguntas acerca de su contenido. Mediante mi firma a continuación, reconozco que he recibido una copia de la forma antes mencionada.

La firma solicitante

Imprimir nombre completo

Fecha

Soluciones Workforce East TX es un programa/empleador que ofrece igualdad de oportunidades. Soluciones de Workforce East TX es un programa de oportunidades de igualdad de empleo. Asistencia y servicios auxiliares disponibles, previa solicitud, a las personas con discapacidad. Ayudantes auxiliares y servicios están disponibles a petición para individuos con incapacidades. Relay Texas: 1-800-735-2989 (TTY) 1-800-735-2988 (voz); 1-800-662-4954 (español) Relay Texas: 1-800-735-2989 (TTY) 1-800-735-2988 (voz); 1-800-662-4954 (español)

WDA forma # 0209

Revisado 17/04/2017



Workforce Solutions East Texas
Derechos del cliente y procedimiento de resolución de quejas y el formulario de reclamación del cliente

Demandante (la persona que presenta la denuncia)

*NOMBRE (PERSONA Y/O EMPRESA)

DIRECCIÓN DE E-MAIL

*DIRECCIÓN DE CORREO

TELÉFONO DE LA CASA #

*CIUDAD/ESTADO

*CÓDIGO POSTAL

TELÉFONO DEL TRABAJO #

TELÉFONO CELULAR #

Queja Presentada Contra:

*NOMBRE (PERSONA Y/O EMPRESA)

DIRECCIÓN DE E-MAIL

*DIRECCIÓN DE CORREO

TELÉFONO DE LA CASA #

*CIUDAD/ESTADO

*CÓDIGO POSTAL

TELÉFONO DEL TRABAJO #

TELÉFONO CELULAR #

*Información obligatoria

Proporcionar una clara y breve exposición de los hechos, incluidas las fechas y alguna violación de la ley, reglamentos o normas relativas a cualquier federal- o estado financiado por el servicio de mano de obra. Si se necesita espacio adicional, usted puede utilizar el reverso de este formulario o adjuntar una declaración aparte de no más de 5 páginas.

La información anterior es verdadera y correcta al mejor de mi conocimiento.

La firma del demandante

fecha

Individuales recibiendo quejas: _____ Para uso oficial Título: _____

Ciudad: _____ Teléfono: _____

Fecha denuncia fue recibida: _____ Medidas adoptadas: _____

Este proceso de queja no se refieren a cuestiones alegando violaciones de la no discriminación o igualdad de oportunidades requisitos bajo WIOA, o cuestiones que rigen los reclamos relacionados con el servicio del trabajo.

Soluciones Workforce East TX es un programa/empleador que ofrece igualdad de oportunidades. Soluciones de Workforce East TX es un programa de oportunidades de igualdad de empleo. Asistencia y servicios auxiliares disponibles, previa solicitud, a las personas con discapacidad. Ayudantes auxiliares y servicios están disponibles a petición para individuos con incapacidades. Relay Texas: 1-800-735-2989 (TTY) 1-800-735-2988 (voz); 1-800-662-4954 (español) Relay Texas: 1-800-735-2989 (TTY) 1-800-735-2988 (voz); 1-800-662-4954 (español)

WDA forma # 0209

Revisado 17/04/2017



Request for Informal Review

1. CASE NAME: _____ CASE NO. _____
2. MAILING DATE: _____
3. You have 14 calendar days from the mailing date of this notice to file an appeal with Workforce Solutions East Texas.
 - a. Please complete the following information, if you are interested in an Informal Review at Workforce Solutions East Texas/Child Care Services.
 - b. I request: ☐ Informal Review with CCS.
 - c. This request is due by _____.
4. Upon completion of an Informal Review, if you disagree with the outcome of the review, you may Appeal and request a Board Hearing in writing. The Board Hearing will be scheduled separately.
5. You have the right to have a representative, including legal counsel, family or friend during the Informal Review.
 - a. If you choose a representative, enter the name _____ and relationship _____.
 - b. I agree to allow this individual to represent me in my appeal.

Signature Date

6. You may mail or fax this request for an Informal Review to:

Workforce Solutions East Texas Relay (800) 735-2989
Child Care Services
PO Box 131869
Tyler, TX 75713
888-977-1693 (fax)

*Child care is NOT available if you lose care due to excessive unexplained absences or nonpayment of parent share of cost.

Check here if you want to receive child care services during the appeal process: ☐ Yes ☐ No

IMPORTANT: Remember if you lose your appeal, you will be responsible for paying back the entire cost of your child care during the appeal process.

WDA Form No. 0211 (Rev. 05/02/2019)

7. When you request your review, you **must** provide the following information:

- a. Explain your reasons for requesting the Informal Review.
Attach additional pages if needed.

- b. If you have additional information or paperwork you want to provide regarding this procedure, please explain why you think it is important.
You must include copies of this information with this form.

NOTE: A Board Hearing cannot take place until an Informal Hearing takes place first.

8. _____
Signature Date

Address

City State Zip

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.



Solicitud de una Revisión Informal

1. Nombre de Caso: _____ No de Caso: _____

2. Fecha de envío: _____

3. Usted tiene 14 días desde la fecha del envío de la presente notificación para presentar una apelación con Workforce Solutions East Texas.

a. Por favor complete la siguiente información, si usted está interesado en una Revisión Informal con la oficina de Child Care Services.

b. Solicito: ☐ Revisión Informal

c. Entregue esta petición antes de esta fecha _____.

4. Al finalizar una revisión informal, si no está de acuerdo con el resultado de la revisión, puede solicitar una audiencia de la Junta por escrito. La audiencia de la Junta se programará por separado.

5. Usted tiene el derecho a tener un representante, incluido el asesoramiento jurídico, familiar o amigo durante la revisión informal y/o la audiencia con la Junta.

a. Si elige un representante, anota el nombre _____
Y la relación _____.

b. Estoy de acuerdo en permitir a esta persona que me represente en mi llamamiento.

Firma

Fecha

6. Usted puede enviar por correo o fax el llamamiento a: Soluciones de Fuerza Laboral de Texas Este Relé (800) 735-2989

Child Care Services
PO Box 131869
Tyler, TX 75713
888-977-1693 (fax)

El cuidado de niños NO está disponible si usted pierde el cuidado debido a ausencias excesivas sin explicación o falta de pago de la parte del costo de los padres.

Marque aquí si desea recibir los servicios de cuidado infantil durante el proceso de apelación: ☐ Si ☐ No

Importante: recuerde si usted pierde su apelación, usted será responsable de pagar la totalidad del costo de su cuidado infantil durante el proceso de apelación.

7. Cuando se solicita la revisión, debe proveer la siguiente información:

a. Explicar sus razones por que quiere el examen oficioso.

Adjunte páginas adicionales si es necesario.

b. Si usted tiene información adicional o trabajo de papel que desea aportar sobre este procedimiento, por favor explique por qué cree que es importante. Usted debe incluir copias de esta información con este formulario.

Nota: una audiencia de la Junta no puede tener lugar hasta que tenga lugar una audiencia informal.

8.

Firma

Fecha

Dirección

Ciudad, Estado, Código postal



Request for a Workforce Solutions East Texas Board Hearing

1. CASE NAME: _____ CASE NO. _____
2. MAILING DATE: _____
3. An Informal Review was conducted on _____ by Child Care Services, Workforce Solutions East Texas and a decision was provided.
4. If you disagree with the outcome of the Informal Review, you have the right to Appeal and request a Board Hearing in writing. The Board Hearing will be scheduled separately.
5. You have the right to have a representative, including legal counsel, family or friend during the Board Hearing.
 - a. If you choose a representative, enter the name _____ and relationship _____.
 - b. I agree to allow this individual to represent me in my appeal.

Signature Date

6. You may mail or fax this request for a Board Hearing to:

Workforce Solutions East Texas Relay (800) 735-2989
Child Care Services
PO Box 131869
Tyler, TX 75713
888-977-1693 (fax)

*Child care is NOT available if you lose care due to excessive unexplained absences or nonpayment of parent share of cost.

Check here if you want to receive child care services during the appeal process: ☐ Yes ☐ No

IMPORTANT: Remember if you lose your appeal, you will be responsible for paying back the entire cost of your child care during the appeal process.

7. When you request your Board Hearing, you **must** provide the following information:

- a. Explain your reasons for wanting the Board Hearing.
Attach additional pages if needed.

- b. If you have additional information or paperwork you want to provide regarding this procedure, please explain why you think it is important.
You must include copies of this information with this form.

NOTE: A Board Hearing cannot take place until an Informal Hearing takes place first.

8. _____
Signature Date

Address

City State Zip

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

(Rev. 05/02/2019)



Solicitud de apelación
Workforce Solutions East Texas Board

1. Caso Nombre: _____ El caso No. _____

2. Fecha de envío: _____

3. Usted tiene 14 días desde la fecha del envío de la presente notificación para presentar una apelación con Workforce Solutions East Texas.

a. Por favor complete la siguiente información si usted está interesado en una revisión informal en _____ (contratista).

b. Solicito: ☐ Revisión informal

c. Esta petición es debido antes de _____.

4. Al término de un examen oficioso y no estás satisfecho con el resultado, puede solicitar una audiencia con la Junta. La audiencia con la Junta será programada separado.

5. Usted tiene el derecho a tener un representante, incluido el asesoramiento jurídico, familiar o amigo durante la revisión informal y/o la audiencia con la Junta.

a. Si elige un representante, anota el nombre _____
Y la relación _____.

b. Estoy de acuerdo en permitir a esta persona que me represente en mi llamamiento.

La firma

Fecha

6. Usted puede enviar por correo o fax el llamamiento a: Soluciones de Fuerza Laboral de Texas Este Relé (800) 735-2989

Child Care Services
PO Box 131869
Tyler, TX 75713
888-977-1693 (fax)

Marque aquí si desea recibir los servicios de cuidado infantil durante el proceso de apelación:

☐ Si ☐ No

Importante: recuerde si usted pierde su apelación, usted será responsable de pagar la totalidad del costo de su cuidado infantil durante el proceso de apelación.

7. Cuando se solicita la revisión, debe proveerá la siguiente información:

a. Explicar sus razones por que quiere el examen oficioso.
Adjunte páginas adicionales si es necesario.

b. Si usted tiene información adicional o trabajo de papel que desea aportar sobre este procedimiento, por favor explique por qué cree que es importante. Usted debe incluir copias de esta información con este formulario.

Nota: una audiencia de la Junta no puede tener lugar hasta que tenga lugar una audiencia informal.

8. _____
La firma _____ Fecha _____

Dirección _____

Ciudad, Estado, Código postal _____