

## PARENT ELIGIBILITY, REPORTING AND ATTENDANCE REQUIREMENTS

### Eligibility:

- I agree I must meet minimum training/education/work requirements established by the Board
- I agree I must meet income guidelines established by the Board

### Required reporting responsibilities within 14 calendar days:

- I must report a permanent loss of job/training/education
- I must report any permanent Income Increase over 85% of State Median Income amount for my family size (see chart below)

Maximum Income Eligibility for Child Care Services – October 1, 2016				
Family Size	Weekly	Bi-Weekly	Bi-Monthly	Monthly
2	\$ 793	\$1,585	\$1,717	\$ 3,435
3	\$ 979	\$1,958	\$2,121	\$ 4,243
4	\$ 1,166	\$2,331	\$2,525	\$ 5,051
5	\$ 1,352	\$2,704	\$2,930	\$ 5,859
6	\$ 1,539	\$3,077	\$3,334	\$ 6,667

- I must report a change of family size
- I must report a change of Address, email, or phone
- I must report any change of Provider

***Failure to report may result in a finding of fraud which is defined as making a false statement or representation, knowing it to be false or knowingly failing to disclose information that could affect eligibility.***

### Additionally, I may report:

- Reduction in Income/hours that could decrease my parent share of cost
- Temporary changes in employment that could result in decrease of parent share of cost

### I understand the following in regards to my Parent Share of Cost amount:

- It is based on my family income and family size
- An additional cost may be assessed for each child in care
- I will pay my parent share of cost directly to provider
- I understand the provider could end my care for failure to pay parent share of cost amount and this could affect care options available to me
- I understand failure to pay parent share of cost could result in repayment being due to Board
- I may request a temporary parent share of cost reduction for but reduction is at discretion of Board

- I understand the provider may charge me the difference between their published rate and the Board’s reimbursement rate

**Attendance Information and Requirements:**

- I will ensure that my child attends child care on a regular basis and is expected to meet monthly attendance standards for child care services which consist of fewer than:
  - Five (5) consecutive absences during the month and/or Ten (10) total absences during the month
- I understand that failure to meet monthly attendance standards may:
  - Result in suspension of care, at my option;
  - May result in a determination that a change in my work/training schedule has occurred and care may be ended.
- I understand that if a child exceeds sixty-five (65) total absences during their current 12-month eligibility period, then the child is not eligible for care at the next eligibility determination. Also, the child is not eligible for the program for 12 months from the end of the most recent eligibility period.
- I will use attendance card to report attendance and absences
- I will report to my provider any issues encountered with card use.
- I understand a failure to report issues may result in absences.
- I understand no one under 16 can be designated a card holder unless they are the parent of the child
- I understand an owner, assistant director, or director of my child care facility cannot be a secondary cardholder
- I understand a secondary cardholder cannot misuse the attendance card and must understand the responsibilities of attendance card usage
- I will not share my personal identification number (PIN) or attendance card with another person, including the child care provider
- I will be aware that failure to meet the provider’s established policy regarding attendance may result in the provider ending the child’s enrollment at the facility

The phone number for questions or to report changes to Child Care Services is 210-230-6300.

I understand and I am informed that absences due to a child’s documented chronic illness, disability, or court ordered visitation are not counted in the number of absences allowed.

I acknowledge that I have **read, understand,** and **agree** to the above information regarding Parent Eligibility, Reporting, and Attendance Requirements.

_____	_____	_____
Parent Signature	Printed Name	Date
_____	_____	_____
Parent Signature	Printed Name	Date

Equal opportunity employer/program  
 Auxiliary aids and services available upon request to individuals with disabilities  
 Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice)

