

Catholic Charities of Southeast Texas
Child Care Contractor Services (CCCS)

★★NOTE: Waiting List Questionnaires must be completed entirely. ★★

★★Incomplete Questionnaires will be disregarded without further notification.★★

WAITING LIST QUESTIONNAIRE

LAST NAME:		FIRST NAME:		M.I.	SS#:	
ADDRESS:			APT. #:	CITY:		STATE: ZIP:
TELEPHONE:		DATE OF BIRTH:			# IN FAMILY/LIVING IN HOUSEHOLD:	

Check all of the following that apply to you and enter amounts, if applicable:

REASON FOR NEEDING SERVICES: <input type="checkbox"/> Working <input type="checkbox"/> Training/College <input type="checkbox"/> Finishing High School <input type="checkbox"/> Obtaining GED			
RELATIONSHIP TO CHILD(REN): <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Caretaker			SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male
BENEFITS/INCOME CURRENTLY RECEIVING: <input type="checkbox"/> AFDC/TANF \$_____ <input type="checkbox"/> Social Security/SSI\$_____ <input type="checkbox"/> Child Support \$_____			
<input type="checkbox"/> Food Stamps <input type="checkbox"/> Veteran/Parent of Child of Veteran <input type="checkbox"/> Former Foster Youth			
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single			HISPANIC/LATINO ORIGIN: <input type="checkbox"/> Yes <input type="checkbox"/> No
ETHNIC ORIGIN: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Non-Specified			

Your Work and/or Training/College Information:

*WORK AND OR TRAINING/COLLEGE HOURS COMBINED MUST EQUAL 30 HOURS OR MORE PER WEEK TO QUALIFY FOR SERVICES
IF ATTENDING A COLLEGE/UNIVERSITY, MULTIPLY CREDIT HOURS BY 3 (EX. IF YOU TAKE 10 CREDIT HOURS IT WOULD BE 10 x 3 = 30)*

NAME OF EMPLOYER:	WAGE PER HOUR:	HOURS EARNED PER WEEK:
NAME OF SCHOOL/TRAINING INSTITUTE:	HOURS PER WEEK/SEMESTER HOURS:	Cumulative GPA:

Spouse's Work and/or Training/College Information (if applicable):

*WORK AND OR TRAINING/COLLEGE HOURS COMBINED MUST EQUAL 30 HOURS OR MORE PER WEEK TO QUALIFY FOR SERVICES
IF ATTENDING A COLLEGE/UNIVERSITY, MULTIPLY CREDIT HOURS BY 3 (EX. IF YOU TAKE 10 CREDIT HOURS IT WOULD BE 10 x 3 = 30)*

Spouse's NAME:	DATE OF BIRTH:	SS#:	
NAME OF EMPLOYER:	WAGE PER HOUR:	HOURS EARNED PER WEEK:	
NAME OF SCHOOL/TRAINING INSTITUTE:	HOURS PER WEEK/SEMESTER HOURS:	Cumulative GPA:	HISPANIC/LATINO ORIGIN: <input type="checkbox"/> Yes <input type="checkbox"/> No
ETHNIC ORIGIN: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Non-Specified			

Information of Child(ren) needing care:

CHILD'S LAST NAME:	CHILD'S FIRST NAME:	M.I.	SS#:
DATE OF BIRTH: ___/___/___	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	HISPANIC/LATINO ORIGIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOOL CHILD ATTENDS (IF ANY):

ETHNIC ORIGIN: White Black American Indian/Native Alaskan Native Hawaiian or other Pacific Islander Asian Non-Specified

RELATIONSHIP TO APPLICANT: Child Sibling Grandchild Other: _____

CHILD WITH DISABILITY: YES NO IF YES, PLEASE EXPLAIN: _____

CHILD'S LAST NAME:	CHILD'S FIRST NAME:	M.I.	SS#:
DATE OF BIRTH: ___/___/___	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	HISPANIC/LATINO ORIGIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOOL CHILD ATTENDS (IF ANY):

ETHNIC ORIGIN: White Black American Indian/Native Alaskan Native Hawaiian or other Pacific Islander Asian Non-Specified

RELATIONSHIP TO APPLICANT: Child Sibling Grandchild Other: _____

CHILD WITH DISABILITY: YES NO IF YES, PLEASE EXPLAIN: _____

CHILD'S LAST NAME:	CHILD'S FIRST NAME:	M.I.	SS#:
DATE OF BIRTH: ___/___/___	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	HISPANIC/LATINO ORIGIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOOL CHILD ATTENDS (IF ANY):

ETHNIC ORIGIN: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Non-Specified			
RELATIONSHIP TO APPLICANT: <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____			
CHILD WITH DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____			
CHILD'S LAST NAME:	CHILD'S FIRST NAME:	M.I.	SS#:
DATE OF BIRTH: ___/___/___	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	HISPANIC/LATINO ORIGIN: <input type="checkbox"/> YES <input type="checkbox"/> No	SCHOOL CHILD ATTENDS (IF ANY):
ETHNIC ORIGIN: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Non-Specified			
RELATIONSHIP TO APPLICANT: <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____			
CHILD WITH DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____			

Catholic Charities of Southeast Texas
 Child Care Contractor Services
 P.O. Box 829
 Beaumont, Texas 77704-0829
 (409) 835-1411 or 1-800-253-1411
Relay Texas
 1-800-735-2989 (TDD)
 1-800-735-2988 (Voice)

To Prospective CCCS Client:

Although CCCS is unable to provide you child care assistance at this time, this Waiting List Questionnaire (WLQ) is the first step. CCCS is aware that this process is long and can take from six to nine months and sometimes much longer to receive assistance. Be assured that CCCS appreciates your patience!

When completing the WLQ, CCCS requires that all applicable areas be completed. To be eligible for assistance, you must be working or in school/training for thirty (30) hours per week or more and your income under income guideline. If you are married, your spouse must also be working or in school/training for thirty (30) hours per week or more. Once you have completed the WLQ, forward it to the CCCS office. Once CCCS receives the WLQ, and you are determined eligible to be placed on the waiting list, the information will be entered in the automated system.

Waiting List Questionnaire's faxed into the CCCS office will not be accepted.

While on the Waiting List, you must: report any changes in your address, phone number, employment status and/or school/training, and income (EX: TANF status). **You must contact the CCCS office every 180 days to update your Waiting List status. Be sure to call and update even if you do not have any changes to report. If you do not call CCCS to update your status, CCCS will assume you are no longer in need of assistance, and the automated system will automatically remove you from the Waiting List.**

IMPORTANT NOTE: Failure to update every 180 days will cause you to lose your place on the Waiting List.

CCCS will update your Waiting List status only upon your request (in person or by phone). Be assured that CCCS will give your case individual attention, answer questions, and offer assistance. When funding becomes available, CCCS will notify you of your appointment date and time. The notice will tell you what to bring for your appointment. If you no longer need child care assistance, please notify the CCCS office immediately.



I have read and understand the terms and conditions of the Catholic Charities of Southeast Texas., Child Care Contractor Services Waiting List process. I also understand that I must update my status every 180 days to remain active on the Waiting List.

Parent Signature

Date