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WORKFORCE SYSTEMS IMPROVEMENT GUIDANCE

Superseding Directive 25-08-09
Program/s: Child Care
Effective Date 2/10/2025
Authored/Revised by: VH

Date: 2/10/2025

To: All Workforce Development Contractors

From: David A. Cleveland, Executive Director

Subject: CCS Relative Provider Handbook

Purpose

The purpose of this directive is to relay and update changes for Relative Providers. This Directive will Supersede Directive 21-08-08, Change 2.

Form(s)

- WDA Form 0160, Orientation to Discrimination Complaint Procedures Form
- WDA Form 0209, Customer Rights and Complaint Resolution Procedure and Customer Complaint Form
- WDA Form 0082, CCS Relative Provider Three Party Agreement

Table of Contents

FOREWORD

Workforce Solutions East Texas Child Care Program gives parents information allowing them to make informed decisions regarding child care services. Parents are given an opportunity to choose a Licensed/Registered Child Care Provider for child care services or select a Relative Child Care Provider.

Texas Workforce Commission (TWC) Child Care Rules define a Relative Child Care Provider as an individual who is at least 18 years of age, and is, by marriage, blood relationship, or court decree, one of the following:

- The child's grandparent;
- The child's great-grandparent;
- The child's aunt;
- The child's uncle; or,
- The child's sibling 18yrs or older (if the sibling does not reside in the same household as the eligible child).

NOTE: Nieces, nephews, cousins, or personal friends may not become Relative Providers.

The relationship between the Relative Provider and the child must be verified by the parent and the relative providing the Child Care Contractor with written documentation (i.e. birth certificates, marriage licenses, etc.) that establishes the relationship.

Relative in-home child care is only allowed for the following situations; otherwise, childcare must be provided in the provider's home:

- A child with disabilities and his/her siblings;
- A child under 18 months of age and his/her siblings;
- A child of a teen parent; or,
- When the parent's work schedule requires evening, overnight, or weekend child care in which taking the child outside of the child's home would be disruptive to the child.

All Relative Providers must be "listed" by Child Care Regulation (CCR). Children who are in **in-home** Department of Family and Protective Services/Child Protective Services (DFPS) cases, or former DFPS cases, are not eligible for Relative Provider Child Care. CPS Foster Parents may select only Licensed Providers for their foster children.

INDEPENDENT CONTRACTOR

The Relative Provider is an independent contractor and not an agent or employee of Workforce Solutions East Texas Board (WSETB) Texas Workforce Commission (TWC) or Child Care Services (CCS).

Neither the Workforce Board, Texas Workforce Commission or Child Care Services has the right or power to control how a Relative Provider conducts his/her business; however, Relative Providers must comply with TWC, Board and Child Care Services policies and procedures to be reimbursed for services provided. The Relative Provider is not entitled to employment wages or benefits from TWC, the Board, or Child Care Services. The provider is fully responsible for the payment of all federal, state, and local taxes or contributions imposed or required under unemployment insurance, Social Security, and employment tax laws.

RELATIVE PROVIDER ENROLLMENT FORMS AND DOCUMENTS

The parent and respective Relative Provider must visit the CCS office to receive information regarding the Relative Provider Program and sign required forms.

The following information will be provided to the parent and Relative Provider:

- Instructions on how attendance is reported,
- General information regarding the Workforce Solutions East Texas Relative Provider Program; and,
- Listing Information and Forms from Child Care Licensing with addresses to mail Listing Forms.

Relative Providers and parents are required to complete and sign the following forms in the CCS Office:

- Relative Provider Three Party Agreement, WDA Form No. 0082;
- Relative Provider Reimbursement Procedures Instructions;
- W-9, Request for Taxpayer Identification Number and Certification;
- Customer Rights and Complaint Resolution Procedures and Customer Complaint, WDA Form No. 0209; and,
- Orientation to Complaint, WDA Form No. 0160.

Additional Information and Documents Required to Become a Relative Provider:

- Copies of birth certificates, marriage licenses, or other valid documents to verify the relationship between the Relative Provider and the child(ren);
- Copy of Texas Department of Public Safety Driver's License or DPS Identification Card with picture or other acceptable valid identification with picture;
- Copy of signed Social Security card or a Social Security Office print out indicating the Social Security Number; and,
- Authorization Agreement for Direct Deposits (ACH Credits) with a:
    - Copy of cancelled check; or, savings account deposit slip.

WDA Form No. 0082, Relative Provider Three Party Agreement

In completing a Relative Provider Three Party Agreement, WDA Form No. 0082, the Relative Provider must enter his/her mailing address and physical address or physical location, if different than the mailing address. If the area is rural or remote, the relative or parent must provide driving directions to the home.

This includes Relative Providers who use a Post Office Box Number as their address. The information will help staff locate homes when making site visits.

A new Relative Three Party Agreement, WDA Form No.0082, must be completed and signed by the parent and the Relative Provider under the following circumstances:

- The Relative Provider's address, name, and/or telephone number changes;
- The location of child care changes;
- The parent adds a child to care; or,
- The parent selects a new Relative Provider.

NOTE: When a parent adds a child to child care services, the child cannot receive child care services and the Relative Provider cannot be paid until a new Three Party Agreement is completed and signed. Payment to the Relative Provider for the child is not retroactive to the child's first date of attendance. Payment is made after receipt of the Three-Party Agreement and the Child Care Contractor adds the child to the case.

REQUIRED CHILD CARE REGULATION LISTING

All Relative Providers must be "listed" with Child Care Regulation (CCR). The Relative Provider and anyone 14 years of age or older who will regularly or frequently is present, staying, or working at the home while the children are in care must submit to checks from the Texas Department of Public Safety (DPS) Sex Offender Registry and the **DFPS Criminal Background and Child Abuse Central Registry**. To become eligible CCS providers and be reimbursed for providing care.

Child Care Regulation implemented the eApplication Process, which allows a child care provider to apply online to become a listed home provider. This method is also recommended to facilitate and expedite the application process for relative provider listed homes.

Providers can submit the listed home application in one of the following ways:

Electronically through the Texas Health and Human Services website at:

- https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/become-a-child-care-home-provider; or,

- By manually using the hard-copy application and forms.

A relative provider, who is required to list with CCR, is to complete the following forms:

Listing Request, Form 2986-English & Spanish

Request for Criminal History and Central Registry Check, Form 2971-Available in English & Spanish

Listed Family Home Fee Schedule, Form 3008

Listing Forms

Relative Providers can submit the CCR listed home application electronically through the web site or manually using the hard-copy application and forms.

The forms required will be provided by Child Care Services. The CCS staff may assist Relative Providers with completing the forms or answer questions they may have concerning the listing process.

The Child Care Fee Schedule, Form 3008, and fee payment must be submitted to:

Texas Health and Human Services Commission
Accounts Receivable
PO Box 149055
Austin, TX 78714-9055

Except for relative providers caring for a child in the child's home (in-home child care), relative providers required to list with CCR must pay a $20.00 fee and $2.00 for each background check requested and submit the payment with the Listed Family Home Fee Schedule, Form 3008.

The in-home child care Relative Provider can have the listing fee waived only if the request for in home care is approved by CCS using the Listed Family Home Fee Waiver Authorization form (CC-2432). The form must be completed, signed, and attached to the listed home application sent to CCR by the Relative Provider.

Relative providers must fill out the forms completely. CCR will return incomplete forms to the applicant, which will delay the listing process. The relative applying for the listing permit and each individual listed in the Listing Request, Form 2986, must be included in the Request for Criminal History and Central Registry Check, Form 2971.

Relative listing applicants must include:

- a **photocopy** of the Child Care Fee Schedule, Form 3008;
- a **photocopy** of the check attached to the Listing Request, Form 2986; and,
- Request for Criminal History and Central Registry Check, Form 2971, when submitting them to the local Child Care Regulation Office.

Department of Family and Protective Services (Longview Office)
2130 Alpine Rd
Longview, Texas 75601

Department of Family and Protective Services (Tyler Office)
3303 Mineola Highway
Tyler, Texas 75702

CCR attempts to process applications as quickly as possible. To expedite the process, relative listing applicants are discouraged from contacting CCR regarding the status of their applications-with the following exception. If a relative listing applicant has not received the listing permit or been contacted by CCR regarding the status of the application within forty-five (45) days of submitting it, he/she may contact CCR.

Ineligible Providers Names Appearing on Sex Offender Registry

If CCR refuses to list the individual, then he/she is not eligible to become a CCS Relative Provider.

ATTENDANCE AND ABSENCES

Parents will use the designated TWC Automated Attendance System, AKA KinderSign, KinderSmart to report attendance.

Interactive Voice Recognition or IVR is a phone-based system that does not require access to the internet. IVR can be used on a cellphone or a land line phone. For ex, Press 1 to clock the child in. IVR only logs live attendance and cannot enter backdated times.

Requirements for Using IVR

IVR requires the sponsors to call from their phones to prove to be the owner of the sponsor record and to be able to log in their children in and out of care.

- Must be a Landline or Mobile phone
- Active Phone Service
- IVR attendance must be recorded at the provider's location

- Each provider staff who will use IVR must have an Operator Account with a phone number and PIN code saved.

The IVR phone number is (713) 242-1606.

Relative Providers are not paid for absences and there are no paid holidays. **If a parent missed a check in for the day, the Relative Provider will not receive payment for that day.**

Voluntary Drop by Parent

Providers must contact the Child Care Contractor as soon as the provider knows the child(ren) will not be attending the child care home. The provider can be paid only through the last date of attendance for a child(ren) whose parent voluntarily withdrew his/her child(ren) from child care.

PARENT SHARE OF COST (PSOC)

A Parent Share of Cost (PSOC) is determined by a sliding fee scale based on the family's size and the gross family income. Most parents receiving care will pay a monthly Parent Share of Cost (PSOC). As a Relative Provider, it is your responsibility to make arrangements with the parent to pay the parent share of cost **before** providing child care.

The Parent Share of Cost is collected from the parent by the Relative Provider. The Child Care Contractor pays providers for child care services at the approved rates minus the PSOC. Providers must collect the PSOC before child care is given.

Families who have more than one provider for their children must pay a portion of the PSOC to each provider as determined by the child care system.

PAYMENT

Relative Providers are paid for child care services based on the following:

- The type of child care provided;
- The age of the child receiving child care services;
- Full-day or part-day care authorization; and,
- Full-week or part week.

NOTE: The parent share of cost will be deducted from the provider's CCS payment/reimbursement. It is the provider's responsibility to collect any assigned parent fees **before** child care is given.

The Authorization Notice-

The Child Care Contractor mails/gives a copy of the Authorization Notice to the parent and Relative Provider. The Authorization Notice should indicate part day and/or full day, and the specific days of the week child care services are needed.

W-9, Request for Taxpayer Identification Number and Certification

Relative Providers are required to complete and sign a W-9, Request for Taxpayer Identification Number and Certification form, prior to receiving reimbursement from Child Care Services. The W-9 must be completed and signed in the CCS office.

Electronic Funds Transfer (EFT) Payment System - Direct Deposit

Providers will be reimbursed by utilizing an Electronic Funds Transfer (EFT) payment system. Provider reimbursements are deposited directly into each provider's specific checking or savings account. The EFT payment system allows providers to be reimbursed in a timely and more convenient manner.

Determining the Relative Provider's Daily Rates

Relative Providers must determine a daily rate for each of the age categories for full day and part day care. The Child Care Services payment system utilizes the following definitions of ages:

- Infant: 0 - 11 months
- Infant: 12-17 months
- Toddler: 18 – 23 months
- Toddler: 2 years
- Preschooler: - 3 years
- Preschooler: 4 years
- School-age: 5 years
- School-age: 6 years and older

Providers are reimbursed for child care services provided at the relative's rate up to the maximum reimbursement rate for Relative Providers as established by Workforce Solutions East Texas Board. Providers cannot be reimbursed at a rate higher than their rate for the age of the child receiving child care services.

Units of Care

The Child Care Contractor reimburses providers based on units of care (service), including full day or part day, part week or full week, before and after school care.

Units of service may be a full-day or part-day as follows:

- A full-day unit of service is 6 to 12 hours of care provided within a 24-hour period; and,
- A part-day unit of service is fewer than 6 hours of care provided within a 24-hour period.

NOTE: Children may not be enrolled for more than 12 hours of child care per day.

Part-week care is for less than five (5) days (or forty (40) hours) per week.

If rates change, provider reimbursements are not retroactive.

School Age Child Care

School-age child care before and after school hours is considered part-day and paid a blended rate.

School-age children are enrolled according to the school year and may be enrolled in before and after school care only, for summer care only, or for full-year care. Relative Providers are paid for a full day rate only when school is not in session during summer only.

RELATIVE PROVIDER HOME VISITS

Relative Providers will have site visits/home visits made by the Child Care Contractor, Workforce Solutions East Texas Board staff, and/or Texas Workforce Commission (TWC) Auditors. The home visits are to review the services being provided by the Relative Provider at the location the parent and provider completed on the Relative Provider Three Party Agreement. Additionally, the visits are to ensure the children are being provided child care during the days and times listed on the Three Party Agreement.

The home visits may be announced or unannounced by CCS, Board Staff, or TWC Auditors. If the Relative Provider is not at the location where the children are provided care at the time of the site visit, a note will be left stating the Relative Provider and parent must contact CCS within five (5) calendar days or the Three Party Agreement will be cancelled immediately.

If CCS, Board staff or TWC staff discover the children are not being provided care at the location written on the Agreement, or the children are not being provided care by the Relative Provider, CCS may terminate the Relative Provider Three Party Agreement immediately. Additionally, the Relative Provider and/or the parent will have to repay CCS for the total cost of child care services.

CORRECTIVE ACTIONS

Corrective actions may include, but are not limited to, the following:

- Withholding provider payments;
- Termination of the Relative Provider Three Party Agreement;
- Recoupment of funds; and/or,
- Refer provider and parent for fraud.

RECOUPMENT

Relative Providers must repay improper payments for Child Care Services received in the following circumstances:

- fraud;
- failure to meet provider eligibility requirements as described in this handbook;
- provider was paid for the same child care from another source;
- provider did not provide the child ·care services;
- referred children were provided care in the child's home when the Relative Provider stated it would be provided in the provider's home on the Three Party Agreement;
- referred children were moved from the Relative Provider's home to another location;
- Overpayments;
- Duplicate payments;
- Payments made in error; and/or,
- Other instances when repayment is deemed appropriate action due to provider error.

FRAUD-FACT FINDING

TWC Child Care Rule §809.111, General Fraud-Fact Finding Procedures, states: A person commits fraud if, to obtain or increase a benefit or other payment, either for the person or another person, the person: makes a false statement or representation, knowing it to be false; or knowingly fails to disclose a material fact.

EXAMPLES OF SUSPECTED FRAUD IN CHILD CARE RELATIVE PROVIDER CASES

- Falsifying claims for reimbursement for children not actually in attendance; or
- Intentionally collecting more monies for parent share of cost than calculated by the Child Care Contractor;

- Not providing child care in the location the Relative Provider and the parent stated it would be provided as listed on the Relative Three Party Agreement; or,
- Falsifying information regarding the relationship between the Relative Provider and the child(ren).

Cases involving Relative Providers suspected of fraud are referred to the Workforce Solutions East Texas Board and to the Texas Workforce Commission. Child Care Services must pursue recoupment of all funds involving fraud.

APPEALS/COMPLAINTS/GRIEVANCES

Relative Providers have the right to voice their complaints or request an Informal Review with CCS or request a Board Hearing without the threat of losing child care assistance. Relative Providers should begin by explaining the problem or complaint to their CCS Provider Account Representative.

If this does not resolve the issue, Providers may discuss the issue with the CCS Project Director and explain the situation or request an Informal Review. CCS will be responsible for providing the appropriate forms.

If Providers wish to file an Informal Review with CCS regarding an adverse action (termination of Relative Three Party Agreement, withholding payment, etc.), Relative Providers must complete a request for appeal with the Child Care Contractor within **fourteen (14) calendar days of the adverse action.**

If Providers do not agree with the Informal Review decision, the Relative Provider may request a Board Hearing by contacting the Board.

The Relative Provider may request an appeal with Texas Workforce Commission (TWC) within fourteen (14) calendar days of receiving the Board Hearing decision. The information forwarded to TWC by the Board is the same information reviewed by the Board. TWC Appeals Chapter 823 does not allow additional information to be sent to the Appeal Officer. A TWC Hearing Officer schedules the hearing and contacts the Relative Provider and the Child Care Contractor. The decision of the TWC Hearing Officer is final.

SUSPECTED CHILD ABUSE AND NEGLECT

It is required by law to report suspected child abuse and/or neglect. Therefore, if a Relative Provider suspecting abuse or neglect of a child occurring away from their home, must immediately report the suspicion to the Department of Family and Protective Services (DFPS) Child Protective Services (CPS).

The Texas Abuse Hotline Number is: 1-800-252-5400. A report can also be made online at www.txabusehotline.org.

Reference Information

Addresses, Phone Numbers, and Resources

Child Care Services (CCS)
Mailing Address
P.O. Box 131869
Tyler, TX 75713

Physical Address
4100 Troup Highway
Tyler, TX 75703
Office Number: (903) 526-1105 or 1-800-676-8283
Fax Number: 888-977-1693
TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice)

Email: easttexas.ccs@gmail.com
Website: www.easttexasworkforce.org
Provider Payment Portal: http://payportal.easttexasworkforce-childcare.org
Customer CCS Web Portal: http://childcare.easttexasworkforce.org

Forms

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: Lisa Smith
Telephone Number: (903) 218-6467 Fax: (903) 218-6467
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 556
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): Lisa Smith
Número telefónico: (903) 218-6467 Fax: 903-218-6467
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 expediente. Se prohiben 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., Sala 556
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.

Initials _____

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 Titulo 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

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 a 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 _____

WDA Form # 0209 Revised 3/13/2019

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.
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-662-4954 (Espanol)

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

WDA Form # 0209

Revised 3/13/2019

WORKFORCE SOLUTIONS EAST TEXAS
CCS RELATIVE PROVIDER THREE-PARTY AGREEMENT

Relative Provider Information

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Mailing Address: _____
Street Address

_____
City *State* *ZIP Code*

Physical Address: _____
Street Address

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Social Security No: _____

The State of Texas requires Relative Providers to prove they are 18 years of age or older. A copy of the Relative Provider's driver's license or other recent picture identification with proof of age must be provided.
(Earnings Subject to IRS Reporting Requirements)

Parent and Family Information

Name Parent/Guardian: _____

Mailing Address: _____
City State ZIP Code

Physical Address: _____
City State ZIP Code

Child Care will be provided in: Child's Home ☐ Provider's Home ☐

I declare under penalty of perjury under the laws of the United States of America and the state of Texas, I am at least 18 years old, and I am by blood, marriage, or court decree,

the _____
(Aunt, Uncle, Grandparent, Great-Grandparent, or Sibling over 18 years old, and am not living in the child's home)

of the children listed below:

List Each Child on a Separate Line

Name of Child in Care	Date of Birth

WDA Form 0082 Relative Provider Three Party Agreement 2025 1

Age Groups	Daily Rate Full Day	Part Day
Infants (0-11mos)		
Infants (12-17 mos)		
Toddlers (18-23 mos)		
Toddlers (2yrs)		
Pre-School (3-5 yrs)		
Pre-School (4 yrs)		
Pre-School (5 yrs)		
School Age (6yrs and older)		

You must charge the same rate for every child/children within the same age group.

Child Care Effective Date: _____
(To be completed by CCS after the form is completed by the Parent and Relative Provider.)

Relative Provider Declarations

I, the Relative Provider, also declare I am willing to accept the daily rate I indicated above, not to exceed the Workforce Solutions East Texas Relative Provider rates as payment for child care services, part of which is the collection of a parent share of cost, if applicable, from the parent on a monthly or weekly basis. (Circle monthly or weekly) The parent share of cost must be collected prior to providing services. The Notice specifies the current parent share of cost amount. This Agreement will be effective until the Relative Provider or parent reports a change requiring a new; Agreement, or the Agreement is terminated based on TWC Rules, or Workforce Solutions East Texas Policies, CCS Contractor, or Parent or Provider Choice.

I meet the qualifications of a Relative Provider and this parent has chosen me to care for his/her child/children. ***I further understand the Child Care Contractor, the East Texas Council of Governments, and the Workforce Solutions East Texas Board are not my employers.*** On a regular schedule, I will collect a Parent Share of Cost before providing child care services. I will cooperate with CCS to correctly report child care attendance. I understand and agree site visits may be made by CCS, ETCOG, or TWC Auditors to confirm the care of the child/children named in this Agreement are at the location specified above. I agree to report any change, including change of address or phone number, family status, etc. to CCS immediately.

I declare under penalty of perjury under the laws of the United States and the State of Texas, the information stated above is true and accurate, and I understand the above information, if misrepresented, or incomplete, may be grounds for immediate termination of the agreement, withholding of child care reimbursements, repayment of child care funds, and/or penalties as specified by law. **The *case will be referred to the TWC Office of Investigations.***

I agree I am available to provide child care for the child/children named in this Agreement. I understand the child care services I provide are subject to verification through the Child Care Contractor, ETCOG, the Texas Workforce Commission, or any other federal or state agency associated with CCS funds. I also agree my social security number may be utilized for the aforementioned verification purposes.

_____ _____ _____

Signature of Relative Provider Date

I declare I am the parent/guardian of the child/children named in this agreement, I read the declaration of my child care Provider and I agree with the declaration regarding the Provider's relationship to my child/children. I understand Workforce Solutions East Texas Board and/or the Child Care Contractor cannot be held responsible for any actions taken by the Relative Provider I have chosen while my child/children is in said Provider's custody. I as the parent/guardian, understand I selected this person to care for my child/children. On a regular schedule, I will pay my Relative Provider a Parent Share of Cost, if applicable, before the receipt of child care services. I understand I must complete and sign this Agreement before I can be reimbursed for child care.

I understand if I participate in misrepresentation or my records are incomplete regarding my child's/children's time and attendance, this may be grounds for fact-finding, the repayment of child care funds if applicable, and/or penalties as specified by law. I have been advised by the Child Care Contractor if I am suspected of fraud, my case will be referred to the TWC Office of Investigations.

Signature of Parent/Guardian Date

Relative Provider Certifications

I **AGREE** to comply with all attendance reporting and tracking procedures as required by the Texas Workforce Commission (TWC), Workforce Solutions East Texas Board (WSETB), and Child Care Services (CCS).

I **UNDERSTAND** that if the parent fails to report attendance or absences CCS cannot reimburse me, but I may collect the cost of care from the parent for the attendance and/or absences the parent did not report. I understand the collection is a matter between parents and myself. Child Care Services, TWC, and/or WSETB are not responsible for collecting these monies from the parent.

I AGREE to comply with the attendance reporting requirements, and I am aware that failing to comply may require corrective or adverse actions, such as investigation and prosecution for fraud, and actions described in the TWC Child Care Rules which include, but are not limited to the following:

- CCS moving child/children to another Provider selected by the parent;
- Withholding Provider payments or reimbursement costs incurred;
- Termination of my Relative Provider Three Party Agreement; and/or
- Recoupment of funds

ETCOG may delegate to the Child Care Contractor, subject to review and approval by ETCOG to act under this Agreement.

_____	_____
Print Name: Provider Owner	Print Name: ETCOG Authorized Representative
_____/_____	_____/_____
Signature: Provider Owner Date	Signature: ETCOG Representative Date

Workforce Solutions East Texas Board - Child Care Services is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
TDD/TTY 1-(800) 735-2888 or (903) 526-1106

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