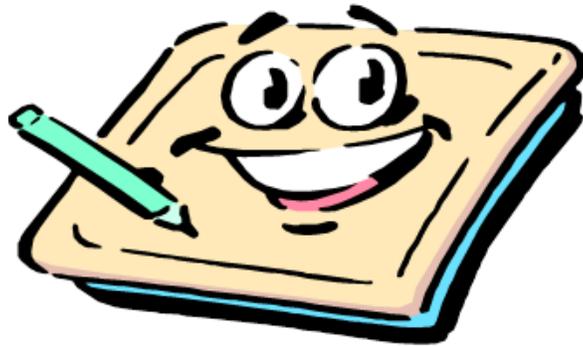


Case Name: _____

Effective Date: _____

CHILD CARE SERVICES (CCS)
500 Chestnut Street, Suite 1100
Abilene, Texas 79602
(325)795-4200 or 1-800-457-5633
Fax: (325) 795-4369

SELF-ARRANGED CHILD CARE
(SACC)
PARENT PACKET
Relative Care



Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas: 1-800-735-2989 (TTY) / 711 (Voice).

This service is funded in whole or in part by federal funds. More detailed information is located on the Boards website at

<http://www.wfswct.org/107/Public-Information>

Este documento contiene informacion 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 interpretacion y la traduccion de documentos, sin ningun costo y a solicitud.



SELF-ARRANGED CHILD CARE

The SACC system allows parents to choose a child care provider who is not participating as a Child Care Program Operations' network provider. There are two ways to meet the requirements to be a SACC provider:

1. **Licensing or Registration**

A child care provider must:

- ✓ have a current license from the Texas Health and Human Services (HHSC) Child Care Regulation (CCR) as a licensed child care center, licensed child care home or a registered child care home, or
- ✓ be licensed as a youth camp by the Texas Department of Health (TDH), and
- ✓ not be on adverse action or corrective denial with CCR Licensing Division or TDH.

2. **Relative Care**

Relatives must meet the following criteria to be eligible to provide SACC:

- ✓ be related to the family by blood or marriage,
- ✓ be a grandparent, great-grandparent, aunt, uncle or sibling (over 18 years of age) and maintain a separate residence from the family receiving child care services, and
- ✓ be listed with the Texas Health and Human Services Child Care Regulation. No individual appearing on the Texas Department of Public Safety's Sex Offender Registry will be eligible to be a relative child care provider.

Both the parent and relative provider must sign a certification form verifying the relationship meets the guidelines established.

Parents and SACC providers must attend a mandatory SACC orientation within 30 days of the enrollment of the parent's children in order to be paid for services rendered. The orientation will give SACC providers instructions on billing for child care services and explain the payment process.

Parents may have to pay a parent fee. Child Care Services (CCS) will inform them of the amount. The parent fee has to be paid directly to the child care provider. Arrangements for paying this fee will be worked out between the parent and the provider. The parent fee amount will be automatically deducted from the provider's reimbursement. The portion of child care cost the Texas Workforce Commission pays cannot be claimed as a child care credit when calculating personal income taxes.

The child care reimbursement issued to the provider is **ONLY** for child care services already provided. Any use other than the purchase of child care is considered fraud. The Texas Workforce Commission will criminally prosecute any fraudulent activities committed in connection with its services.

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CHILD CARE SERVICES (CCS)

500 Chestnut Suite 1100

Abilene, Texas 79602

(325) 795-4200 / Fax: (325) 795-4369

SELF-ARRANGED CHILD CARE PARENT REGISTRATION FORM

If you, the parent/guardian, choose child care in your home (in-home care), you are the employer and are responsible for social security tax and State Worker's Compensation Insurance. You may also be responsible for unemployment taxes. Parent/Guardian is not required to withhold Federal or State taxes from the child care provider's earnings. For more information about your responsibilities as an employer/employee, contact your local Internal Revenue Office or Employment Development Department.

NAME OF PARENT: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

ADDRESS WHERE CHILD CARE IS TO BE PROVIDED:

_____ CITY: _____ STATE: _____ ZIP: _____

I, _____, GIVE PERMISSION FOR CHILD CARE SERVICES' STAFF TO VISIT THE HOME WHERE CARE IS BEING PROVIDED TO CONFIRM THAT THE ABOVE CHILD(REN) IS/ARE AT THIS ADDRESS. LACK OF ON-SITE VERIFICATION WILL RESULT IN THE TERMINATION OF SACC CARE.

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PARENT STATEMENT

I have interviewed, selected, and approved the Provider(s) listed on the Provider Registration Form. I am solely responsible for the selection and placement of my child(ren) with the aforementioned Provider(s). It is my opinion that the selected Provider(s) is(are) safe, capable, responsible, experienced child care Provider(s). I understand that placement of my child(ren) with the selected Provider(s) instead of utilizing a Child Care Services-approved Provider is solely my decision. I understand it is my sole responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is a safe and healthy place for my child(ren) to stay. I further agree that the payment of any governmental child care funds may be paid directly to the Provider(s) instead of being paid directly to my spouse or me. I also understand that the Texas Workforce Commission (TWC), the Workforce Solutions of West Central Texas Development Board, Serco of Texas or other payment agencies did not and will not check the safety or quality of the child care provided by this Provider and they did not and will not check to see that the information contained on this form is correct. I take full responsibility for the child care provided by this Provider. I have not, and will not, rely on any statement by any agent or representative of the TWC, the Workforce Solutions of West Central Texas Development Board, Serco of Texas, or other payment agencies regarding the fitness, qualification, or safety of either the child care Provider that I have selected or the location where child care services will be provided. Additionally, I understand and acknowledge that the selected Provider(s) has(have) been contracted by me to provide child care services for my child(ren). I understand that the Provider(s) is(are) not an employee, agent, or representative of the TWC, the Workforce Solutions of West Central Texas Development Board, Serco of Texas, or any other payment agencies. I realize that the Provider(s) that I have selected may not be a licensed or registered home/child care Provider and may not be subject to Texas Department of Family and Protective Services' regulations. I also realize that such Provider(s) may not carry insurance coverage for any injury or death that my child may suffer while in the Provider(s)'s care. I agree with the declaration regarding the Provider(s)'s relationship to my child(ren). Finally, I understand that but for the statements and releases signed by me and the Provider(s), I would not be entitled to receive Self-Arranged Child Care and would have to use a child care Provider that is under contract with an appropriate, payment agency. I understand the statements provided on this form. I have had an opportunity to review this form (or a copy) with an attorney prior to executing it. (If you choose to at your own expense.)

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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 Abilene, Texas 79602
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 Fax: (325) 795-4369
www.wfswct.org

PARENT/GUARDIAN RELEASE

I, the undersigned Parent/Guardian of:

_____ (Name of Child)	_____ (Name of Child)	_____ (Name of Child)
_____ (Name of Child)	_____ (Name of Child)	_____ (Name of Child)
_____ (Name of Child)	_____ (Name of Child)	_____ (Name of Child)

agree to protect, indemnify, release, and hold Texas Workforce Commission, Workforce Solutions of West Central Texas Development Board, Serco of Texas, and any other payment agencies, their respective officers, boards, members, directors, agents, employees, successors and assigns (collectively released parties) free and harmless from and against any and all claims, demands and causes of action of every kind and character (including the amounts of judgments, penalties, interest, court costs and legal fees incurred by any of the released parties, their respective officers, boards, members, directors, agents and employees, in defense of same), arising in my favor, or any third parties whomsoever (including any of my children or their relatives) on account of claims, debts, bodily injuries, death or damages to property, and without limitation by enumeration all other claims or demands of every character, caused by either my conduct, or any child care Provider designated in this self-arranged child care designation, occurring on property or in anyway incident to, in connection with, or arising out of child care services performed by the Provider(s) contemplated by this self-arranged child care declaration, my choice of the child care Provider, or the rights granted hereunder.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Equal Opportunity Employer/Program.
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 Texas: 1-800-735-2989 (TTY)/711 (Voice).*

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