



Dear Relative Child Care Provider:

You have been requested as a potential Relative Provider with Workforce Solutions Northeast Texas child care assistance program. Please complete the required forms and documents as requested.

Here's what you need to do:

Find the attached "Relative Provider Checklist- Eligibility Determination" form. Please complete everything on this checklist and return all forms and documents as requested.

Important things to remember:

*Please do not return a partial packet.* When you have completed and/or collected all required documentation, return all forms and documentation by mail, fax or email. Our fax number is (903) 794-8004. Our email address is [ccs@networks.org](mailto:ccs@networks.org). After faxing or emailing, please wait 30 minutes before calling to confirm documentation was received.

What to expect:

If you and the client who requested you are determined to be eligible to participate in our child care assistance program, a home orientation will be scheduled to go over requirements and procedures.

This is parent choice program. We cannot set up to pay you to care for a child until all requested documentation is received, you and the parent have been certified to be eligible and the home orientation is completed.

We thank you in advance of your cooperation.

Sincerely,

Workforce Solutions Northeast Texas  
Child Care Services

**Mount Pleasant**

312 North Riddle  
Mt. Pleasant, TX 75455  
(903) 572-9841  
(903) 572-0159 (Fax)

**Paris**

5210 S.E. Loop 286  
Paris, TX 75460  
(903) 784-4356  
(903) 784-7267 (Fax)

**Sulphur Springs**

1716 Posey Lane  
Sulphur Springs, TX 75482  
(903) 885-7556  
(903) 439-1012 (Fax)

**Texarkana**

1702 Hampton Road  
Texarkana, TX 75503  
(903) 794-4163  
(903) 792-2976 (Fax)

**Child Care Services**

1702 Hampton Road  
Texarkana, TX 75503  
(903) 794-8999  
(903) 794-8012 (Fax)

# YOUR CHECKLIST

## (For Relative Provider Eligibility Determination)

Please use this checklist to help you complete the application package. All of this information may be mailed, faxed or emailed to Workforce Solutions Northeast Texas Child Care Services. You may go to your nearest Workforce Solutions Northeast Texas center to use a computer, printer or fax machine free of charge. See [www.netxworkforce.org](http://www.netxworkforce.org) for the location nearest you. For child care provider assistance call: (903) 794-8999.

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### FORMS ALL RELATIVE PROVIDERS NEED TO RETURN:

#### Copy of your Listed Permit from the Department of Family and Protective Services

- Submit a copy of your Listing Certificate issued by the Texas Department of Family and Protective Services.

#### Relative Provider Financial Agreement (1 page)

- Submit and complete all information requested including a signature from the parent and relative. This verifies that you both understand and accept the policies and procedures of Workforce Solutions Northeast Texas..

#### Child Care Attendance Responsibilities, Reporting Requirements Form (1 page)

- Please read this form and sign and date that you understand these requirements.

#### Form W-9 request for taxpayer ID number (1 page)

- Please fill out the form, sign and date it.

#### Employment Verification Form (1 page)

- If you are employed, please have your employer complete the form. If you are not employed, your signature and social security number is all that is needed.

#### Direct Deposit Form and cancelled check (1 page)

- Please fill out the form, sign and date it. You may attach a copy of your cancelled check or savings account deposit slip..

#### Copy of a picture ID

- Submit a clear copy of your current photo ID. This can be in the form of a state issued identification card or driver's license.

#### Readable copy of your signed Social Security Card

- Submit a clear copy of your current signed social security card.

#### Proof of permanent residence for both you and the child(ren)

- Submit proof of residency. This may be a utility bill, other types of bills, or a rental agreement.

#### Proof of relationship to the child(ren)

- Submit proof of relationship. Copies of birth certificates, marriage license, and/or court decree must be provided to verify the relative is eligible to be a provider.

RELATIVE'S NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

You have been requested as a potential Relative Provider with Workforce Solutions Northeast Texas Child Care Services. Please complete the required forms and documents as requested. The *Relative Provider Handbook* gives you important information about your rights and responsibilities if you are approved as a Relative Provider with Workforce Solutions Northeast Texas. Please go to [netxworkforce.org](http://netxworkforce.org) to read the handbook.

To determine if you are eligible to be a relative provider, you must complete and return all documents and information before we can authorize child care.

Once all documentation has been received, a home orientation will be scheduled to go over our requirements and procedures.

If you and the client who requested you are determined to be eligible to participate in our child care assistance program, you will be mailed a ***Authorization for Child Care Enrollment (Form 2450)*** which will give the authorized start and end dates for care, any parent share of cost, care days and type of care.

***We cannot set up to pay you to care for a child until all requested documentation is received, you and the parent have been certified to be eligible, and the home orientation is completed.***

**Return all forms to Workforce Solutions Northeast Texas using one of the following:**

**Fax:** (903) 794-8004;

**Email:** [ccs@netxworks.org](mailto:ccs@netxworks.org)

**Mail:**

Workforce Solutions Northeast Texas  
Child Care Services  
1702 Hampton Rd  
Texarkana, TX 75503

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**INCOMPLETE PAPERWORK MAY RESULT IN DELAYING DETERMINING ELIGIBILITY.**

## Child Care Attendance Reporting Responsibilities and Requirements

The Texas Workforce Commission has implemented manual child care attendance and reporting procedures. Relative Providers are required to report the child’s actual attendance each billing period.

All Child Care Providers for Workforce Solutions Northeast Texas must inform Workforce Solutions Child Care Services when an enrolled child has not attended on a regular and consistent basis in accordance with their authorized enrollment. Providers shall report to Workforce Solutions Child Care Services authorized days that do not match the referral on Form 2450 within 5 days of receiving the authorization of enrollment.

Providers must comply with the requirements listed below, and be aware that failing to do so may warrant corrective or adverse actions, such as investigation and prosecution for fraud, closing intake, moving children to another provider selected by the parent, withholding provider payments or reimbursement of costs incurred, termination of child care services and recoupment of funds from the child care provider.

The Provider understands and agrees with the following regulations and reporting requirements:

- **Relatives providing care to a child receiving assistance from Workforce Solutions Northeast Texas are required to return the attendance calendar by the due date of each billing period.**
- **Calendars will be supplied to Relative Providers in order to record the actual attendance of the child for each billing period.**
- **Calendars are required to be submitted to WFSNETX Child Care Services by the due date listed on the calendar and must be signed by the parent and the provider.**
- **Failure to submit the attendance calendar by the due date could result in a delay in reimbursement to the provider.**
- **Relative Providers are not reimbursed for days the child is absent.**
- **If a child exceeds 40 total absences during their 12 month eligibility period, the child will not be eligible to receive services and assistance will be terminated. The parent will have to wait at least 60 calendar days before they can reapply for services.**

By signing below, you agree to the above responsibilities and reporting requirements.

|                                      |             |
|--------------------------------------|-------------|
|                                      |             |
|                                      |             |
| <b>Owner/Provider Signature</b>      | <b>Date</b> |
|                                      |             |
| <b>Provider Specialist Signature</b> | <b>Date</b> |

## RELATIVE PROVIDER FINANCIAL AGREEMENT

### A. ELIGIBILITY TO PROVIDE CHILD CARE

Providers must meet the following criteria to be eligible to provide child care:

- > Be 18 years old or older
  - > Be related by blood, marriage or court decree
- > Be the child's grandparent, great-grandparent, aunt, uncle or sibling
  - > Living in a separate household from the child/ren
  - > Be Listed with the Department of Family and Protective Services

### B. PROVIDER INFORMATION

|                                      |                |                     |
|--------------------------------------|----------------|---------------------|
| NAME OF PROVIDER:                    | DATE OF BIRTH: | SOCIAL SECURITY # : |
| ADDRESS ( Street, City, State, Zip): |                | TELEPHONE #:        |
| MAILING ADDRESS (if different):      |                |                     |

How are you related to the child/ren? \_\_\_\_\_ (example: Grandmother, etc.)

I understand documentation must be provided verifying I am an eligible provider.

Where is child care being provided? In the child/ren's home?  In my home?  I understand Workforce Solutions Northeast Texas staff will visit the home where care is being provided to confirm that care for the eligible child/ren is being given. After three attempts by Workforce Solutions staff to visit the home to confirm care is being given, the relative care will be ended and the parent will be notified to choose another care arrangement.

Address where care is being given. \_\_\_\_\_ Phone #: \_\_\_\_\_

How are you related to the parent? \_\_\_\_\_

Are you employed? Yes  If yes, your employer must complete the employment verification form.

No  If no, sign and record your social security number on the employment form.

### C. CHILD CARE SERVICES DAILY CURRENT REIMBURSEMENT RATES

|                | Infants(0-17 months) | Toddlers (18-35 mos.) | Preschool (3-5 years) | School-age (6-12 years) |
|----------------|----------------------|-----------------------|-----------------------|-------------------------|
| Full Day Rate: | \$10.00              | \$9.50                | \$9.50                | \$9.50                  |
| Part Day Rate: | \$8.00               | \$8.00                | \$6.00                | \$6.00                  |
| Blended Rate:  | -                    | -                     | \$6.51                | \$6.51                  |

The information I have provided above is complete and correct. If any of the information changes, I must submit the changes in writing. I understand care will be paid as authorized on Form 2450 Authorization for Child Care Enrollment with the exception of absences and holidays the parent is not working/in school. I understand it may be fraud to document for payment of authorized care not in direct support of the parent's employment or education. Claiming for services not actually provided constitutes fraud. I understand that Workforce Solutions Northeast Texas staff will use the SS# supplied by me to verify employment and unemployment insurance information. I have signed an employment verification form for Workforce Solutions staff to contact my employer to verify hours worked. I understand participation as a provider is voluntary.

I have read the *Relative Provider Handbook* at [networkforce.org](http://networkforce.org) and I understand and agree to abide by the policies and procedures described within. Yes  No

PROVIDER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### D. PARENT INFORMATION

I understand care will be paid as authorized on the Notification of Client Eligibility for Self Arranged Child Care (Form 2450) with the exception of absences and holidays. I understand it may be fraud to document for payment of authorized care that is not in direct support of the parent's employment or education. I understand that unauthorized and fraudulent claims paid will be subject to a collection process. I understand documentation must be provided verifying the relative is eligible to be a provider.

PRINT PARENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . .   | THEN check the box for . . .  |
|--|---|
| • Corporation  | Corporation   |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-member LLC   |
| • LLC treated as a partnership for U.S. federal tax purposes,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership  | Partnership   |
| • Trust/estate   | Trust/estate  |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI                          | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)   | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law                                  | The actual owner <sup>1</sup>   |
| 6. Sole proprietorship or disregarded entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor*  |
| For this type of account:  | Give name and EIN of:   |
| 8. Disregarded entity not owned by an individual   | The owner   |
| 9. A valid trust, estate, or pension trust   | Legal entity <sup>4</sup>   |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                     | The corporation   |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization                    | The organization  |
| 12. Partnership or multi-member LLC  | The partnership   |
| 13. A broker or registered nominee   | The broker or nominee   |

| For this type of account:   | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust             |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# Workforce Solutions Northeast Texas Employment Verification

**Provider's Name:** \_\_\_\_\_

Date of Request: \_\_\_\_\_

TO: THE **EMPLOYER** OF THE UNDERSIGNED

This is your authorization to release the information concerning my employment as required below. In order to establish provider eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment work schedule is required. Please complete this form as soon as possible.

Your cooperation and prompt return of this information is appreciated.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

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**INFORMATION BELOW TO BE COMPLETED BY THE EMPLOYER**

---

Business Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employee's Job Title or Position Held: \_\_\_\_\_

Employee's Work Schedule:

*(Examples: "M-F 8am to 5pm" or "11am to 7pm shift, 4 days on and 2 days off" or "days and hours vary")*

Enter Work Schedule: \_\_\_\_\_

Approx. Length of Employment \_\_\_\_\_

Approx. Hire Date \_\_\_\_\_

Avg. Number of Hours Worked per Week: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please mail form to:

**Workforce Solutions Northeast Texas**

1702 Hampton Rd

Texarkana, TX 75503

Phone: (903) 794-8999

Or fax form to:

(903) 794-8004

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# *Provider Direct Deposit Agreement*

## GUARANTY BANK AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we), hereby authorize Workforce Solutions Northeast Texas, hereinafter called Workforce Solutions, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effective until Workforce Solutions has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Workforce Solutions and DEPOSITORY a reasonable opportunity to act on it.

|                            |       |                |
|----------------------------|-------|----------------|
| Financial Institution Name |       |                |
| City                       | State | Zip Code       |
| Transit/ABA Number         |       | Account Number |

\_\_\_\_\_  
Signature

✓ Mark the type of Account:

\_\_\_\_\_  
Name (Print)

\_\_\_\_ Savings Account

\_\_\_\_\_  
Date

\_\_\_\_ Checking Account

### TAPE YOUR VOIDED CHECK HERE

|  |                     |                   |
|--|---------------------|-------------------|
| Ima Sample<br>507 Redbud<br>Mt. Pleasant, TX 74555 | 123                 |                   |
| PAY TO THE<br>ORDER OF _____                       | _____               |                   |
| _____  | _____               |                   |
| Guaranty Bank<br>Mt. Pleasant, TX                  |                     |                   |
| Memo _____   |                     |                   |
| ↑<br>Transit/ABA Number                            | ↑<br>Account Number | ↑<br>Check Number |

## Instructions for Documenting Proof of Relationship

Documentation must be provided to verify that a Relative Provider meets the eligibility requirements to participate in the Workforce Solutions Northeast Texas Child Care Services program.

The proof of relationship chart shows what is required to prove relationship. You and the parent of the children will need to work together to get copies of the needed documentation.

If you cannot provide this required documentation, the parent may want to contact Workforce Solutions Northeast Texas and talk with a Client Services Specialist to assist in enrolling in a regulated provider temporarily until documentation can be provided. After documentation has been received that proves the provider meets the relationship requirement, the children can be transferred to relative care.

## PROOF OF RELATIONSHIP CHART

| Listed below is a guide listing the required documentation showing proof that the relative chosen is qualified as a relative provider in the Workforce Solutions child care assistance program. |  |
|---|--|
| If the provider is a sister or brother of the parent (aunt or uncle of the child):  | Copies of two birth certificates are required:<br><ol style="list-style-type: none"> <li>1. The parent's birth certificate and the</li> <li>2. provider's birth certificate</li> </ol> These must show a common mother or father.  |
| If provider is a brother-in-law or sister-in-law of parent:   | Copies of two birth certificates are required:<br><ol style="list-style-type: none"> <li>1. The parent's birth certificate and the</li> <li>2. Parent's sibling's birth certificate</li> </ol> These must show the parent and sibling have a common parent. Marriage license or certificate of provider showing marriage to the parent's sibling.        |
| If the provider is a mother or father of the parent (grandparent of the child):   | Copy of one birth certificate is required:<br><ol style="list-style-type: none"> <li>1. A birth certificate of the parent listing the provider as either their mother or father.</li> </ol>  |
| If the provider is a step grandparent of the child:   | Copy of one birth certificate is required:<br><ol style="list-style-type: none"> <li>1. A birth certificate of the parent listing the provider's spouse as either their mother or father.</li> <li>3. A marriage license or certificate of the provider showing marriage to the parent's parent.</li> </ol>  |
| If the provider is the grandparent of the parent (great-grandparent of the child):  | Copies of two birth certificates are required:<br><ol style="list-style-type: none"> <li>1. The parent's birth certificate</li> <li>2. The parent's parent's birth certificate</li> </ol> These must show that the provider is the grandparent of the parent.  |
| If the provider of a step great-grandparent of the child  | Copies of two birth certification<br><ol style="list-style-type: none"> <li>1. The parent's birth certificate</li> <li>2. The parent's parent's birth certificate showing that the provider's spouse if the grandparent of the parent</li> </ol> A marriage license or certificate showing that the provider is married to the grandparent of the parent |
| If the provider is a child of the parent (sibling of the child):  | Copy of one birth certificate is required:<br><ol style="list-style-type: none"> <li>1. The provider's birth certificate showing the parent and that the provider is at least 18 years of age.</li> </ol> Also, a proof of residency must be provided showing that the sibling lives outside the home.   |
| If the provider is a step sibling of the child:   | <ol style="list-style-type: none"> <li>1. Marriage license or certificate of the parent.</li> <li>2. Birth Certificate of the provider showing parent and that the provider is 18 years of age.</li> </ol> Also, a proof of residency must be provided showing that the sibling lives outside of the home.   |

There may be special circumstances not listed here that would require other documentation as proof. If so, contact Child Care Services at (800) 874-3226 or (903) 794-8999 to speak with the billing department.