



**REQUIRED DOCUMENTATION  
FOR  
DAY CARE ASSISTANCE/DEPENDENT CARE BENEFITS**

1. Completely fill out both pages of the application.
2. Attach a copy of your last year's tax return. If no return was filed, then attach a notarized statement from you to that effect.
3. Include with the application, a copy of your child(ren's) birth certificate(s) and Social Security card(s).
4. Information concerning your marital status.
  - If divorced: A copy of your divorce decree (front page).
  - If separated: A notarized statement from three individuals stating that you are No longer living with your spouse.
  - If never married: A notarized statement to that effect.
  - If married: Proof of your spouse's disability or need.
  - If widowed: A copy of your spouse's death certificate.
5. Name of child care provider. Day care providers will need to fill out the attached Vendor Information form and the W-9, unless already on file. If an individual is used, then include his or her name, complete mailing address, telephone number, and social security number filled out on the Vendor Information form and the W-9 will need to be completed. Also, include a brief statement of your relationship to that individual and the statement will need to be notarized (located on page 2 of the application). [Click here for a W-9.](#) [Click here for the Vendor Information Form.](#)
6. If you are receiving assistance from the Department of Human Services, include a statement of the amount received in TANF and/or food stamps.
7. If you are receiving a grant, include a copy of your award letter when it is received.
8. The Indemnification form must be signed and returned with the completed application packet.



**LAMAR STATE COLLEGE PORT ARTHUR  
APPLICATION FOR DEPENDENT CARE BENEFITS**

**PERSONAL INFORMATION**

Last Name:	First Name:	Student ID:
Address:		
City:	State:	Zip Code:
Phone (home)	Phone (cell)	Phone (other)
GPA (as of last completed semester):	Major: <ul style="list-style-type: none"> <li>• Are you in a CTE major? ___ Yes ___ No</li> </ul>	

- Career Technical Education (CTE) majors are funded through the Perkins V Grant, which is designated for CTE programs. [Click here to see a list of CTE majors.](#)

**Monthly Income Sources**

**Amount**

Wages	
Social Security	
TANF/Food Stamps	
Work Study	
Scholarships	
Child Support	
Grants	
Other	
<b>TOTAL</b>	

**LSCPA Use Only:**

CTE program verified for Perkins V Grant eligibility \_\_\_ Yes \_\_\_ No \_\_\_\_\_ ODS, Coordinator



**Explain why this assistance is necessary:**

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**Check which applies:**

\_\_\_\_\_ Single Parent \_\_\_\_\_ Out of Workforce Individual \_\_\_\_\_ Low Income

**Children to be served**

Name	Age	Date of Birth

**Child Care Provider Information:**

Name of child care provider or child care facility:		
If an individual, brief statement of relationship to person caring for child(ren) ( <u>must be notarized</u> ):		
Address:		
City:	State:	Zip Code
Phone:		

You will be notified in writing regarding approval or denial of your day care application. Students must be prepared to pay for the first month of day care while applications are being reviewed. A contract will be written for the amount of day care provided. This is the agreement between LSCPA and the day care provider. Any and all charges or the approved amount will be the student's responsibility.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary's Signature** (if applicable): \_\_\_\_\_ **Date:** \_\_\_\_\_



## INDEMNIFICATION

\_\_\_\_\_, hereinafter referred to as Parent/Guardian, shall have sole and exclusive responsibility for the safety of its own Children, Foster Children, Kin, Relatives, or Family (collectively referred to as "Child Care Candidates"), including the duty to provide safe conditions and a safe child care facility for such Child Care Candidates. Parent/Guardian agrees to indemnify, defend, and hold harmless Lamar State College Port Arthur, the State of Texas and all of its Agencies, Employees, Successors, and Assigns, from and against any and all claims, investigations, demands, liabilities, losses, liens, costs, expenses (including attorney's fees), and proceedings of any kind or nature, which result from or arise out of the negligent acts or omissions of child care facility, its employees, agents, servants, associates, or subcontractors.

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**ACCEPTED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please acknowledge acceptance of this clause by countersigning and returning copy to the Office for Disability Services, Lamar State College Port Arthur, 1500 Procter St., Port Arthur, TX 77641, Room 231, Madison Monroe Education.