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**Child Care Services**  
**2626 JBS Parkway, Bldg. D**  
**Odessa, TX 79761**  
**Phone: 432.367.3332**  
**Fax: 432.367.1498**  
**[pbccs@workforcepb.org](mailto:pbccs@workforcepb.org)**

## CHILD CARE ASSESSMENT FORM FOR NEW SERVICE

Please Print or Type Information

Parent Name:		Date of Birth	Male or Female
Mailing Address:		Apt#:	County:
Residence Address:		Apt#:	County:
City and Zip Code:		E-Mail:	
Daytime Phone Number:		Home Phone Number:	

Please Circle

<b>Marital Status:</b>	Married	Single	Separated	Widowed
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<b>Monthly Income:</b>	Gross Monthly Salary \$	Hourly Wage \$	Number of Hours per Week:
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<b>Training Information:</b>	Currently Attending:	Current Semester Hours Enrolled:
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<b>2<sup>nd</sup> Parent (only if in the household)</b>	Name:	Date of Birth:	Male or Female
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<b>Monthly Income:</b>	Gross Monthly Salary \$	Hourly Wage \$	Number of Hours per Week:
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<b>Training Information:</b>	Currently Attending:	Current Semester Hours Enrolled:
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<b>Household Information:</b>	Number of Children in Household:	Ages:
Currently Enrolled in Day Care:	Yes or No	If Yes, How Many Children:
Name of Provider		

Preferred method of contact (circle one)	Phone Call	Text	Email
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How did you hear about us? (Circle one)	Job Fair	Social Media/Podcast	Friend
	Other		

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 1-800-622-4954 (Español)