



**Child Care Services Division (CCSD)**  
CITY OF SAN ANTONIO

1227 Brady, San Antonio, TX 78207  
(210) 206-5200 (main office)

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(210) 206-5239 Dianne Mendez

**Relative Provider Information- Potential Provider**

**A relative provider must be at least 18 years of age, and related by marriage, blood relationship or court decree, and one of the following:**

- The child's grandparent or great grandparent;
- The child's aunt or uncle; or
- The child's sibling (if the sibling does not reside in the same household as the child)

**Provider may be required to submit supporting documentation of the relationship**  
(*Birth certificates, marriage licenses, court orders*).

**All Relative Providers must:**

**1. Be listed with the Department of Family and Protective Services (DFPS)**

*If your relative provider is not listed, they must contact one of the DFPS at 210-337-3399.*

**2. Not appear on the National Offender or Texas Department of Public Safety (DPS) Sex Offender Registry**

**3. Submit the following documents prior to attending an orientation class:**

- **An official photo identification**  
(*Texas Driver's License or Texas issued ID or Military ID – address must match the proof of residency*)
- **Social Security card**  
(*Receipt showing the provider has applied for the Social Security card will be accepted temporarily*)
- **Verification of providers' age**  
(*Driver's License, birth certificate or other form of official identification.*)
- **Proof of Residency**  
(*Documents must include your name, full address and match the official photo identification. Acceptable documents: lease agreement, utility bill (electric, water, home phone- **no cell phone**, cable bill), Food Stamps/Medicaid letter, Social Security letter, SAHA contract, HUD title*)
- **Employment Verification form**  
(*If the relative provider currently works or if worked in the prior quarter, employment will be verified*)
- **Copy of the Texas Department of Family Protective Services (DFPS) Listing Permit**

**4. A Relative Provider will receive payment by automatic credits into either a:**

- **Checking account** – *must supply a voided check; or*
- **Savings account** – *must supply a voided deposit slip; or a bank letter.*
- **Debit card**

**Documents must be faxed, mailed or submitted to CCS, to the attention of Dianne Mendez. The information must include the TWIST name / phone number and the Provider name / phone number.**

Once the documents have been submitted and accepted as valid, you and the qualified relative must attend an Orientation session. **You will be contacted for an orientation date.**

Please be advised:

- Make arrangements for your children's care. No children will be allowed.
- Arrive 15 minutes prior to the start time.
- Child Care will not be authorized if you fail to attend the Orientation session.

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