

Ohio Department of Job and Family Services  
**APPLICATION FOR CHILD CARE BENEFITS**

If you are working, in training or in school, you may be able to have part of your child care costs paid by the Ohio Department of Job and Family Services. Your eligibility will be based on your monthly gross income and your family size. You will have to pay part of the cost of the child care.

**Please complete this application and include proof of ALL sources of income for ALL members of your household. This includes earnings from jobs, tips, bonuses, retirement benefits, disability benefits, unemployment benefits, dividends, child/spousal/medical support, OWF benefits and income from self-employment and a school schedule and transcripts for an education activity. You must also show that you need child care for the days and hours of your work, training or education activity. You must sign and date this application.**

Your eligibility for child care benefits will be determined after this form is completed and submitted to the county department of Job and Family Services (CDJFS) in the county where you live. If your application is approved and you are eligible for child care benefits, the CDJFS may pay for child care services from the date the CDJFS received your application. If your application is denied, you will be responsible for payments to any child care provider whose services you have used since you submitted your application.

You will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the CDJFS for employment/training/education with allowances for travel time and other circumstances approved by the CDJFS.

To remain eligible for child care, you must pay the required copayment to the provider. Failure to pay the copayment may result in termination of your child care benefits.

You must report to the CDJFS any change which affects your child care eligibility, including a change in family income, a change in hours of employment/training/education, a change in family size, and a change of address.

**Changes must be reported within 10 days of the date the change occurs.**

| <b>Section I APPLICANT INFORMATION</b>   |  | <i>(Please Print)</i>  |                                    |   |                   |
|--|--|--|------------------------------------|---|-------------------|
| <input type="checkbox"/> <b>Initial</b>  | <input type="checkbox"/> <b>Re-determination</b> | Today's Date   |                                    |   |                   |
| Person submitting application: <input type="checkbox"/> Caretaker <input type="checkbox"/> Provider <input type="checkbox"/> Other (specify): _____  |  |  |                                    |   |                   |
| Name of applicant ( <i>last, first, middle</i> )   |  |  | Maiden or previous married name(s) |   |                   |
| Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married <input type="checkbox"/> Abandoned <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed |  |  |                                    |   |                   |
| Social security number * ( <i>optional</i> )   |  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                                    | Date of birth ( <i>month, day, year</i> ) |                   |
| Household address (street and number required)   |  | City   | State                              | Zip code                                  | County            |
| Mailing address ( <i>if different from above</i> )   |  | City   | State                              | Zip code                                  |                   |
| Email address  |  | Home phone number  | Cell phone number                  |   | Work phone number |
| Emergency contact name   |  | Home phone number  | Cell phone number                  |   | Work phone number |
| Emergency contact address (street and number required)   |  |  | City                               | State                                     | Zip code          |
| Primary/preferred contact name ( <i>optional</i> )   |  |  |                                    |   |                   |
| Primary/preferred contact address ( <i>optional</i> )  |  | City   | State                              | Zip Code                                  | Phone             |

\* This social security number is optional for the applicant. If provided, it will be used for the administration of Ohio's publicly funded child care program.

**Section II HOUSEHOLD COMPOSITION**

How many people live in your house? \_\_\_\_\_

List yourself first, then list all of the other people who live with you. Include all children, even those children who do not need child care.

| Name<br>(First, MI, Last) | Primary Language Spoken / Written | Social Security Number * | Date of Birth | Sex M/F | Ethnicity Hispanic /Latino? Y/N | Person's Relationship to Child | Person's Relationship to You | Child Needing Care? Y/N | In School/ Training? Y/N |
|---------------------------|-----------------------------------|--------------------------|---------------|---------|---------------------------------|--------------------------------|------------------------------|-------------------------|--------------------------|
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |
|                           |                                   |                          |               |         |                                 |                                |                              |                         |                          |

\* This social security number is optional and will be used for the administration of Ohio's publicly funded child care program.

**Section III HOUSEHOLD INCOME INFORMATION (You will be asked to provide proof of your income)**

Does any caretaker or minor parent receive child / spousal / medical support?  Yes  No  
If yes, list each child you receive support for, the date the support began, and the amount per month.

Does any caretaker or minor parent pay any child / spousal / medical support for a child not in your care?  
 Yes  No

If yes list each child you pay support for, the date the support began, and the amount per month.

Do any household members currently receive child care benefits from any county department of job and family services?  
 Yes  No If yes, what is the county and case number?

Do any household members currently receive or have received other benefits from any county department of job and family services in the past twelve months? (Provide supporting documentation)

Food Assistance  Medicaid  PRC  OWF County and Case number

List all income for any household member including income from sources such as Social Security (SSA or SSI), unemployment benefits, disability benefits, workers' compensation, retirement/pension benefits, rental income.  
Identify the income source, the date the income began, the monthly amount, and supporting documentation.

|   | Applicant/Primary Caretaker  |                             | Secondary Caretaker          |                             | Minor Parent 1               |                             | Minor Parent 2               |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Are you currently employed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently self-employed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently attending school?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently attending vocational training or other occupational job skills training?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you are a minor, are you currently in LEAP?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been found guilty of child care fraud?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a United States citizen or a qualified alien?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Race (mark "Yes" or "No" for each group)</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| African American/Black  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alaskan Native/American Indian  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asian   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Native Hawaiian/Pacific Islander  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| White   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a college degree?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2-Year Degree   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4-Year Degree   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of school  |                              |                             |                              |                             |                              |                             |                              |                             |
| Degree earned   |                              |                             |                              |                             |                              |                             |                              |                             |
| Graduation date   |                              |                             |                              |                             |                              |                             |                              |                             |
| Do you have any college credit hours?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how many Semester and Quarter credit hours do you have?   |                              | Sem                         |                              | Sem                         |                              | Sem                         |                              | Sem                         |
|   |                              | Qtr.                        |                              | Qtr.                        |                              | Qtr.                        |                              | Qtr.                        |
| Are you currently receiving a post-secondary education?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your current schooling, vocational or occupational training required to maintain your employment, certification, or licensure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Section IV APPLICANT'S NEED FOR SERVICES**

**Applicant's Employment \***

|  |  |                   |             |                |
|--|--|-------------------|-------------|----------------|
| Name and Address of Employer (enter "Self" if self-employed) |  | Start Date        | Rate of Pay | How often paid |
| Job Title or Description                                     |  | Supervisor's Name |             | Phone Number   |

\* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of Job and Family Services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.

**If you do not provide the necessary documentation, this application for child care benefits will be denied.**

| <b>Days of Work</b><br><i>(Check all that apply)</i> | <b>Hours of Work</b>                        | <b>If Hours Vary, Show Average Number of Hours per Day</b> |
|--|---|--|
| <input type="checkbox"/> Sunday                      | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Monday                      | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Tuesday                     | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Wednesday                   | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Thursday                    | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Friday                      | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Saturday                    | Begin _____ End _____ Begin _____ End _____ |  |

**Applicant's School or Training**

|   |  |              |
|---|--|--------------|
| Name and Address of School or Training Location |  | Start Date   |
| Contact Person                                  |  | Phone Number |

| <b>Days of School/Training</b><br><i>(Check all that apply)</i> | <b>Hours of School and/or Training</b>      | <b>If Hours Vary, Show Average Number of Hours per Day</b> |
|---|---|--|
| <input type="checkbox"/> Sunday                                 | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Monday                                 | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Tuesday                                | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Wednesday                              | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Thursday                               | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Friday                                 | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Saturday                               | Begin _____ End _____ Begin _____ End _____ |  |

Estimated date of graduation or completion of training

**Second Caretaker's Employment \***

|  |  |                   |             |                |
|--|--|-------------------|-------------|----------------|
| Name and Address of Employer (enter "Self" if self-employed) |  | Start Date        | Rate of Pay | How often paid |
| Job Title or Description                                     |  | Supervisor's Name |             | Phone Number   |

\* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of Job and Family Services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.

**If you do not provide the necessary documentation, this application for child care benefits will be denied.**

| <b>Days of Work</b><br><i>(Check all that apply)</i> | <b>Hours of Work</b>                        | <b>If Hours Vary, Show Average Number of Hours per Day</b> |
|--|---|--|
| <input type="checkbox"/> Sunday                      | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Monday                      | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Tuesday                     | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Wednesday                   | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Thursday                    | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Friday                      | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Saturday                    | Begin _____ End _____ Begin _____ End _____ |  |

**Second Caretaker's School or Training**

|   |  |              |
|---|--|--------------|
| Name and Address of School or Training Location |  | Start Date   |
| Contact Person                                  |  | Phone Number |

| <b>Days of School/Training</b><br><i>(Check all that apply)</i> | <b>Hours of School and/or Training</b>      | <b>If Hours Vary, Show Average Number of Hours per Day</b> |
|---|---|--|
| <input type="checkbox"/> Sunday                                 | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Monday                                 | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Tuesday                                | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Wednesday                              | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Thursday                               | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Friday                                 | Begin _____ End _____ Begin _____ End _____ |  |
| <input type="checkbox"/> Saturday                               | Begin _____ End _____ Begin _____ End _____ |  |

|  |
|--|
| Estimated date of graduation or completion of training |
|--|

**Section V CHILDREN WHO NEED CHILD CARE** (Complete one page for EACH child who needs child care)

|   |  |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |
|---|--|---|---|--------------------------|---|--------------------------|---|--------------------------|--------------------------------|--------------------------|---|--------------------------|--------------------------------|
| 1. Child's name<br><br>Current grade level of child:<br><br>School year start date: _____ and end date: _____<br><br>If Kindergarten, enter start date:<br><br>Hours of school: from _____ to _____ = _____ (hrs.)<br><br>Name of school: | <b>Race</b><br>(mark "Y" or "N" for EACH group)<br><br><table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Y</td> <td style="width:50%; border: none;">N</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> African American/Black</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Alaskan Native/American Indian</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Asian</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Native Hawaiian/Pacific Islander</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> White</td> </tr> </table> | Y | N | <input type="checkbox"/> | <input type="checkbox"/> African American/Black | <input type="checkbox"/> | <input type="checkbox"/> Alaskan Native/American Indian | <input type="checkbox"/> | <input type="checkbox"/> Asian | <input type="checkbox"/> | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> White |
| Y   | N  |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> African American/Black  |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> Alaskan Native/American Indian  |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> Asian   |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> Native Hawaiian/Pacific Islander  |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> White   |   |   |                          |   |                          |   |                          |                                |                          |   |                          |                                |

Does child have any special needs?  Yes  No If yes, please describe:

|  |   |
|--|---|
| Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is there a current case plan for the caretaker with whom the child resides?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the child enrolled in a federally funded head start program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>You must provide verification in order to receive child care. |
|--|---|

Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You must clearly show which provider you are requesting for each day and time.

| Days and Times of Care                               | Name and Address of Provider for Child Named Above |
|--|--|
| Sunday From _____ to _____<br>From _____ to _____    |  |
| Monday From _____ to _____<br>From _____ to _____    |  |
| Tuesday From _____ to _____<br>From _____ to _____   |  |
| Wednesday From _____ to _____<br>From _____ to _____ |  |
| Thursday From _____ to _____<br>From _____ to _____  |  |
| Friday From _____ to _____<br>From _____ to _____    |  |
| Saturday From _____ to _____<br>From _____ to _____  |  |

|   |  |
|---|--|
| 2. Child's name                                     | <b>Race</b><br>(mark "Y" or "N" for EACH group)                                      |
| Current grade level of child:                       | Y      N<br><input type="checkbox"/> <input type="checkbox"/> African American/Black |
| School year start date: _____ and end date: _____   | <input type="checkbox"/> <input type="checkbox"/> Alaskan Native/American Indian     |
| If Kindergarten, enter start date:                  | <input type="checkbox"/> <input type="checkbox"/> Asian                              |
| Hours of school: from _____ to _____ = _____ (hrs.) | <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian/Pacific Islander   |
| Name of school:                                     | <input type="checkbox"/> <input type="checkbox"/> White                              |

Does child have any special needs?  Yes  No If yes, please describe:

|  |   |
|--|---|
| Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is there a current case plan for the caretaker with whom the child resides?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the child enrolled in a federally funded head start program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>You must provide verification in order to receive child care. |
|--|---|

Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You must clearly show which provider you are requesting for each day and time.

| Days and Times of Care                                    | Name and Address of Provider for Child Named Above |
|---|--|
| Sunday      From _____ to _____<br>From _____ to _____    | _____<br>_____                                     |
| Monday      From _____ to _____<br>From _____ to _____    | _____<br>_____                                     |
| Tuesday      From _____ to _____<br>From _____ to _____   | _____<br>_____                                     |
| Wednesday      From _____ to _____<br>From _____ to _____ | _____<br>_____                                     |
| Thursday      From _____ to _____<br>From _____ to _____  | _____<br>_____                                     |
| Friday      From _____ to _____<br>From _____ to _____    | _____<br>_____                                     |
| Saturday      From _____ to _____<br>From _____ to _____  | _____<br>_____                                     |

|   |  |
|---|--|
| 3. Child's name                                     | <b>Race</b><br>(mark "Y" or "N" for EACH group)                                      |
| Current grade level of child:                       | Y      N<br><input type="checkbox"/> <input type="checkbox"/> African American/Black |
| School year start date: _____ and end date: _____   | <input type="checkbox"/> <input type="checkbox"/> Alaskan Native/American Indian     |
| If Kindergarten, enter start date:                  | <input type="checkbox"/> <input type="checkbox"/> Asian                              |
| Hours of school: from _____ to _____ = _____ (hrs.) | <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian/Pacific Islander   |
| Name of school:                                     | <input type="checkbox"/> <input type="checkbox"/> White                              |

Does child have any special needs?  Yes  No If yes, please describe:

|  |   |
|--|---|
| Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is there a current case plan for the caretaker with whom the child resides?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the child enrolled in a federally funded head start program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>You must provide verification in order to receive child care. |
|--|---|

Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You must clearly show which provider you are requesting for each day and time.

| Days and Times of Care                                    | Name and Address of Provider for Child Named Above |
|---|--|
| Sunday      From _____ to _____<br>From _____ to _____    | _____<br>_____                                     |
| Monday      From _____ to _____<br>From _____ to _____    | _____<br>_____                                     |
| Tuesday      From _____ to _____<br>From _____ to _____   | _____<br>_____                                     |
| Wednesday      From _____ to _____<br>From _____ to _____ | _____<br>_____                                     |
| Thursday      From _____ to _____<br>From _____ to _____  | _____<br>_____                                     |
| Friday      From _____ to _____<br>From _____ to _____    | _____<br>_____                                     |
| Saturday      From _____ to _____<br>From _____ to _____  | _____<br>_____                                     |



|   |  |
|---|--|
| 4. Child's name                                     | <b>Race</b><br>(mark "Y" or "N" for EACH group)                                      |
| Current grade level of child:                       | Y      N<br><input type="checkbox"/> <input type="checkbox"/> African American/Black |
| School year start date: _____ and end date: _____   | <input type="checkbox"/> <input type="checkbox"/> Alaskan Native/American Indian     |
| If Kindergarten, enter start date:                  | <input type="checkbox"/> <input type="checkbox"/> Asian                              |
| Hours of school: from _____ to _____ = _____ (hrs.) | <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian/Pacific Islander   |
| Name of school:                                     | <input type="checkbox"/> <input type="checkbox"/> White                              |

Does child have any special needs?  Yes  No If yes, please describe:

|  |   |
|--|---|
| Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is there a current case plan for the caretaker with whom the child resides?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the child enrolled in a federally funded head start program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>You must provide verification in order to receive child care. |
|--|---|

Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You must clearly show which provider you are requesting for each day and time.

| Days and Times of Care                                    | Name and Address of Provider for Child Named Above |
|---|--|
| Sunday      From _____ to _____<br>From _____ to _____    |  |
| Monday      From _____ to _____<br>From _____ to _____    |  |
| Tuesday      From _____ to _____<br>From _____ to _____   |  |
| Wednesday      From _____ to _____<br>From _____ to _____ |  |
| Thursday      From _____ to _____<br>From _____ to _____  |  |
| Friday      From _____ to _____<br>From _____ to _____    |  |
| Saturday      From _____ to _____<br>From _____ to _____  |  |

|   |  |
|---|--|
| 5. Child's name                                     | <b>Race</b><br>(mark "Y" or "N" for EACH group)                                      |
| Current grade level of child:                       | Y      N<br><input type="checkbox"/> <input type="checkbox"/> African American/Black |
| School year start date: _____ and end date: _____   | <input type="checkbox"/> <input type="checkbox"/> Alaskan Native/American Indian     |
| If Kindergarten, enter start date:                  | <input type="checkbox"/> <input type="checkbox"/> Asian                              |
| Hours of school: from _____ to _____ = _____ (hrs.) | <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian/Pacific Islander   |
| Name of school:                                     | <input type="checkbox"/> <input type="checkbox"/> White                              |

Does child have any special needs?  Yes  No If yes, please describe:

|  |   |
|--|---|
| Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, is there a current case plan for the caretaker with whom the child resides?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the child enrolled in a federally funded head start program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>You must provide verification in order to receive child care. |
|--|---|

Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You must clearly show which provider you are requesting for each day and time.

| Days and Times of Care                                    | Name and Address of Provider for Child Named Above |
|---|--|
| Sunday      From _____ to _____<br>From _____ to _____    |  |
| Monday      From _____ to _____<br>From _____ to _____    |  |
| Tuesday      From _____ to _____<br>From _____ to _____   |  |
| Wednesday      From _____ to _____<br>From _____ to _____ |  |
| Thursday      From _____ to _____<br>From _____ to _____  |  |
| Friday      From _____ to _____<br>From _____ to _____    |  |
| Saturday      From _____ to _____<br>From _____ to _____  |  |

Note: If you have more than 5 children, complete one of these pages for each additional child.

**YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS  
PLEASE READ THE FOLLOWING AND SIGN BELOW**

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. To the best of my knowledge and belief, the answers on this application are complete and correct. I understand that the law provides penalty of fine or imprisonment, or both, for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.

My signature below gives my consent to the agency to make contacts that are necessary to determine my eligibility for assistance and to verify the information I have given in this application. I understand that my signature below gives the CDJFS permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child / spousal / medical support income.

My signature below gives my consent and authorizes the CDJFS to access CRIS-E for the specific and sole purpose of verifying the citizenship status of the children in this case. This authorization is voluntary and enrollment, eligibility and payment for child care benefits is not conditioned on signing for this authorization. You may instead provide separate proof of the children's citizenship status. You may revoke this authorization at any time by notifying the CDJFS in writing.

I have received an explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the CDJFS and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the swipe card issued to me for the purpose of reporting children's attendance at a child care provider.

Child care fraud is the intentional withholding or falsification of information or misuse of child care services. Failure to meet this reporting requirement may be considered fraud and may result in the following: 1) repayment of child care benefits which you received but for which you were not eligible; 2) termination or denial of child care benefits; or 3) penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which you were not eligible.

To file a discrimination complaint, write or call the Ohio Department of Job and Family Services at: ODJFS, Bureau of Civil Rights, 30 E. Broad St., 37th Floor, Columbus, OH 43215-3414; (614) 644-2703 (voice) / 1-866-227-6353 (voice - toll free); (614) 995-9961 (TTY) / 1-866-221-6700 (TTY toll free); (614) 752-6381 (fax). You may also write or call: U.S. Department of Health and Human Services, Office for Civil Rights, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601; (312) 886-2359 (voice); (312) 353-5693 (TDD); (312) 886-1807 (fax).

|  |      |
|--|------|
| Signature of Applicant                                   | Date |
| Signature of Person Who Helped Complete This Application | Date |

**EXPLANATION OF STATE HEARING PROCEDURES**

**What is a state hearing?**

If you think there has been a mistake or delay on your child care case, you may ask for a hearing by either the local county department of Job and Family Services (CDJFS) or the state department of Job and Family Services (ODJFS).

A state hearing is a meeting with you, someone from the CDJFS and a hearing officer from ODJFS. The person from the CDJFS will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the CDJFS and may ask questions to help bring out all the facts. The hearing officer will review the facts presented and recommend a decision based on whether or not the child care rules were correctly applied in your case.

**How to ask for a hearing**

To ask for a hearing, call or write your CDJFS or write to ODJFS, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your child care, fill out that form and mail it to the Bureau of State Hearings. You may also fax your hearing request to (614) 728-9574. ODJFS must receive your hearing request within 90 days of the mailing date of the notice of action. If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a hearing request by telephone.

**How to request a telephone hearing**

If you cannot attend the hearing at the scheduled location because you do not have transportation or child care or you have medical limitations, etc., you can call 1-866-635-3748 and participate by telephone. If you participate by telephone the hearing officer will call you on the day at the scheduled time for your hearing at the telephone number you provide.

**Continuing child care benefits**

If you receive a notice that your child care will be reduced, stopped or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

If your child care benefits have been changed without written notice or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings to ask if you should receive continuing benefits. Call 1-866-635-3748 and choose option number 1 from the automated voice menu. If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

### **County conference**

An informal meeting with a person from the CDJFS may settle the issue without the need for a state hearing. This is often the quickest way to solve a problem. At this meeting someone will review your case with you. If a mistake was made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results you can still have a state hearing. You do not have to have a county conference to have a state hearing and asking for a county conference will not delay your state hearing.

### **When will the hearing be held?**

The Bureau of State Hearings will send you a notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled. Hearings are usually held at the CDJFS. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the CDJFS, be sure to state that on your hearing request.

### **Postponement of the hearing**

If you cannot come to the hearing as scheduled or if you need more time to prepare, you can ask for a postponement. You must have a good reason to postpone the hearing.

### **If you do not attend the hearing**

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The CDJFS can then take the action it was planning to take. If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

### **Before the hearing**

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative. If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local Legal Aid program to see if you qualify for free help. If you don't know how to reach your Legal Aid, call 1-800-589-5888 (toll-free). If you want notice of the hearing sent to your lawyer, you must give the lawyer's name and address to the hearing authority. You and your representative have the right to look at your case file and the written rules being applied to your case. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents. The CDJFS does not have to show you confidential records such as names of people who have given information against you, records of criminal proceedings and certain medical records. Confidential records, which you could not look at or question, cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

### **Subpoena**

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

### **At the hearings**

You may bring witnesses, friends, relatives or your lawyer to help present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions and bring papers or other evidence to support your case. The hearing will be recorded by the hearing officer so that the facts are taken down correctly. The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority. After the hearing decision is issued you can get a free copy of the recording by contacting the Bureau of State Hearings.

### **Group hearings**

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing. You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

### **After the hearing**

You should receive a hearing decision within 90 days of your hearing request. If you disagree with the hearing decision your written decision will tell you how to ask for an administrative appeal.

### **Compliance with the hearing decision**

The CDJFS must take the action ordered by the decision within 15 days of the date the decision is issued but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

### **Another action requires another hearing**

If you receive another notice that says the CDJFS wants to change your child care benefits while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.