

Ohio Department of Job and Family Services  
**APPLICATION FOR PROFESSIONAL  
 TYPE B HOME AND IN-HOME AIDE CERTIFICATION**

<b>Section I: To Be Completed by County Agency</b>	Submit this Application to (County Agency Name and Address):	
Telephone Number		
Name of County Child Care Contact		
<b>Status of Application:</b>		
<input type="checkbox"/> Application Submitted (date)	<input type="checkbox"/> BCII/FBI Checks Submitted (date)	BCII Results Received (date) FBI Results Received (date)
<input type="checkbox"/> PCSA Request Submitted (date)	<input type="checkbox"/> PCSA Results Received (date)	
<input type="checkbox"/> Initial Inspection Completed (date)	<input type="checkbox"/> Certificate Issued (date)	<input type="checkbox"/> Application Denied (date)

**The following information in Section II through Section V will give us an idea of the types of services you may be able to provide. However, your answers to these questions will not be taken as a final commitment. The agency worker will discuss these items further with you.**

<b>Section II: General Information</b>					
Name of Applicant	Birth Date	Social Security Number			
Address	Previous Last Names of Applicant	Telephone Number of Applicant			
City, State, and Zip Code	What is your educational level?				
Which children are you willing to care for?	High School Graduate <input type="checkbox"/> Date: _____				
<input type="checkbox"/> Infants (0-18 months)	GED Diploma <input type="checkbox"/> Date: _____				
<input type="checkbox"/> Toddlers (18-36 months)	College Graduate <input type="checkbox"/> Date: _____				
<input type="checkbox"/> Preschool children	How many of your own children are under the age of six?				
<input type="checkbox"/> School children	How many children other than your own are you caring for at this time?				
<input type="checkbox"/> Children with special needs	List their ages:				
When do you prefer to care for children?					
<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends					
<input type="checkbox"/> Overnight					
List your usual and customary charge to the public. (This is the price you would charge if providing this service to a private pay customer.)					
	<b>Infant</b>	<b>Toddler</b>	<b>Pre School</b>	<b>School Age</b>	<b>School Age Summer</b>
Weekly Full Time (25 to 50 hours)	\$	\$	\$	\$	\$
Weekly Part Time (7 to 24.9 hours)					
Daily Full Time (5 to 12 hours)					
Daily Part Time (less than 5 hours)					
Hourly					
Other (registration, transportation, activity fee, absent days)					

<b>Are you presently employed inside or outside your own home?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, complete the chart below.</b>			
Name of Employer		City	
Address		State	Zip Code
Position	Day Working	Time of Work	Hours Worked Per Day
	S M T W Th F Sat		
	S M T W Th F Sat		
	S M T W Th F Sat		
	S M T W Th F Sat		
	S M T W Th F Sat		
	S M T W Th F Sat		
Are you currently receiving OWF benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you a specialized care foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you caring for foster children at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list their names	
Name of foster care worker(s) and agency(ies)			
Have you previously been certified or are you currently certified as a child care provider by any county Department of Job and Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please list</b>			
Do you have a swimming pool or open body of water 2 feet or deeper at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Section III: Training and Experience</b>			
Have you had any formal training in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete this chart</b>			
Year Completed	Name of Course	Certificate, Diploma or Credentials Received	
Summarize your previous experience in caring for children under the age of thirteen years (indicate length of experience). _____			
_____			
_____			
_____			
_____			
<b>Section IV: List the people living in your household, including children, foster children, relatives and boarders. For all adults residing in the home who are over the age of 18, indicate if they have been a resident of the State of Ohio for five years or more.</b>			
First and Last Name	Social Security Number	Birth Date	Relationship to Applicant

**Please show that you have or are willing to provide the following:**

- Evidence of physical examination as required by certification rules  Yes  No
- A working land line telephone  Yes  No
- A complete first aid kit  Yes  No
- A working smoke detector and carbon monoxide detector in the basement and on each level  Yes  No
- A stove or microwave and refrigerator in working order  Yes  No
- Meals and snacks for the children receiving care  Yes  No
- A separate crib for each infant receiving care  Yes  No
- A bed, sofa, cot, pad or mat for each toddler, preschooler or schoolage child who rests  Yes  No
- Evidence of laboratory approval of your water supply (for nonpublic water systems only)  Yes  No DATE \_\_\_\_\_
- An approved, portable fire extinguisher  Yes  No
- Childproof protective covers for electrical outlets  Yes  No
- A smoke-free environment  Yes  No
- Information necessary to perform a BCII and an FBI criminal records check on you, other adult residents in your home and emergency/substitute caregivers  Yes  No
- Information necessary for the PCSA to conduct an abuse or neglect registry search on you and other adult residents in your home  Yes  No

**Section VI: References**

If you do not have at least three child care or employer references, list three references from persons unrelated to you who can speak to your ability to care for children. The county agency cannot approve your application without first contacting your references. The county agency may contact references by mail, therefore complete names and addresses are necessary.

Name of Reference		Name of Reference		Name of Reference	
Address		Address		Address	
City		City		City	
State	Zip Code	State	Zip Code	State	Zip Code
Telephone Number		Telephone Number		Telephone Number	

- I verify that I am physically, intellectually, and emotionally capable of complying with Chapter 5101:2-14 of the Ohio Administrative Code and performing activities normally related to child care.
- I understand that approval is based on the information I provide in this application and during a home inspection. Any false or misleading statements made on this application may be grounds for denial of my application. To the best of my knowledge, the information I have given is true and correct.

My signature below means that I have read and agree to abide by the terms of this agreement.

Signature of Applicant	Date
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