

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 county 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 a part of the cost of the child care each month.

FOR YOUR APPLICATION TO BE COMPLETE you must submit current documentation of a full 30 days of ALL sources of income for ALL members of your household like wages, bonuses, tips, retirement benefits, unemployment compensation, interest, dividends, alimony, child support received or paid out, OWF benefits, and income from self employment as examples. In addition your household's hours of need for the requested services must also be documented. This application must be signed and dated on page 12.

Initial **Re-determination**

Section I. APPLICANT INFORMATION

Name of Applicant (last, first, middle)

Date of Birth (month, day, year) Social Security Number*

Home Telephone Number Work Telephone Number Cell Phone Number

Residential Address (street and number required) City State Zip Code

Mailing address (if different from above)

County Emergency Contact (Name and Telephone)

Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married	List the name(s) of any absent parent(s): 	Have you ever received benefits administered by any county department of job and family services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and what is your case number? <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Care <input type="checkbox"/> Medicaid <input type="checkbox"/> PRC <input type="checkbox"/> OWF
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Race (show "Y" or "N" for each group) <table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 5%; text-align: center;">N</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>African American/Black</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Alaskan Native/American Indian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Native Hawaiian/Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>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	Case Number
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<input type="checkbox"/>	<input type="checkbox"/>	White																	

Ethnicity (show "Y" or "N") <input type="checkbox"/> <input type="checkbox"/> Hispanic/Latino	Have you ever received OWF benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was the last date you received benefits and what was your case number?
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Language spoken if other than English? 	<table style="width: 100%;"> <tr> <td style="width: 50%;">Date</td> <td style="width: 50%;">Case Number</td> </tr> </table>	Date	Case Number
Date	Case Number		

Do you have a two-year or four-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any college credit hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of School and Degree earned 	If yes, how many?
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Graduation Date 	Have you had any vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	If yes, what is the area of training?
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*The social security number is optional and will be used for the administration of Ohio's publicly funded child care program.

Is there an adult (18 years or older) who lives with you who could care for your child(ren) while you work, go to school or training? Yes No

If yes, give the name of that person here

How is this person related to you (mother, sister, husband, friend, etc.)?

How many children need child care?

Do you receive any child support? Yes No If yes, how much per month?

Do you pay any child support for a child not in your care? Yes No
If yes, list each child you receive support and for and the amount per month.

Section II. APPLICANT'S NEED FOR SERVICES
(complete all sections that apply)

Applicant's Employment

Name of Employer	Start Date	Rate of Pay	How often paid
Supervisor's Name			Phone Number

Days of Work (Check all that apply)	Hours of Work	
<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 _____
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____

Applicant's Vocational Training

Name of Vocational Training Provider	Start Date
Contact Person	Phone Number

Days of Training (Check all that apply)	Hours of Training	
<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 _____
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____

Second Caregiver's Employment

Name of Employer	Start Date	Rate of Pay	How often paid
Supervisor's Name		Phone Number	
Days of Work (Check all that apply)	Hours of Work		
<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 _____	
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____	

Second Caregiver's Schooling

Name of School		Start Date
Contact Person		Phone Number
Days of School (Check all that apply)	Hours of School	
<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 _____
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____

Second Caregiver's Vocational Training

Name of Vocational Training Provider		Start Date
Contact Person		Phone Number
Days of Training (Check all that apply)	Hours of Training	
<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 _____
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____

Section V. WHO NEEDS CHILD CARE?

Complete one section for EACH child you are requesting child are for.

1. Child's Name		Race (mark "Y" or "N" for EACH group)	Ethnicity (show "Y" or "N")		
Is Child In School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade			Y <input type="checkbox"/> N <input type="checkbox"/>	African American/Black <input type="checkbox"/>
From _____ to _____ = _____ (hrs.)				<input type="checkbox"/>	<input type="checkbox"/>
Name of School				<input type="checkbox"/>	<input type="checkbox"/>

Does Child Need Transportation To/From School? Yes No

Does your Child have any special needs? If so please describe

For each day and set of hours of requested care, indicate your provider choice. If you are using only one provider for all requested times of service you may indicate this one time. You must be clear as to what provider you are requesting for each day and time.

Name and Address of Provider for Child #1:		
Monday	From _____ To _____	_____
	From _____ To _____	_____
Tuesday	From _____ To _____	_____
	From _____ To _____	_____
Wednesday	From _____ To _____	_____
	From _____ To _____	_____
Thursday	From _____ To _____	_____
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Saturday	From _____ To _____	_____
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2. Child's Name		Race (mark "Y" or "N" for EACH group)	Ethnicity (show "Y" or "N")																																										
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3. Child's Name		Race (mark "Y" or "N" for EACH group)	Ethnicity (show "Y" or "N")																																										
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4. Child's Name		Race (mark "Y" or "N" for EACH group)	Ethnicity (show "Y" or "N")
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	Y	N
From _____ to _____ = _____ (hrs.)		<input type="checkbox"/>	<input type="checkbox"/>
Name of school		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Does child need transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any special needs? If so please describe:			
For each day and set of hours of requested care, indicate your provider choice. If you are using only one provider for all requested times of service you may indicate this one time. You <u>must</u> be clear as to what provider you are requesting for each day and time.			
Name and Address of Provider for Child #4:			
Monday	From _____ To _____	_____	
	From _____ To _____	_____	
Tuesday	From _____ To _____	_____	
	From _____ To _____	_____	
Wednesday	From _____ To _____	_____	
	From _____ To _____	_____	
Thursday	From _____ To _____	_____	
	From _____ To _____	_____	
Friday	From _____ To _____	_____	
	From _____ To _____	_____	
Saturday	From _____ To _____	_____	
	From _____ To _____	_____	
Sunday	From _____ To _____	_____	
	From _____ To _____	_____	

5. Child's Name		Race (mark "Y" or "N" for EACH group)		Ethnicity (show "Y" or "N")	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	Y <input type="checkbox"/>	N <input type="checkbox"/>	Hispanic/Latino	
From _____ to _____ = _____ (hrs.)		<input type="checkbox"/>	<input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	
Name of school		<input type="checkbox"/>	<input type="checkbox"/>		
Does Child Need Transportation To/From School? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>		
Does your Child have any special needs? If so please describe:					
For each day and set of hours of requested care, indicate your provider choice. If you are using only one provider for all requested times of service you may indicate this one time. You <u>must</u> be clear as to what provider you are requesting for each day and time.					
Name and Address of Provider for Child #5:					
Monday	From _____ To _____	_____			
	From _____ To _____	_____			
Tuesday	From _____ To _____	_____			
	From _____ To _____	_____			
Wednesday	From _____ To _____	_____			
	From _____ To _____	_____			
Thursday	From _____ To _____	_____			
	From _____ To _____	_____			
Friday	From _____ To _____	_____			
	From _____ To _____	_____			
Saturday	From _____ To _____	_____			
	From _____ To _____	_____			
Sunday	From _____ To _____	_____			
	From _____ To _____	_____			

State-Funded Options for Child Care Services

Service Options	Eligibility	Features	Process
<p>Early Learning Initiative (ELI):</p> <p>Child care and school readiness services are provided to three, four and five-year olds in a center setting.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 185% FPL; up to 195% FPL <input type="checkbox"/> Paid employment and/or Ohio Works First (OWF) activity <input type="checkbox"/> No other subsidized care options permitted during ELI hours (6am-6pm M-F). <input type="checkbox"/> Subsidized care options available only on evenings or weekends (6pm-6am M-F and weekends) <input type="checkbox"/> Copayment not required for ELI services if family income is at or below 165% FPL - copayment for any subsidized care utilized by family still required <input type="checkbox"/> Copayment is required for ELI services if family income is above 165% FPL 	<ul style="list-style-type: none"> <input type="checkbox"/> Flexible hours up to full-day/full-year care <input type="checkbox"/> Licensed by ODJFS or ODE <input type="checkbox"/> Teacher qualifications and instructional component <input type="checkbox"/> Use of Ohio's Early Learning Program Guidelines <input type="checkbox"/> Linkage to comprehensive services <input type="checkbox"/> Possible transportation 	<ul style="list-style-type: none"> <input type="checkbox"/> Caretaker submits completed application to CDJFS <input type="checkbox"/> Caretaker chooses provider <input type="checkbox"/> No subsidized child care allowed during ELI hours (M-F 6am-6pm)
<p>Subsidized Family Child Care:</p> <p>Care is provided by a single provider for up to six children in her home.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 185% Federal Poverty Level (FPL) <input type="checkbox"/> Work, training or education activity required <input type="checkbox"/> Full or part-time according to caretaker's schedule <input type="checkbox"/> Can combine services <input type="checkbox"/> Copayment required 	<ul style="list-style-type: none"> <input type="checkbox"/> Flexible hours (may include evening and weekend care) <input type="checkbox"/> Small group size <input type="checkbox"/> Siblings are able to be kept together <input type="checkbox"/> Follow certification rules 	<ul style="list-style-type: none"> <input type="checkbox"/> Caretaker submits completed application to CDJFS <input type="checkbox"/> Hours of care are authorized <input type="checkbox"/> Caretaker chooses provider <input type="checkbox"/> Certificate of Authorization for Payment (COAP)/voucher allowed
<p>Subsidized Center Based Child Care:</p> <p>Care is provided to larger groups of children in a center setting. Children are separated by age and staff are assigned to care for a group.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 185% FPL <input type="checkbox"/> Work, training or education activity required <input type="checkbox"/> Full or part-time activity <input type="checkbox"/> Can combine services <input type="checkbox"/> Copayment required 	<ul style="list-style-type: none"> <input type="checkbox"/> Less flexible hours (typically 6am-6pm) <input type="checkbox"/> Larger group size <input type="checkbox"/> Licensed by ODJFS 	<ul style="list-style-type: none"> <input type="checkbox"/> Caretaker submits completed application to CDJFS <input type="checkbox"/> Hours of care are authorized <input type="checkbox"/> Caretaker chooses provider <input type="checkbox"/> COAP/voucher allowed

YOUR RIGHTS AND RESPONSIBILITIES

Eligibility for child care benefits shall be established at the time a completed JFS 01138 "Child Care Application" is submitted to the county department of Job and Family Services (CDJFS) in the county where you reside. Your eligibility and the amount of your copayment are determined based on your family size, monthly income, participation in employment/training, and documentation of a child's protective services case plan. Child care can only be provided for children under the age of 13, or under the age of 18 if eligible for special needs or protective child care.

Eligibility for child care benefits will be determined within 30 days from the date the CDJFS receives your application. You must complete the application process and submit all supporting documentation. If your application is approved and you are eligible for child care benefits, the CDJFS may pay for child care services provided 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 the date the CDJFS received your application.

You are responsible for giving complete and accurate information about yourself and members of your family. You must submit a written application and all necessary documentation, including verification of income and hours of employment and/or training. Sources of income may include salary, wages, tips, commissions, bonuses, retirement benefits, social security benefits, unemployment compensation, workers' compensation, interest, dividends, alimony, child support, Ohio Works First cash assistance, and receipts from self-employment. Every six months the CDJFS is required to complete a review of your case which may result in a change in your child care benefits.

You must use child care only for those children who are eligible for services and only during hours and days that are authorized by the CDJFS. Child care is only to be used during hours of employment or training with allowances for travel time and other special circumstances approved by the CDJFS.

You must report to the CDJFS any change which affects your child care benefits, including a change in family income, a change in hours of employment or training, a change in family size, a change in ages of your children, and a change of address. Such changes shall be reported within TEN DAYS of the date the change occurred. 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.

As a condition of eligibility, you must pay your required monthly child care copayment to the provider. Failure to pay the copayment may result in the termination of your child care benefits. You will lose your child care benefits if your monthly copayment exceeds the monthly cost of care for the month, or you do not use child care services for 31 consecutive days.

You must sign your child care provider's attendance roster verifying the hours and days of care that were provided during each billing period. You may be required to pay the provider for absent days which exceed ten days per child for each six month period that the child is in care. Each six month period shall be January 1 through June 30 and July 1 through December 31 of each year. Failure to pay the provider for absent days which exceed ten days per child for each six month period may result in the termination of care by the provider.

You must complete and provide a copy of your child's health record to the child care provider by the first day of attendance. Your child must be immunized as required by the Ohio Department of Health. Child care cannot be provided when there is a caretaker in the home who is capable of caring for the child. A statement from a doctor is necessary to verify when a caretaker is not capable of providing care.

Failure to repay the CDJFS in full for a child care overpayment that was determined to be fraud, or failure to enter into or comply with an agreement with the CDJFS to repay a child care overpayment caused by your error or agency error, shall result in the termination of child care benefits. Ineligibility for child care benefits shall continue as long as: 1) repayment of a child care overpayment is owed to the CDJFS as a result of fraud; or 2) you fail to enter into or comply with an agreement with the CDJFS to repay a child care overpayment caused by your error or agency error.

You have a right to an informal conference with your CDJFS. If a mistake has been made, it can be corrected. If you are not satisfied with the result of your county conference, you can still have a state hearing. You will be given the JFS 04059 "Explanation of State Hearing Procedures" with this application. Read it carefully to understand your hearing rights and the hearing process.

You have a right to a state hearing before the Ohio Department of Job and Family Services if: 1) your application is denied but you believe you are eligible; 2) you are not told in writing within 30 days of the date you hand in your application whether or not you are eligible for child care benefits; 3) you do not agree with the type or amount of your benefits; 4) you are not told in writing the reason your benefits are to change; 5) you disagree with any action taken by the county. **For a complete explanation of your right to a state hearing and the way to request a state hearing, see form JFS 04059 that you received with this application.**

Please read and sign below if you agree.

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand 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.

To file a discrimination complaint, write or call the Ohio Department of Job and Family Services at ODJFS - Bureau of Civil Rights, Director, Office of Civil Rights, 30 E. Broad St., 37th Floor, Room 506-F Columbus, OH 43215, (614) 644-2703 (voice), 1-866-227-6353 (voice - toll free), Fax: (614) 752-6381. Or write or call the federal department of Health and Human Services at HHS-Office of Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201, (202) 619-0403 (voice), 1-866-221-6700 (TTY), (202) 619-3257 (TDD).

I received a copy of and I have read my rights and responsibilities and I understand them. I agree to fulfill my responsibilities as described. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility for assistance and to verify the information I have given in this application. **I have received a complete 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 services.**

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

Please note applicant is to receive a copy of pages 10, 11 & 12.