

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 part of the cost of the child care each month.

Please complete this application and submit current documentation 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, alimony, child support, OWF benefits and income from self-employment. Your need for the days and hours of child care also must be documented. This application must be signed and dated.

<input type="checkbox"/> Initial <input type="checkbox"/> Re-determination		Today's Date		
<b>Section I APPLICANT AND INCOME INFORMATION</b>				
Name of applicant ( <i>last, first, middle</i> )			Maiden or previous married name(s)	
Date of birth ( <i>month, day, year</i> )			Social security number *	
Home telephone number		Phone number		Cell phone number
Residential address (street and number required)		City	State	Zip code      County
Mailing address ( <i>if different from above</i> )				
Emergency contact ( <i>name and telephone</i> )				
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married <input type="checkbox"/> Separated				
Have you ever received benefits from 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    Case number				
What is the most recent date that you received these benefits?				
Race ( <i>mark "Y" or "N" for each group</i> )			Ethnicity ( <i>mark "Y" or "N"</i> )	
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"/> Hispanic/Latino	
Language spoken if other than English				
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    If yes, how many?				
Name of school and degree earned			Graduation date	
Have you had any vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what is the area of training?				

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

How many of your children need child care?			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name of that person			
How is this person related to you (mother, sister, husband, friend, etc.)?			
Do you receive any child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each child you receive support and for and the amount per month.			
List the name(s) of any absent parent(s)			
Do you pay any child support for a child not in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per month?			
Do you receive any income from sources such as Social Security (SSA or SSI), unemployment benefits, disability benefits, worker compensation, retirement/pension benefits, rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify source and the monthly amount			
<b>Section II APPLICANT'S NEED FOR SERVICES</b>			
<b>Applicant's Employment</b>			
Name and Address of Employer		Start Date	Rate of Pay
Supervisor's Name		How often paid	
Supervisor's Name		Phone Number	
<b>Days of Work</b> <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"/> 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 ____	
<b>Applicant's School or Training</b>			
Name and Address of School or Training Location			Start Date
Contact Person			Phone Number
<b>Days of School/Training</b> <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"/> 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 ____	
Estimated date of graduation or completion of training			



Second Caregiver's Employment			
Name and Address of Employer		Start Date	Rate of Pay
Supervisor's Name			How often paid
Supervisor's Name		Phone Number	
Days of Work <i>(Check all that apply)</i>	Hours of Work		If Hours Vary, Show Average Number of Hours per Day
<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 or Training			
Name of School or Training Location			Start Date
Contact Person			Phone Number
Days of School/Training <i>(Check all that apply)</i>	Hours of School and/or Training		If Hours Vary, Show Average Number of Hours per Day
<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 ____	
Estimated date of graduation or completion of training			

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

1. Child's name _____	<b>Race</b> (mark "Y" or "N" for EACH group)  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	<b>Ethnicity</b> (mark "Y" or "N")  Hispanic/Latino Y      N <input type="checkbox"/> <input type="checkbox"/>
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Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No    Grade _____  Hours of school: from _____ to _____ = _____ (hrs.)  Name of school _____	Is this child a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N  You must provide verification of citizenship or legal alien status for this child in order to receive child care.
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Does child have any special needs? If so please describe:

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
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 _____	

2. Child's name	<b>Race</b> <i>(mark "Y" or "N" for EACH group)</i> 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	<b>Ethnicity</b> <i>(mark "Y" or "N")</i> Hispanic/Latino <input type="checkbox"/> Y <input type="checkbox"/> N
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Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No    Grade _____ Hours of school: from _____ to _____ = _____ (hrs.) Name of school	Is this child a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N You must provide verification of citizenship or legal alien status for this child in order to receive child care.
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Does child have any special needs? If so please describe:

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
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 _____	

3. Child's name	<b>Race</b> <i>(mark "Y" or "N" for EACH group)</i> 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	<b>Ethnicity</b> <i>(mark "Y" or "N")</i> Hispanic/Latino Y      N <input type="checkbox"/> <input type="checkbox"/>
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Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No    Grade _____ Hours of school: from _____ to _____ = _____ (hrs.) Name of school	Is this child a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N You must provide verification of citizenship or legal alien status for this child in order to receive child care.
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Does child have any special needs? If so please describe:

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
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 _____	

4. Child's name	<b>Race</b> <i>(mark "Y" or "N" for EACH group)</i> 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	<b>Ethnicity</b> <i>(mark "Y" or "N")</i> Hispanic/Latino Y      N <input type="checkbox"/> <input type="checkbox"/>
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Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No    Grade _____ Hours of school: from _____ to _____ = _____ (hrs.) Name of school	Is this child a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N You must provide verification of citizenship or legal alien status for this child in order to receive child care.
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Does child have any special needs? If so please describe:

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
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 _____	

# YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS

## PLEASE READ THE FOLLOWING AND SIGN BELOW IF YOU AGREE

Eligibility for child care benefits shall be determined after this form is completed and submitted to the county department of Job and Family Services (CDJFS) in the county where you reside. Your eligibility for child care benefits will be determined within 30 days from the date the CDJFS receives this 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.

Your eligibility and the amount of your copayment are based on your family size, monthly income, participation in employment/training/education or documentation of a child's protective services case plan. Child care can be provided for children under the age of 13, or under the age of 18 if eligible for special needs or protective child care.

You are responsible for giving complete and accurate information about yourself and members of your family. You must submit this 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 (OWF) cash assistance and income from self-employment.

You must use child care only for those children who are eligible and only during the hours and days that are authorized by the CDJFS. Child care is to be used only during hours of employment/training/education, 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 eligibility, including a change in family income, a change in hours of employment/training/education, a change in family size, a change in the ages of your children and a change of address. Such changes must be reported within 10 DAYS of the date the change occurs. 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 recommended 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.**

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, 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).

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 understand that my signature below gives the CDJFS permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child support income.

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.

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

**Please note: Applicant is to receive a copy of the rights and responsibilities section of this application.**