



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.

Have you received child care benefits in another county in Ohio? If yes, name the county n/a. Date benefits last received: _____

CARETAKER INFORMATION. Complete each section. If additional space is needed, attach a separate sheet of paper.

Your Name (last, first, middle initial): 	Maiden Name/ Previous Married Name: 	Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married	Race (show "Y" or "N" for each group): <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>African American/Black</td> <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>Alaskan Native/ American Indian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>White</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table> Ethnicity (show "Y" or "N"): <input type="checkbox"/> <input type="checkbox"/> Hispanic/Latino	Y	N		Y	N		<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/ Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native/ American Indian	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>																							
Complete Address (Street and Number Required): P.O. Box: (optional)	City: 	State and Zip Code: County:	Are you participating in the Ohio Works First (OWF) program? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your OWF case number? _____ In the past 12 months, what month were you last eligible for OWF? _ n/a																								
Social Security Number (optional*)	Telephone Number:	Date of Birth:	How many family members live in your house?																								
List the name(s) of any absent parent:	How many children need child care?	Do you receive any child support? <input type="checkbox"/> Yes <input type="checkbox"/> No How much per month?	Do you pay child support for a child not in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No How much per month?																								
Do you have a two-year or a four-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of school: _____ Graduation date: _____	Do you have college credit hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Have you had any vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the area of training? _____																									

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)? _____

FAMILY MEMBERS AND INCOME

List yourself and all family members who live with you. Family members are those related to you by blood, marriage, adoption or law. Be sure to list all children, including those who do not need child care. For each person who works or has any source of income, fill in the amount and tell how often each person receives this income. Use a separate line for each source of income. Some common sources of income include: wages, bonuses, tips, retirement benefits, unemployment compensation, interest, dividends, alimony, child support, OWF benefits, and income from self employment. **You will need to show verification of all income.**

Name	Relationship	Date of Birth	Sex (M/F)	Social Security Number (optional *)	Source of Income	How Often Paid (weekly, monthly, etc.)	Gross Monthly Amount
	Self		F				\$
			F				
			F				
			F				
			F				
			F				
			F				

PLACE WHERE FAMILY MEMBERS WORK, OR GO TO TRAINING OR TO SCHOOL:

Please list **your name first**, and the names of all family member and the places where you and family members work, go to school or to training. List the phone number where you can be called or the name of the person who can give you a phone message. **Every person who works or has income will have to mail in or bring in pay stubs showing a month’s income or a statement showing the amount of monthly income earned. This requirement is part of your application for child care benefits.**

Name	Name of Place of Work, Training or Education	Address of Place of Work, Training or Education	Phone Number of Place of Work, Training or Education	Name of Person Who Can Give You a Message

* The social security number will be used only for the administration of Ohio’s publicly-funded child care program.

WORK, TRAINING OR SCHOOL SCHEDULE AND INCOME SUMMARY:

Name	Days of Work, Training or Education (Circle all that apply)	Hours of Work, Training or Education	Hourly Rate or Salary Amount	Dates and Gross Amounts of Last Four Paychecks
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____	\$ _____ per _____ (hour, week, etc.)	Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____	\$ _____ per _____ (hour, week, etc.)	Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____	\$ _____ per _____ (hour, week, etc.)	Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____	\$ _____ per _____ (hour, week, etc.)	Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____

CHILD CARE NEED: List all the children who live with you who need child care while you work, go to training or to school. Complete a box for each child who needs care.

1. Child's Name:

Race (show "Y" or "N" for each group):

<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/ Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/>	White
<input type="checkbox"/>	<input type="checkbox"/>	Asian			

Ethnicity (show "Y" or "N"):

Hispanic/Latino

Is Child In School?
 Yes No

Does Child Need Transportation To/From School?
 Yes No

Name of School :

Grade:

Hours Attending _____
Name and Address of Provider:

Days/Hours Child Needs Care:

Monday From _____ To _____ and From _____ To _____

Tuesday From _____ To _____ and From _____ To _____

Wednesday From _____ To _____ and From _____ To _____

Thursday From _____ To _____ and From _____ To _____

Friday From _____ To _____ and From _____ To _____

Saturday From _____ To _____ and From _____ To _____

Sunday From _____ To _____ and From _____ To _____

2. Child's Name:

Race (show "Y" or "N" for each group):

<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/ Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/>	White
<input type="checkbox"/>	<input type="checkbox"/>	Asian			

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Hispanic/Latino

Is Child In School?
 Yes No

Does Child Need Transportation To/From School?
 Yes No

Name of School :

Grade:

Hours Attending _____
Name and Address of Provider:

Days/Hours Child Needs Care:

Monday From _____ To _____ and From _____ To _____

Tuesday From _____ To _____ and From _____ To _____

Wednesday From _____ To _____ and From _____ To _____

Thursday From _____ To _____ and From _____ To _____

Friday From _____ To _____ and From _____ To _____

Saturday From _____ To _____ and From _____ To _____

Sunday From _____ To _____ and From _____ To _____

3. Child's Name:

Race (show "Y" or "N" for each group):

Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/ Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/>	White
<input type="checkbox"/>	<input type="checkbox"/>	Asian			

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Hispanic/Latino

Days/Hours Child Needs Care:

Monday From _____ To _____ and From _____ To _____

Tuesday From _____ To _____ and From _____ To _____

Wednesday From _____ To _____ and From _____ To _____

Thursday From _____ To _____ and From _____ To _____

Friday From _____ To _____ and From _____ To _____

Saturday From _____ To _____ and From _____ To _____

Sunday From _____ To _____ and From _____ To _____

Is Child In School?

Yes No

Does Child Need Transportation To/From School?

Yes No

Name of School :

Grade:

Hours Attending _____

Name and Address of Provider:

4. Child's Name:

Race (show "Y" or "N" for each group):

Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/ Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/>	White
<input type="checkbox"/>	<input type="checkbox"/>	Asian			

Ethnicity (show "Y" or "N"):

Hispanic/Latino

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Monday From _____ To _____ and From _____ To _____

Tuesday From _____ To _____ and From _____ To _____

Wednesday From _____ To _____ and From _____ To _____

Thursday From _____ To _____ and From _____ To _____

Friday From _____ To _____ and From _____ To _____

Saturday From _____ To _____ and From _____ To _____

Sunday From _____ To _____ and From _____ To _____

Is Child In School?

Yes No

Does Child Need Transportation To/From School?

Yes No

Name of School :

Grade:

Hours Attending _____

Name and Address of Provider:

Please attach additional pages if necessary.

CHILD CARE BENEFITS DISPOSITION - THIS PAGE FOR AGENCY USE ONLY

Caretaker Name _____	Caretaker Case Number _____	Date Received _____	Initial Application <input type="checkbox"/> Redetermination <input type="checkbox"/>
Approval Date _____ Denial Date _____	Date Notice Sent _____	Reason for Denial _____	Caretaker given JFS 04059 on _____

PAYMENT CODE FOR APPLICATION APPROVAL:

<input type="checkbox"/> 312 Ohio Works First (OWF) Child Care	<input type="checkbox"/> 324 Special Needs Child Care
<input type="checkbox"/> 313 Transitional Child Care: Eligibility established beginning _____; ending _____.	<input type="checkbox"/> 325 Protective/Homeless Child Care
<input type="checkbox"/> 314 LEAP Child Care	<input type="checkbox"/> 328 Foster Parent Household
<input type="checkbox"/> 320 FSET Child Care	<input type="checkbox"/> 173 Early Learning Initiative (ELI)
<input type="checkbox"/> 321 Income Eligible Employment Child Care	<input type="checkbox"/> 342 Uninterrupted Head Start Child Care
<input type="checkbox"/> 322 Income Eligible Education/Training Child Care	
<input type="checkbox"/> 323 Protective Child Care	

COPAYMENT: The caretaker is required to pay to the provider \$ _____ per month, or the total cost of care, whichever amount is lower.

AUTHORIZED PLACEMENT DATE:

CHILD CARE PROVIDER NAME:

<input type="checkbox"/> Center	Name and Address of Provider
<input type="checkbox"/> Type A Home	Name and Address of Provider
<input type="checkbox"/> Type B Home	Name and Address of Provider
<input type="checkbox"/> In-Home Aide	Name and Address of Provider
<input type="checkbox"/> Early Learning Initiative (ELI)	Name and Address of Provider

Signature of County Child Care Worker _____	Date _____
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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 completed application and 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.

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 absentee 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 absentee 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 in full a child care overpayment made by the CDJFS as a result of 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 reasons 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.

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 Caretaker	Date
Signature of Person Who Helped Complete This Application	Date

YOUR RIGHTS AND RESPONSIBILITIES - APPLICANT COPY

PLEASE RETAIN FOR YOUR RECORDS

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