

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 ______. Date benefits last received: _ CARETAKER INFORMATION. Complete each section. If additional space is needed, attach a separate sheet of paper. Race (show "Y" or "N" for each group): **Marital Status** Your Name (last, first, middle Maiden Name/ initial): **Previous** (check one): **Married Name:** African American/Black

Native Hawaiian/ ■ Married Pacific Islander Alaskan Native/ ■ Separated American Indian ■ Divorced Asian □ □ White ■ Not Married Ethnicity (show "Y" or "N"): Hispanic/Latino Complete Address (Street and City: State and Zip Are you participating in the Ohio Works First (OWF) **Number Required):** Code: program? ☐ Yes ☐ No **County:** What is your OWF case number? ____ P.O. Box: (optional) In the past 12 months, what month were you last eligible for OWF? Social Security Number (optional*) Telephone Date of Birth: How many family members live in your house? Number: List the name(s) of any absent How many Do you receive any Do you pay child support for a child not in your care? children need child support? ☐ Yes ☐ No parent: child care? ☐ Yes ☐ No How much per How much per month? month?

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)?

Have you had any vocational training?

If yes, what is the area of training?

☐ Yes ☐ No

Do vou have

☐ Yes ☐ No

If yes, how many?

college credit hours?

Do you have a two-year or a four-year college

degree?

☐ Yes ☐ No

Name of school:

Graduation date:

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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						\$

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

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

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WORK, TRAINING OR SCHOOL SCHEDULE AND INCOME SUMMARY:

Name	Days of Work, Training or Education	Hours of Work, Training or	Hourly Rate or Salary Amount	Dates and Gross Amounts of Last Four Paychecks
	(Circle all that apply)	Education	7 Kill Odili C	of East I out I ayenceks
	Monday	Begin		
	William	End	\$	Date
	Tuesday	Begin	Ψ	\$
	Tuesday	End	per	Ψ
	Wednesday	Begin	(hour, week, etc.)	Date
	· · · · · · · · · · · · · · · · · · ·	End	(mount, week, etc.)	<u>\$</u>
	Thursday	Begin		4
	111015000	End		Date
	Friday	Begin		\$
		End		T
	Saturday	Begin		Date
	Saturally	End		\$
	Sunday	Begin		Ψ
		End		
	Monday	Begin		
		End	\$	Date
	Tuesday	Begin	Ŧ	<u> </u>
	Lacoday	End	per	<u> </u>
	Wednesday	Begin	(hour, week, etc.)	Date
		End	(22.22, 11.222, 2227)	\$
	Thursday	Begin		
		End		Date
	Friday	Begin		\$
		End		· · · · · · · · · · · · · · · · · · ·
	Saturday	Begin		Date
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	Sunday	Begin		
		End		
	Monday	Begin		
	·	End	\$	Date
	Tuesday	Begin		\$
		End	per	
	Wednesday	Begin	(hour, week, etc.)	Date
		End		\$
	Thursday	Begin		
		End		Date
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	Saturday	Begin		Date
	0 1	End		\$
	Sunday	Begin		
	Monday	End		
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	Tuesday	End	Ψ	Date
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	Wednesday	End	(Hour, week, etc.)	\$
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	Inabaay	End		Date
	Friday	Begin		\$
	1 man	End		¥ <u></u>
	Saturday	Begin		Date
		End		\$
	Sunday	Begin		·
		End		
			_ I	

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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 CL 11 . X	T					
1. Child's N	Name:					
Y N	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N Hispanic/Lating Child Needs C	an/Black /American Ind ""): o	Y	Native Hawaiian/ Pacific Islander White	Is Child In School? Yes No Name of School: Grade: Hours Attending Name and Address of Provider:	Does Child Need Transportation To/From School? Per No
Monday	From	То	and From	То		
Tuesday	From	То	and From	То		
Wednesday	From	To	_ and From _	To		
Thursday	From	То	_ and From _	To		
Friday	From	То	and From	То		
Saturday	From	То	_ and From _	To		
Sunday	From	To	_ and From _	To		
2. Child's N	Name:					
Race (show Y N	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino	an/Black /American Ind	Y N □ □	N Native Hawaiian/ Pacific Islander White	Is Child In School? Yes No Name of School: Grade: Hours Attending	Does Child Need Transportation To/From School? Yes No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N	an/Black /American Ind	Y N □ □	Native Hawaiian/ Pacific Islander	☐ Yes ☐ No Name of School: Grade:	Transportation To/From School? ☐ Yes No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino Child Needs C	an/Black /American Ind ""): Care:	Y N	Native Hawaiian/ Pacific Islander	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? ☐ Yes No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino Child Needs C	an/Black /American Ind ""): Care:	Y N	Native Hawaiian/ Pacific IslanderWhite	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? ☐ Yes No
Race (show Y N O O D O D O Ethnicity (sl O O Days/Hours Monday	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino Child Needs C From	an/Black /American Ind ""): Care: To To	Y N lian and From _ and From _	Native Hawaiian/ Pacific Islander White To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? ☐ Yes No
Race (show Y N O O O O O O O O O O O O O O O O O O O	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino Child Needs C From From	an/Black /American Ind ""): Care: To To To	Itian and From _ and From _ and From _	Native Hawaiian/ Pacific Islander White To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? ☐ Yes No
Race (show Y N O O O O O O O O O O O O O O O O O O O	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino Child Needs C From From From From	an/Black /American Ind ""): Care: To To To To To	and From and From and From and From	Native Hawaiian/ Pacific Islander White To To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? ☐ Yes No
Race (show Y N O O O O O O O O O O O O O O O O O O O	"Y" or "N" for African Americ Alaskan Native/ Asian how "Y" or "N ispanic/Latino Child Needs C From From From From From From	an/Black /American Ind ""): Care: To To To To To To To	and From _	Native Hawaiian/ Pacific Islander White To To To To To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? ☐ Yes No

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3. Child's N	Name:							
Y N	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino	an/Black /American Ind		Y	N -	Native Hawaiian/ Pacific Islander White	Is Child In School? Yes No Name of School: Grade: Hours Attending Name and Address of Provider:	Does Child Need Transportation To/From School? Pes Po No
Monday	From	To	_ and	From .		To		
Tuesday	From	_ To	_ and	From		To		
Wednesday	From	_ To	_ and l	From _		To		
Thursday	From	_ To	_ and I	From _		To		
Friday	From	_ To	_ and	From .		To		
Saturday	From	_ To	_ and l	From _		To		
Sunday	From	_ To	and I	rom _		To		
4. Child's N	Name:							
Race (show Y N	Name: "Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino	an/Black /American Ind		Y	N	Native Hawaiian/ Pacific Islander White	Is Child In School? Yes No Name of School: Grade:	Does Child Need Transportation To/From School? □Yes □ No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N	an/Black /American Ind				Pacific Islander	☐ Yes ☐ No Name of School:	Transportation To/From School? □Yes □ No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino	an/Black /American Ind ""): Care:	dian			Pacific Islander	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? □Yes □ No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino Child Needs C	an/Black /American Ind ""): Care:	dian			Pacific Islander White	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? □Yes □ No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino Child Needs C	an/Black /American Ind ""): Care: _ To To	dian _ and F _ and :	rom_		Pacific Islander White To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? □Yes □ No
Race (show Y N	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino Child Needs C From From	an/Black /American Ind ""): Care: _ To To	dian and F and F and F	rom_ From_		Pacific Islander White To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? □Yes □ No
Race (show Y N N D Days/Hours Monday Tuesday Wednesday	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino Child Needs C From From From	an/Black /American Ind ""): Care: _ To To To To	dian and F and F and F and F	rom_ From_ From_		Pacific Islander White To To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? □Yes □ No
Race (show Y N N D D D D D D D D D D D D D D D D D D	"Y" or "N" for African Americ Alaskan Native, Asian how "Y" or "N ispanic/Latino Child Needs C From From From From	an/Black /American Ind ""): Care: _ To To To To To To	dian and F and F and F and F and F	rom_ From_ From_ From_		Pacific Islander White To To To To	☐ Yes ☐ No Name of School: Grade: Hours Attending	Transportation To/From School? □Yes □ No

Please attach additional pages if necessary.

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CHILD CARE BENEFITS DISPOSITION - THIS PAGE FOR AGENCY USE ONLY

Care	taker Nam	ame Caretaker Case Number		Date Received	Initial Application ☐ Redetermination ☐		
App	roval Date	e Date Notice Sent		Reason for Denial	Caretaker given JFS 04059 on		
Deni	Denial Date						
PAYN	MENT CO	DDE FOR APPLICA	TION APPROVAL:				
				☐ 324 Special Needs Child	d Care		
	Transitional Child Care: Eligibility established beginning; ending			☐ 325 Protective/Homeles	s Child Care		
	314	LEAP Child Care		□ 328 Foster Parent House	ehold		
	320	FSET Child Care		☐ 173 Early Learning Init	ative (ELI)		
	321	Income Eligible Em	ployment Child Care	☐ 342 Uninterrupted Hea	nd Start Child Care		
	322	Income Eligible Edu	acation/Training Child Care				
	323	Protective Child Car	re				
	-						
COPA	COPAYMENT: The caretaker is required to pay to the provider \$ per month, or the total cost of care, whichever amount is lower.						
AU	ΓHORIZ	ED PLACEMENT	T DATE:				
CHII	CHILD CARE PROVIDER NAME:						
	Center		Name and Address of	Provider			
- 1	Гуре А Н	ome	Name and Address of	Provider			
- 7	Гуре В Н	ome	Name and Address of	Provider			
□ I	n-Home	Aide	Name and Address of	Provider			
□ F	Early Lear	rning Initiative (EL	I) 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

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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 reas on 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

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YOUR RIGHTS AND RESPONSIBILITIES - APPLICANT COPY *PLEASE RETAIN FOR YOUR RECORDS*

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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
Signature of reison who helped complete this Application	Date

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