

**Rule Summary and Fiscal Analysis (Part A)****Department of Job and Family Services**

Agency Name

**Division of Social Services**

Division

**Michael Lynch**

Contact

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Email

**5101:2-16-30**

Rule Number

**NEW**

TYPE of rule filing

Rule Title/Tag Line

**Eligibility requirements for receipt of publicly funded child care benefits.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5104.34, 5104.38**

5. Statute(s) the rule, as filed, amplifies or implements: **5104.01, 5140.30, 5104.34, 5104.38, 5104.382, 5104.42**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being updated to simplify and clarify policy relating to publicly funded child care.

7. If the rule is an AMENDMENT, then summarize the changes and the content

of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This updated rule simplifies language by utilizing a question and answer format pertaining to the eligibility determination of publicly funded child care.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the "Info Center" link on the ODJFS web site (<http://jfs.ohio.gov/>) in accordance with

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

*Not Applicable.*

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

*Not Applicable.*

12. 119.032 Rule Review Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

### **FISCAL ANALYSIS**

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0

There is no impact to the current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

NA

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

### **S.B. 2 (129th General Assembly) Questions**

18. Has this rule been filed with the Common Sense Initiative Office pursuant to

R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

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 Ohio Department of Job and Family Services (ODJFS). 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. If approved, your benefit information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card. You will be required to use this card to track your child's attendance. You may not allow your child care provider or their designee to keep or use your card.

**Please complete this application and include proof 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, child/spousal/medical support, Ohio Works First (OWF) benefits and income from self-employment. A school schedule and transcripts for an education activity must also be provided if applicable. You must also show that you need child care for the days and hours of your work, training or education activity. You must sign and date this application.**

Your eligibility for child care benefits will be determined after this form is completed and submitted to the County Department of Job and Family Services (CDJFS) in the county where you live. If your application is approved and you are eligible for child care benefits, the CDJFS may authorize payment for child care services 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 you submitted your application.

You will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the CDJFS for employment/training/education with allowances for travel time and other circumstances approved by the CDJFS.

To remain eligible for child care, you must pay the required copayment, if applicable, to the provider. Failure to pay the applicable copayment may result in termination of your child care benefits.

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, and a change of address. **Changes must be reported within 10 days of the date the change occurs.**

**SECTION I APPLICANT INFORMATION** *please print*

<input type="checkbox"/> Initial		<input type="checkbox"/> Re-determination		Today's Date	
Person Submitting Application <input type="checkbox"/> Caretaker <input type="checkbox"/> Provider <input type="checkbox"/> Other (specify):					
Name of Applicant ( <i>last, first, middle</i> )			Maiden or Previous Married Name(s)		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married <input type="checkbox"/> Abandoned <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed					
Social Security Number* ( <i>optional</i> )		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth ( <i>month, day, year</i> )	
Household Address ( <i>street and number required</i> )		City	State	Zip Code	County
Mailing Address ( <i>if different from above</i> )			City	State	Zip Code
Email Address		Home Phone Number	Cell Phone Number	Work Phone Number	
Emergency Contact Name		Home Phone Number	Cell Phone Number	Work Phone Number	
Emergency Contact Address ( <i>street and number required</i> )			City	State	Zip Code
Primary/Preferred Contact Name ( <i>optional</i> )					
Primary/Preferred Contract Address ( <i>optional</i> )			City	State	Zip Code
				Phone	

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



	Applicant/Primary Caretaker	Secondary Caretaker	Minor Parent 1	Minor Parent 2
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending vocation training or other occupational job skills training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a minor, are you currently in LEAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of child care fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or a qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Mark "Yes" or "No" for each group)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity- Hispanic/Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language - Spoken				
Highest Level of Education	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____
Do you have any college credit hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many Semester and/or Quarter credit hours do you have?				
Are you currently receiving a post-secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your current schooling, vocational or occupational training required to maintain your employment, certification, or licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV APPLICANT'S NEED FOR SERVICES			
Applicant's Employment *			
Name and Address of Employer (enter "Self" if self-employed)		Start Date	Rate of Pay
Job Title or Description	Supervisor's Name		Phone Number
<p>* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of job and family services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.</p> <p><b>If you do not provide the necessary documentation, this application for child care benefits will be denied.</b></p>			
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"/> Sunday	Begin ____ End ____	Begin ____ End ____	
<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 ____	
Applicant's School or Training			
Name and Address 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"/> Sunday	Begin ____ End ____	Begin ____ End ____	
<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 ____	
Estimated date of graduation or completion of training			



Second Caretaker's Employment *				
Name and Address of Employer (enter "Self" if self-employed)		Start Date	Rate of Pay	How often paid
Job Title or Description		Supervisor's Name		Phone Number

\* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of job and family services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.

**If you do not provide the necessary documentation, this application for child care benefits will be denied.**

Days of Work (Check all that apply)	Hours of Work		If Hours Vary, Show Average Number of Hours per Day
<input type="checkbox"/> Sunday	Begin ____ End ____	Begin ____ End ____	
<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 ____	

Second Caretaker's School or Training	
Name and Address of School or Training Location	Start Date
Contact Person	Phone Number

Days of School/Training (Check all that apply)	Hours of School and/or Training		If Hours Vary, Show Average Number of Hours per Day
<input type="checkbox"/> Sunday	Begin ____ End ____	Begin ____ End ____	
<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 ____	

Estimated date of graduation or completion of training

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

1. Child's Name (First, Middle, Last)	<b>Race</b> (mark "Y" or "N" for EACH group)																		
Child's Mother's Maiden Name	<table style="width:100%; border:none;"> <tr> <td style="width:5%; text-align:center;">Y</td> <td style="width:5%; text-align:center;">N</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td><input type="checkbox"/> African American/Black</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td><input type="checkbox"/> Alaskan Native/American Indian</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td><input type="checkbox"/> White</td> </tr> </table>	Y	N		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> White
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> White																	
*Current grade level of child: _____ <b>*If child is attending school this section must be completed</b>																			
School year start date: _____ and end date: _____	<b>Ethnicity/Hispanic</b>																		
Hours of school: from _____ to _____ = _____ (hrs.)	<table style="width:100%; border:none;"> <tr> <td style="width:5%; text-align:center;">Y</td> <td style="width:5%; text-align:center;">N</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table>	Y	N		<input type="checkbox"/>	<input type="checkbox"/>													
Y	N																		
<input type="checkbox"/>	<input type="checkbox"/>																		
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Name of school																			
School address																			
Does child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:																			
Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a current case plan for the caretaker with whom the child resides? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Is the child enrolled in a federally funded head start program? <input type="checkbox"/> Yes <input type="checkbox"/> No	You must provide verification in order to receive child care.  City of Birth: _____																		
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 <u>must</u> clearly show which provider you are requesting for each day and time.																			
<b>Days and Times of Care</b>	<b>Name and Address of Provider for Child Named Above</b>																		
Sunday From _____ to _____  From _____ to _____																			
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 _____																			

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

2. Child's Name (First, Middle, Last)	<b>Race</b> (mark "Y" or "N" for EACH group)																		
Child's Mother's Maiden Name	<table style="width:100%; border:none;"> <tr> <td style="width:5%; text-align:right;">Y</td> <td style="width:5%; text-align:right;">N</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align:right;"><input type="checkbox"/></td> <td style="text-align:right;"><input type="checkbox"/></td> <td>African American/Black</td> </tr> <tr> <td style="text-align:right;"><input type="checkbox"/></td> <td style="text-align:right;"><input type="checkbox"/></td> <td>Alaskan Native/American Indian</td> </tr> <tr> <td style="text-align:right;"><input type="checkbox"/></td> <td style="text-align:right;"><input type="checkbox"/></td> <td>Asian</td> </tr> <tr> <td style="text-align:right;"><input type="checkbox"/></td> <td style="text-align:right;"><input type="checkbox"/></td> <td>Native Hawaiian/Pacific Islander</td> </tr> <tr> <td style="text-align:right;"><input type="checkbox"/></td> <td style="text-align:right;"><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
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School year start date: _____ and end date: _____	<b>Ethnicity/Hispanic</b>																		
Hours of school: from _____ to _____ = _____ (hrs.)	<table style="width:100%; border:none;"> <tr> <td style="width:5%; text-align:right;">Y</td> <td style="width:5%; text-align:right;">N</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align:right;"><input type="checkbox"/></td> <td style="text-align:right;"><input type="checkbox"/></td> <td></td> </tr> </table>	Y	N		<input type="checkbox"/>	<input type="checkbox"/>													
Y	N																		
<input type="checkbox"/>	<input type="checkbox"/>																		
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Name of school																			
School address																			

Does child have any special needs?  Yes     No    If yes, please describe:

Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a current case plan for the caretaker with whom the child resides? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the child enrolled in a federally funded head start program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No  You must provide verification in order to receive child care.  City of Birth: _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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
Sunday      From _____ to _____  From _____ to _____	
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 _____	

<b>SECTION V CHILDREN WHO NEED CHILD CARE</b> (Complete one page for EACH child who needs child care)	
3. Child's Name (First, Middle, Last)	<b>Race</b> (mark "Y" or "N" for EACH group)
Child's Mother's Maiden Name	Y N <input type="checkbox"/> <input type="checkbox"/> African American/Black
*Current grade level of child: _____ *If child is attending school this section must be completed	<input type="checkbox"/> <input type="checkbox"/> Alaskan Native/American Indian
School year start date: _____ and end date: _____	<input type="checkbox"/> <input type="checkbox"/> Asian
Hours of school: from _____ to _____ = _____ (hrs.)	<input type="checkbox"/> <input type="checkbox"/> Native Hawaiian/Pacific Islander
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> White
Name of school	<b>Ethnicity/Hispanic</b>
School address	Y N <input type="checkbox"/> <input type="checkbox"/>
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Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a current case plan for the caretaker with whom the child resides? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child enrolled in a federally funded head start program? <input type="checkbox"/> Yes <input type="checkbox"/> No	You must provide verification in order to receive child care. City of Birth:
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 <u>must</u> clearly show which provider you are requesting for each day and time.	
<b>Days and Times of Care</b>	<b>Name and Address of Provider for Child Named Above</b>
Sunday From _____ to _____ From _____ to _____	
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 _____	

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

4. Child's Name (First, Middle, Last)	<b>Race</b> (mark "Y" or "N" for EACH group)
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Child's Mother's Maiden Name	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;">Y</td> <td style="width:10%; border: none;">N</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">African American/Black</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Alaskan Native/American Indian</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Asian</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Native Hawaiian/Pacific Islander</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">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
Y	N																		
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<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/Pacific Islander																	
<input type="checkbox"/>	<input type="checkbox"/>	White																	

*Current grade level of child: _____ <b>*If child is attending school this section must be completed</b>	
----------------------------------------------------------------------------------------------------------	--

School year start date: _____ and end date: _____	<b>Ethnicity/Hispanic</b>
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Hours of school: from _____ to _____ = _____ (hrs.)	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;">Y</td> <td style="width:10%; border: none;">N</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table>	Y	N		<input type="checkbox"/>	<input type="checkbox"/>	
Y	N						
<input type="checkbox"/>	<input type="checkbox"/>						

Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Name of school	
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School address	
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Does child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please describe:	
-------------------------------------------------------------------------------------------------------------------------	--

Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a current case plan for the caretaker with whom the child resides? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the child enrolled in a federally funded head start program? <input type="checkbox"/> Yes <input type="checkbox"/> No	You must provide verification in order to receive child care.
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	City of Birth: _____
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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
Sunday      From _____ to _____  From _____ to _____	
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 _____	

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**YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS  
PLEASE READ THE FOLLOWING AND SIGN BELOW**

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

My signature below gives my consent to the agency and ODJFS to make contacts that 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 / spousal / medical support income. My signature also gives consent to issue a statewide student identifier (SSID) that is system generated.

My signature below gives my consent and authorizes the CDJFS to access CRIS-E for the specific and sole purpose of verifying the citizenship status of the children in this case. This authorization is voluntary and enrollment, eligibility and payment for child care benefits is not conditioned on signing for this authorization. You may instead provide separate proof of the children's citizenship status. You may revoke this authorization at any time by notifying the CDJFS in writing.

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, including misuse of the swipe card issued to me for the purpose of reporting children's attendance at a child care provider.

Child care fraud is the willful withholding or falsification of information or misuse of child care services as determined by a court of law. 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.

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).

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

**EXPLANATION OF STATE HEARING PROCEDURES**

**What is a state hearing?**

If you think there has been a mistake or delay on your child care case, you may ask for a hearing by either the local county department of Job and Family Services (CDJFS) or the state department of Job and Family Services (ODJFS).

A state hearing is a meeting with you, someone from the CDJFS and a hearing officer from ODJFS. The person from the CDJFS will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the CDJFS and may ask questions to help bring out all the facts. The hearing officer will review the facts presented and recommend a decision based on whether or not the child care rules were correctly applied in your case.

**How do I ask for a hearing?**

To ask for a hearing, call or write your CDJFS or write to ODJFS, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your child care, fill out that form and mail it to the Bureau of State Hearings. You may also fax your hearing request to (614) 728-9574. ODJFS must receive your hearing request within 90 days of the mailing date of the notice of action. If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a hearing request by telephone.

**How do I request a telephone hearing?**

If you cannot attend the hearing at the scheduled location because you do not have transportation or child care or you have medical limitations, etc., you can call 1-866-635-3748 and participate by telephone. If you participate by telephone the hearing officer will call you on the day at the scheduled time for your hearing at the telephone number you provide.

**Will my child care benefits continue?**

If you receive a notice that your child care will be reduced, stopped or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

If your child care benefits have been changed without written notice or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings to ask if you should receive continuing benefits. Call 1-866-635-3748 and choose option number 1 from the automated voice menu. If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

**What is a county conference?**

An informal meeting with a person from the CDJFS may settle the issue without the need for a state hearing. This is often the quickest way to solve a problem. At this meeting someone will review your case with you. If a mistake was made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results you can still have a state hearing. You do not have to have a county conference to have a state hearing and asking for a county conference will not delay your state hearing.

**When will the hearing be held?**

The Bureau of State Hearings will send you a notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled. Hearings are usually held at the CDJFS. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the CDJFS, be sure to state that on your hearing request.

**Can a hearing be postponed?**

If you cannot come to the hearing as scheduled or if you need more time to prepare, you can ask for a postponement. You must have a good reason to postpone the hearing.

**What happens if I do not attend the hearing?**

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The CDJFS can then take the action it was planning to take. If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

**What happens before the hearing?**

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local Legal Aid program to see if you qualify for free help. If you don't know how to reach your Legal Aid, call 1-800-589-5888 (toll-free). If you want notice of the hearing sent to your lawyer, you must give the lawyer's name and address to the hearing authority. You and your representative have the right to look at your case file and the written rules being applied to your case. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents. The CDJFS does not have to show you confidential records such as names of people who have given information against you, records of criminal proceedings and certain medical records. Confidential records, which you could not look at or question, cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

**Can I subpoena information?**

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

**What happens at the hearing?**

You may bring witnesses, friends, relatives or your lawyer to help present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions and bring papers or other evidence to support your case. The hearing will be recorded by the hearing officer so that the facts are taken down correctly. The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority. After the hearing decision is issued you can get a free copy of the recording by contacting the Bureau of State Hearings.

**What is a group hearing?**

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing. You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

**What happens after the hearing?**

You should receive a hearing decision within 90 days of your hearing request. If you disagree with the hearing decision your written decision will tell you how to ask for an administrative appeal.

**When will compliance with the hearing decision happen?**

The CDJFS must take the action ordered by the decision within 15 days of the date the decision is issued but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

**Does another action require another hearing?**

If you receive another notice that says the CDJFS wants to change your child care benefits while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.