

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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5101:2-16-30

Rule Number

AMENDMENT

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 for five year review (FYR)? **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, 5104.30, 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 amended to implement federal regulatory changes as a result of the Child Care Development Block Grant (CCDBG) Act of 2014 relating to the administration of the publicly funded child care program.

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 rule implements the eligibility requirements for publicly funded child care and is being amended to:

- 1) Update the revision dates of the JFS 01138, the JFS 01121 and the JFS 01122 and to add language defining the application process for publicly funded child care;
- 2) Update paid employment to include maternity leave, leave taken in accordance with the Family Medical Leave Act (FMLA) and short term disability;
- 3) Clarify that eligibility shall continue for a previously determined eligible child after a child turns age 13 through the end of the current eligibility period and that eligibility shall continue for a special needs child after a child turns 18 through the end of the current eligibility period;
- 4) Amend language to clarify that the category of authorization shall be maintained for the entire eligibility period unless a change is verified to require an increase;
- 5) Amend language allowing a thirteen week activity gap to occur more than once in a twelve month period
- 6) Remove a citizenship exemption for qualified aliens born prior to August 22, 1996 because it no longer applies to children young enough to be eligible for 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 dated references to the U.S. Code. This question is not applicable to any dated incorporation by reference to the U.S. Code because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A).

This rule incorporates one or more dated references to a federal act or acts. This question is not applicable to any dated incorporation by reference to a federal act because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(C).

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 inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

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:

N/A

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:

This rule is being revised file to add paragraph (L)(3) which states: "Kinship child care as defined in chapter 5101:2-40 of the Administrative Code is not protective child care."

12. Five Year Review (FYR) Date: **3/1/2019**

(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 fiscal impact on the current budget.

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

N/A

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**

Publicly Funded Child Care Supplemental Application

*This form is valid only for publicly funded child care when attached to a
JFS 01121 Early Childhood Education Eligibility Screening Tool

1. Voter registration application attached - Assistance Available

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES, I want to register to vote.

NO, I do not want to register to vote.

**If you do not check either box, you will be considered to have
decided not to register to vote at this time.**

2. Tell us about you (the applicant)

First Name	MI	Last Name	Date of Birth
Street Address			<input type="checkbox"/> Check here if you are homeless (We will still need a mailing address)
Mailing Address (if different from street address)			
City	County	State	Zip Code
Home Phone Number ()	Cell Phone Number ()		May we send text messages to your cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ()	E-Mail Address		

3. Tell us more about you (the applicant)

Are you: <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired	Do you need any of the following services? <input type="checkbox"/> Interpreter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sign Language	Social Security Number (Optional)
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Not Married		
Have you, or anyone living with you, ever received cash, child care, food, or medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____ Where (City/County/State): _____		
What is your preferred language? Spoken _____ Written _____		
Do you and the people in your home have more than one million total dollars in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or anyone in your household in the military? <input type="checkbox"/> Yes (<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserves) <input type="checkbox"/> No		
Have you ever been found guilty of child care fraud? <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	
If you are a minor, are you currently in LEAP? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Emergency Contact

<input type="checkbox"/> N/A	First Name	MI	Last Name
Street Address			
City	County	State	Zip Code
Home Phone Number ()	Cell Phone Number ()		May we send text messages to the cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ()	E-Mail Address		

5. Tell us about everyone that lives in your home

You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. Please include all household members regardless of the member's need for child care. **If you need more space, attach a separate piece of paper.**

Name (First, Middle, Last)	Social Security Number (optional)	Date of Birth	Highest Level of Education Completed	Current School Attendance (if applicable)	Relation to you (spouse, son, etc)
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	SELF
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	

6. Tell us more about the child(ren) who need child care

Child 1		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____	Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	
Child 2		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____	Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	
Child 3		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____	Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	
Child 4		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____	Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	

7. Rights and Responsibilities

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.

By signing and submitting the application, I acknowledge and agree that the county agency and ODJFS may share certain details about the status of my application with the child care provider listed on the JFS 01121 Early Childhood Education Eligibility Screening Tool and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.

My signature below gives my consent to the agency and the 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 county agency 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 system generated statewide student identifier (SSID) for each child listed in section 8 of this application.

My signature below gives my consent and authorizes the county agency to access CRIS-E or Ohio Benefits Worker Portal for the purpose of verifying the citizenship status of the children in this case and for verification of the receipt of additional public assistance. I may revoke this authorization at any time by notifying the county agency in writing.

I understand that I will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for child care, any required copayments (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of child care benefits.

I understand I must report any changes that affect my child care eligibility to the county agency, including changes in family income, hours of employment/training/education, family size and address. **I understand that I must report changes within 10 days of the date they occur.**

I understand that if approved, my information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card, that I must use my Ohio electronic child care swipe card to record attendance at my child care provider(s) and that I may not give my card to my provider(s) or allow my provider(s) to use my swipe card. If my card is lost or stolen, I must request a replacement swipe card within seven business days from the date of the last swipe.

I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.

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 county agency 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.

Signature of Applicant	Signature of person who helped you complete this application (if applicable)	Date

Your civil rights

Federal law and the policies of the U.S. Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write or call HHS or ODJFS. HHS, and ODJFS are equal opportunity providers and employers.

Write or Call:

HHS

Region V, Office of Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
(312)886-2359 (voice)
(312) 353-5693 (TDD) (312)886-1807 (fax)

Write or Call:

ODJFS

Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215
(614) 644-2703 (voice)
1-866-227-6353 (toll free) (614) 752-6381 (fax) 1-866-221-6700 (TTY)

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.

Ohio Department of Job and Family Services
APPLICATION FOR CHILD CARE BENEFITS

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- How do I apply for assistance?**
- Complete this application, answering as many questions as you can.
 - Be sure to sign the application.
 - You will see **ATTACH PROOF** next to questions requiring verification. (See "What verifications do I need?" for further details).
 - A verification check list will be mailed to you within 10 days of the date the county agency receives your application if more information is needed to make a decision on your case.
 - **You will have 30 days** from the date the county agency receives your application to provide all needed information.
 - **Turn in the application and verifications to your local county agency.** Office hours may vary by county. Applications and verifications may also be mailed, faxed, or sent via e-mail.

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- What verifications do I need?**
- **Proof of Income:** Verification of all money coming into your household (such as paystubs, tax records, award letters, child support).
 - **Proof of any child support paid.**
 - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you receive or have received OWF for a child, verification of citizenship is not required.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**

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- What is Step Up To Quality?**
- Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."**

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- How do I choose a Child Care Provider?**
- Parents may select any licensed program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.
 - If you would like assistance with selecting a provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
 - You may use our Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov>.
 - You may search by location, type of program, and by ages of children who need care. You will be able to learn more about each program including Step Up To Quality rating, any additional accreditation or affiliation, and view licensing inspections and substantiated complaints.

Continued on next page

Ohio Department of Job and Family Services
APPLICATION FOR CHILD CARE BENEFITS

How do I get help with completing this application?

- **If English is not your primary language:** The county agency will provide someone who can help you understand the questions on this application.
- **If you have a disability, are hearing-impaired or visually-impaired:** The county agency will help you complete this application.

What will I need to do after I turn in my application?

- If any of the information changes after you turn in this application, you must provide updates to the county agency.
- Keep an eye out for mail from your county agency. Any mail regarding your child care eligibility will include important information and may require actions from you.
- Be sure to turn in any required information by the date it is due. Failure to do so may result in a denial of your application.
- If your application is denied, you may be responsible for payments to any child care provider whose services have been used since the submission of the application.

When will my eligibility begin?

- Your eligibility for this program is determined within 30 days from the date the signed and dated application is received by the county agency.
- If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care services from the date the county agency received this application.

What if my child has a disability or I suspect my child may be developmentally delayed?

- To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <http://jfs.ohio.gov/CDC/childcare.stm> and click on "Families."
- Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.

How do I make a complaint about a Provider?

If you would like to make a complaint about a suspected violation of licensing rules, you may call the Child Care Policy Help Desk at 1-877-302-2347, option 4.

Ohio Department of Job and Family Services
APPLICATION FOR CHILD CARE BENEFITS

1. Voter registration application attached- Assistance Available

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
 YES, I want to register to vote. NO, I do not want to register to vote.
If you do not check either box, you will be considered to have decided not to register to vote at this time.

2. Tell us about you (the applicant)

First Name	MI	Last Name	Date of Birth
Street Address			<input type="checkbox"/> Check here if you are homeless. (We will still need a mailing address)
Mailing Address (if different than street address)			
City	County	State	Zip Code
Home Phone Number ()	Cell Phone Number ()		May we send text messages to your cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ()	Email Address		

3. Tell us more about you (the applicant)

Are you:
 Visually Impaired
 Hearing Impaired

Do you need any of the following services?
 Interpreter Other: _____
 Sign Language

Marital Status Married Divorced Separated Widowed Not married

Have you, or anyone living with you, ever received cash, child care, food, or medical assistance? Yes No

If yes, who: _____ Where (City/County/State): _____

What is your preferred language?
Spoken _____ Written _____

Do you and the people in your home have more than one million total dollars in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)? Yes No

Are you or anyone in your household in the military? Yes (Active Duty National Guard/Reserves)
 No

Have you ever been found guilty of child care fraud? Yes No

Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan? Yes No

If you are a minor, are you currently in LEAP? Yes No

4. Emergency Contact

<input type="checkbox"/> N/A	First Name	MI	Last Name
Street Address			
City	County	State	Zip Code
Home Phone Number ()	Cell Phone Number ()		May we send text messages to the cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ()	Email Address		

5. Tell us about everyone that lives in your home

You must list everyone who lives with you, even if they are not applying. Please be sure to list your name first. Please include all household members regardless of the member's need for child care. **If you need more space, attach a separate piece of paper.**

Name (First, Last)	Social Security Number Optional	US Citizen Y or N	Gender	Date of Birth	Relation to you (spouse, son, etc)	Race	Hispanic or Latino Y or N	Highest Level of Education Completed
					SELF	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____

6. Tell us about your qualifying activity

If you or the people in your home are working, attending school or participating in a training program, please complete the table below. If employed, please list your current employer. This includes self-employment and odd jobs. You must **ATTACH PROOF** of income. If attending school or a training program, you must provide a current, official schedule. **If you need more space, please attach a separate piece of paper.**

Household Member Name and Job Title (if applicable)	Start Date/End Date	Employer/School/Training Site Name Address and Telephone Number	Rate of Pay (if applicable)	How often Paid (Weekly, Bi-weekly, etc)	Work or School Schedule (Please check the box next to the days you work or attend school. Then list the hours you work or attend school on the corresponding line, ie 8:30 – 5:30)
		Name Address Telephone No () Schooling – Total credit hours earned:			<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week
		Name Address Telephone No () Schooling – Total credit hours earned:			<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week
		Name Address Telephone No () Schooling – Total credit hours earned:			<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week

7. Tell us about your other sources of income.

Other sources of income refer to all the money that you and the people in your home receive such as earnings from child/spousal/medical support, disability benefits, retirement benefits, Worker's Compensation, Social Security, SSI, Veteran's Benefits, etc. **ATTACH PROOF** of all other sources of income.

Household Member Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, monthly, etc)	Date Last Received

Do you or does anyone in your household pay Child or Spousal Support? Yes No

If yes, what is your child support obligation per month? _____ You must **ATTACH PROOF** of this obligation.

8. Tell us more about the child(ren) who need child care

Child 1	
Child's Name (First, Middle, Last)	Child's Mother's Maiden Name
Child's City of Birth	Relationship to Applicant
	Child's Preferred Spoken Language
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.	Child's Needs Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____
--	--

Days/Hours care needed <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____	Provider Name and Address
--	----------------------------------

Child 2

Child's Name (First, Middle, Last)		Child's Mother's Maiden Name
Child's City of Birth	Relationship to Applicant	Child's Preferred Spoken Language
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.		Child's Needs Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____

Days/Hours care needed <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____	Provider Name and Address
--	----------------------------------

Child 3

Child's Name (First, Middle, Last)		Child's Mother's Maiden Name
Child's City of Birth	Relationship to Applicant	Child's Preferred Spoken Language
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.		Child's Needs Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____

Days/Hours that Child Care is Needed <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____	Provider Name and Address
--	----------------------------------

Child 4		
Child's Name (First, Middle, Last)		Child's Mother's Maiden Name
Child's City of Birth	Relationship to applicant	Child's preferred spoken language
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.		Child's Needs Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, what is the child's schedule? From _____ to _____
Days/Hours that Child Care is Needed <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____		Provider Name and Address

9. Tell us about the school attendance of the child(ren) who need care.

If any child(ren) are attending or will be attending Kindergarten or above, this section must be completed.

Child's Name	Child Entering Kindergarten	Current Grade Level	Name and Address of School	Hours of School (ie 8 am - 3 pm)	School Year Start and End Date
	Will the child be entering K this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day				
	Will the child be entering K this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day				
	Will the child be entering K this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day				

10. Rights and Responsibilities

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.

By signing and submitting the application, I acknowledge and agree that the county agency and ODJFS may share certain details about the status of my application with the child care provider listed in section 8 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.

My signature below gives my consent to the county 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 county agency 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 system generated statewide student identifier (SSID) for each child listed in section 8 of this application.

My signature below gives my consent and authorizes the county agency to access CRIS-E or the Ohio Benefits Worker Portal for the purpose of verifying the citizenship status of the children in this case and for verification of the receipt of additional public assistance. I may revoke this authorization at any time by notifying the county agency in writing.

I understand that I will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for child care, the required copayment (if applicable) must be paid by me to the provider. Failure to pay the required copayment may result in termination of child care benefits.

I understand that I must report any changes which affect my child care eligibility to the county agency, including changes in family income, hours of employment/training/education, family size and address. **I understand that I must report changes within 10 days of the date they occur.**

I understand that if approved, my information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card, that I must use my Ohio electronic child care swipe card to record attendance at my child care provider(s) and that I may not give my card to my provider(s) or allow my provider(s) to use my swipe card. If my card is lost or stolen, I must request a replacement swipe card within seven business days from the date of the last swipe.

I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.

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 county agency 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.

Signature of Applicant	Signature of person who helped you complete this application (if applicable)	Date

Your civil rights

Federal law and the policies of the U.S. Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write or call HHS or ODJFS. HHS, and ODJFS are equal opportunity providers and employers.

<p>Write HHS or Region V, Office of Civil Rights Call: 233 N. Michigan Ave, Ste. 240 Chicago, IL 60601 (312) 886-2359 (voice) (312) 353-5693 (TDD) (312) 886-1807 (fax)</p>	<p>Write ODJFS or Bureau of Civil Rights Call: 30 E. Broad St., 37th Floor Columbus, OH 43215-3414 (614) 644-2703 (voice) 1-866-227-6353 (toll free) (614) 752-6381 (fax) 1-866-221-6700 (TTY) or (614) 995-9961</p>
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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 contacting 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, P.O. 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 do not 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 do not 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.

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

-
- How do I apply for Early Childhood Education Services (ECC)?**
- Complete the screening tool, JFS 01121
 - Submit this form to **your provider**
 - **Do not** submit the form to the Ohio Department of Education.
 - Your provider will let you know if you qualify.
-
- How do I apply for Publicly Funded Child Care?**
- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign the application.**
 - Submit both the JFS 01121 and JFS 01122 to your local county agency.
 - Attach verifications to the JFS 01122 (see verification requirements below)
 - A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
 - **You will have 30 days** from the date the county receives your application to provide all needed information.
-
- What verifications do I need for publicly funded child care?**
- **Proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)
 - **Proof of any child support paid.**
 - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**
-
- What is Step Up To Quality?**
- Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit our website at <http://jfs.ohio.gov/cdc/index.stm> and click on “Step Up To Quality.”**
-
- How do I choose a Provider?**
- ECC:** If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.
- Publicly Funded Child Care:** Parents may select any program approved to offer publicly funded child care or early childhood education. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.
- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
 - You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. You may search by location, type of program, and by ages of children who need care. You will be able to learn more about each program including Step Up To Quality rating, any additional accreditation or affiliation, and view all licensing inspections and complaints substantiated within the past three years.

Continued on next page

When will my eligibility begin?	<p>ECC: You will be notified by your provider when you may begin care.</p> <p>Publicly Funded Child Care: Eligibility for the child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</p>
What if my child has a disability or I suspect my child may be developmentally delayed?	<ul style="list-style-type: none"> • To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at http://jfs.ohio.gov/CDC/childcare.stm and click on "Families." • Publicly Funded Child Care: Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.
How do I make a complaint about a provider?	<p>ECC (ODE): If the program is licensed by ODE, call 614-466-0224.</p> <p>Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)

First Name	MI	Last Name
Address		Today's Date
City	State	County
Phone Number ()		Additional Phone Number ()
		E-mail Address
Zip Code		

Tell us about the people in your home

Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant	Date
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