Ohio Department of Job and Family Services

APPLICATION FOR CHILD CARE BENEFITS

How do I apply for assistance?	**You will need to:** 1. Complete this application. 2. Provide verification for the determination of eligibility. Verification is explained below.
Do you need help completing this application?	1. **If English is not your primary language:** The county agency will provide someone who can help you understand the questions on this application. 2. **If you have a disability, are hearing-impaired or visually-impaired:** The county agency will help you complete this application. 3. **You may also ask for help at other times, such as:** When you report changes, or when you have questions about your case.
How do I complete this application?	**1. Fill out this application:** Answer as many questions as you can. **2. Be sure to sign the application:**
Where do I turn in this application?	**Turn in the application to your local county agency:** This will start the application process. Office hours vary by county.
When will I receive assistance?	**Child care:** Eligibility for the child care program is based on the date your signed and dated application is submitted to the county agency. Your eligibility for this program is determined within 30 days from the date the signed and dated application is received.
What verifications do I need?	**You will need to:** **1. Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support) **2. Proof of any child support paid.** **3. 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. **4. Provide 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. **5. Provide the name and address of an eligible child care provider chosen for each child in need of care.**
What is Step Up To Quality?	**Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.**

RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS

If an applicant is working, in training or in school, they may be able to have part of their child care costs paid by the Ohio Department of Job and Family Services (ODJFS). Eligibility will be based on monthly gross income and family size. The applicant may have to pay part of the cost of the child care. If approved, information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card. The applicant will be required to use this card to track a child's attendance. The child care provider or their designee may not keep or use the card. If a swipe card is lost or stolen, a caretaker shall request a replacement swipe card within seven business days from the date of the last swipe.

Please complete this application and include proof of ALL sources of income for ALL members of the 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. A need for child care for the days and hours of work, training or education activity must be shown. This application must be signed and dated.

Eligibility for child care benefits will be determined after this form is completed and submitted to the county agency in the county where the applicant lives. If this application is approved and the applicant is eligible for child care benefits, the county agency may authorize payment for child care services from the date the county agency received the completed application. If the application is denied, the applicant may be responsible for payments to any child care provider whose services have been used since the submission of the application.

The applicant 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 for employment/training/education with allowances for travel time and other circumstances approved by the county agency. To remain eligible for child care, the required copayment must be paid, if applicable, to the provider. Failure to pay the applicable copayment may result in termination of child care benefits.

Any change which affects child care eligibility, must be reported to the county agency 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.**

CLERMONT COUNTY JFS CHILD CARE

2400 CLERMONT CENTER DR STE # 106

BATAVIA, OHIO 45103

FAX # 513-732-7477

CHILD CARE ELIGIBILITY WORKERS ARE:

ANTHONY DEWAR

513-732-7164

Anthony.Dewar@jfs.ohio.gov

OR

SHERRY HUGHES

513-732-7211

Sherry.Hughes@jfs.ohio.gov

Child Care supervisor is: Patty Knorr & can be reach via email
Patty.Knorr@jfs.ohio.gov

Clermont County ACFS Employment Verification Form for Child Care Services

SECTIONS A-D MUST BE COMPLETED BY THE EMPLOYER ONLY

Clermont County JFS Child Care Unit
2400 Clermont Center Drive, Batavia, Ohio 45103
Fax #: (513) 732-7477

Section A - Employer Information

Company Name	Address	
City/State/Zip	Phone	Fax

Section B - Employee Information

Employee Name		SSN		
Date of Hire/ Return Date		Still Employed Yes No (Please circle one) If No, last date of employment		
Pay stubs given? Yes No (Please circle one)		Pay frequency: Weekly Bi-Weekly Monthly Semi-Monthly		
Hourly Pay Rate $	Hours paid/week	Does employee work overtime? Yes No	No. of OT hours/week	OT hourly rate $
Does employee receive tips? Yes No (Please circle one)	If yes, what is the weekly amount? $			

List the *GROSS* income for the last 4 consecutive pay stubs/pay periods

Pay date _____ $ _____ Pay date _____ $ _____
Pay date _____ $ _____ Pay date _____ $ _____

Section C - Schedule Information "VARIES" WILL NOT BE ACCEPTED

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Earliest Start Time							
Latest End Time							
Hours at Work							

Section D – Employer's signature is required and indicates the information is correct.

Name & Position (print)	Signature	Date

Section E – Employee signature authorizing release of the above information to CCDJFS.

Employee Signature	Date

Revised June 28, 2016

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 ☐ Check here if you are homeless

Mailing Address

City	County	State	Zip Code

Phone Number ( )	Additional Phone Number ( )	E-mail 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?
☐ No ☐ Yes (☐ Active Duty ☐ National Guard/Reserves)

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

Do you have any college credit hours? ☐ Yes ☐ No
How many?

4. Emergency Contact

First Name	MI	Last Name	☐ N/A

Street Address

City	County	State	Zip Code

Phone Number ( )	Additional Phone Number ( )	E-mail Address

5. 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 *(before taxes)*	How Often Received *(weekly, bi-weekly, etc)*	Date Last Received	Work or School Schedule *(please list times)*
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____

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

How Much?

6. Tell us about the people in your home who do not need care

You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. If you need more space, attach a separate piece of paper.

Name *(First, Last)*	Social Security Number	US Citizen *Y or N*	Gender	Date of Birth	Relationship to You *(spouse, son, friend, etc.)*	Race	Hispanic or Latino *Y or N*	Highest Level of Education Completed	If currently enrolled in school, name of School/Program
					Self	☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander		☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree Graduation date	☐ High school ☐ Vocation ☐ College **Number of Credit Hours**

Name *(First, Last)*	Social Security Number	US Citizen *Y or N*	Gender	Date of Birth	Relationship to You *(spouse, son, friend, etc.)*	Race	Hispanic or Latino *Y or N*	Highest Level of Education Completed	If currently enrolled in school, name of School/Program
						☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander		☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree Graduation date	☐ High school ☐ Vocation ☐ College **Number of Credit Hours**
						☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander		☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree Graduation date	☐ High school ☐ Vocation ☐ College **Number of Credit Hours**
						☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander		☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree Graduation date	☐ High school ☐ Vocation ☐ College **Number of Credit Hours**
						☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander		☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree Graduation date	☐ High school ☐ Vocation ☐ College **Number of Credit Hours**

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

Child 1

Child's Name *(First, Middle, Last)*	Gender	Child's Date of Birth

Child's Mother's Maiden Name	Child's City of Birth

Race
☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander

Hispanic
☐ Yes ☐ No

Is this child a United States citizen or a qualified alien? ☐ Yes ☐ No
You must provide verification in order to receive child care.

Child's preferred spoken language

Child's Needs
Does child require protective child care? ☐ Yes ☐ No If yes, is there a case plan? ☐ Yes ☐ No

Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe:

Days/Hours care needed	Provider Name and Address
☐ Sun From _____ to _____ ☐ Mon From _____ to _____ ☐ Tues From _____ to _____ ☐ Wed From _____ to _____ ☐ Thurs From _____ to _____ ☐ Fri From _____ to _____ ☐ Sat From _____ to _____	

School Questions *If child is attending or will be attending kindergarten or above, this section must be completed.

Child Entering Kindergarten: ☐ Yes ☐ No ☐ AM ☐ PM ☐ Full Day Current grade Level _____ Hours of school: from _____ to _____

School Year Start Date: _____ School Year End Date: _____ Name of School: _____

☐ Child enrolled in Head Start From _____ to _____

Child 2

Child's Name *(First, Middle, Last)*	Gender	Child's Date of Birth
Child's Mother's Maiden Name	Child's City of Birth	

Race
☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander

Hispanic ☐ Yes ☐ No

Is this child a United States citizen or a qualified alien? ☐ Yes ☐ No
You must provide verification in order to receive child care.

Child's preferred spoken language

Child's Needs
Does child require protective child care? ☐ Yes ☐ No If yes, is there a case plan? ☐ Yes ☐ No

Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe: _____

Days/Hours care needed	Provider Name and Address
☐ Sun From _____ to _____ ☐ Mon From _____ to _____ ☐ Tues From _____ to _____ ☐ Wed From _____ to _____ ☐ Thurs From _____ to _____ ☐ Fri From _____ to _____ ☐ Sat From _____ to _____	

School Questions *If child is attending or will be attending kindergarten or above, this section must be completed.

Child Entering Kindergarten: ☐ Yes ☐ No ☐ AM ☐ PM ☐ Full Day Current grade Level _____ Hours of school: from _____ to _____

School Year Start Date: _____ School Year End Date: _____ Name of School: _____

☐ Child enrolled in Head Start From _____ to _____

Child 3

Child's Name *(First, Middle, Last)*	Gender	Child's Date of Birth
Child's Mother's Maiden Name	Child's City of Birth	

Race
☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander

Hispanic ☐ Yes ☐ No

Is this child a United States citizen or a qualified alien? ☐ Yes ☐ No
You must provide verification in order to receive child care.

Child's preferred spoken language

Child's Needs
Does child require protective child care? ☐ Yes ☐ No If yes, is there a case plan? ☐ Yes ☐ No

Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe: _____

Days/Hours care needed	Provider Name and Address
☐ Sun From _____ to _____ ☐ Mon From _____ to _____ ☐ Tues From _____ to _____ ☐ Wed From _____ to _____ ☐ Thurs From _____ to _____ ☐ Fri From _____ to _____ ☐ Sat From _____ to _____	

School Questions *If child is attending or will be attending kindergarten or above, this section must be completed.

Child Entering Kindergarten: ☐ Yes ☐ No ☐ AM ☐ PM ☐ Full Day Current grade Level _____ Hours of school: from _____ to _____

School Year Start Date: _____ School Year End Date: _____ Name of School: _____

☐ Child enrolled in Head Start From _____ to _____

8. Signature of person who completed this application

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 7 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 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 7 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 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.

I understand 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.

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.

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:	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)	**ODJFS** Bureau of Civil Rights 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

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, 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 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.

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

Eligibility
You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You *must* answer *both* of the questions for your registration to be processed.

Registering in Person
If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail
If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements
Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature
In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

FOLD HERE

I am: ☐ **Registering as an Ohio voter** ☐ **Updating my address** ☐ **Updating my name**

1. Are you a U.S. citizen? ☐ **Yes** ☐ **No**
2. Will you be at least 18 years of age on or before the next general election? ☐ **Yes** ☐ **No**
If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc

4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code

7. Additional Mailing Address (if necessary)	8. County (where you live)

9. Birthdate (MO-DAY-YR) (required)	10. Ohio Driver's License No. OR Last Four Digits of Social Security No. (one form of ID required to be listed or provided)	11. Phone No. (voluntary)

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office	County	State

13. CHANGE OF NAME ONLY Former Legal Name | Former Signature

14.
I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature ↓ Date_____/_____/_____ (MO DAY YR)

FOR BOARD USE ONLY
SEC4010 (Rev. 4/15)

City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

To ensure your information is updated, please do the following:

1. Print this form.
2. Complete all required fields.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections. For your county board's address please visit www.OhioSecretaryofState.gov/boards.htm.

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.