

CLERMONT COUNTY JFS CHILD CARE
2400 CLERMONT CENTER DR. STE #106
BATAVIA, OHIO 45103
PHONE # 513-732-7111 OPTION # 4
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: Angel Brand & can be reached via
email**

angela.brand@jfs.ohio.gov

**Please use this website childcaresearch.ohio.gov
to search for child care centers in Ohio**



Southwest Ohio
County Departments of
Job & Family Services

CLERMONT COUNTY JOB & FAMILY SERVICES
Child Care Division
2400 Clermont Center Dr. Ste. 103 Batavia, Oh 45103
Phone: (513)732-7111
Fax: (513)732-7477
<http://difs.clermontcountyohio.gov>

EMPLOYMENT VERIFICATION REQUEST

| | | | |
|-------------------|--------|-------|-------------------------|
| JFS Worker: | Phone: | Date: | Return by: |
| Employer Name: | | | Employee Name: |
| Employer Address: | | | Social Security Number: |
| City: | State: | Zip: | Case Number: |

By applying for CDJFS programs, the individual has agreed that the CDJFS may contact other persons or organizations to obtain the necessary proof of eligibility and level of assistance. In addition, Ohio Revised Code 5101.37 authorizes the CDJFS to make investigations that are necessary in the performance of their duties.

EMPLOYER TO COMPLETE

| Dates of Employment | | | |
|---|---|-------------------------|-------------------------|
| Corporate Name: | <i>If employment has ended, also complete this section.</i> | | |
| Name of Employment Site: | Last Day Worked: | Date Last Pay Received: | Type of Separation: |
| First Day Worked: | <input type="checkbox"/> Laid Off <input type="checkbox"/> Illness or Injury <input type="checkbox"/> No Call or Show <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Resignation <input type="checkbox"/> Eligible for Post-Employment Benefits (specify): _____ <input type="checkbox"/> Discharged | | |
| Date First Pay Received: | | | |
| List interruption or leave period during employment. From Date: _____ To Date: _____ | Strike Start Date: | Strike End Date: | Effective Lockout Date: |

| Rate/Hours/Pay Frequency | | | |
|--|-------------------|---|---|
| Current Hourly Rate: | Day of Week Paid: | Pay Period Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (Specify) _____ | Overtime is: <input type="checkbox"/> Not expected to be worked in the future <input type="checkbox"/> Worked routinely monthly |
| Number of set hours to work per Week: _____; OR Number of hours will vary from _____ to _____ per Week | | | |

| Wages (Last 6 Pays) | | | | | | | | |
|---------------------|---------------|-------|-------------|--|------|------------------------|-------------|----------------------------|
| Period Ending | Date Received | Hours | Hourly Rate | Gross Pay <i>Without</i> Tips, Bonus or Commission | Tips | Bonus or Commission | Garnishment | Child Support Deduction |
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| Health Insurance | | | | |
|---|-------------|-----------|----------------|---------------|
| Is the employee or their dependents enrolled in health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | Begin Date: | End Date: | Policy Number: | Group Number: |

| | |
|------------------------------------|-----------------------|
| Name/Address of Insurance Company: | List Covered Members: |
|------------------------------------|-----------------------|

| Additional Information Needed For Time Period Below (See Reverse only if Time Period is Noted Below) | |
|--|----------|
| Time Period Requested – From Date: | To Date: |

Employer Signature

| | | | | |
|------------------------------------|--------|--------|------|-------|
| Employer Representative Signature: | Title: | Phone: | FAX: | Date: |
|------------------------------------|--------|--------|------|-------|

| | |
|-----------------------|---|
| Employee Name: | Employee Social Security Number: |
|-----------------------|---|

If indicated on the front side, please complete the following information for the time period indicated on the front of this form. If it is more convenient or you need more space, you may substitute copies of the employee's payroll records.

| Date Pay Received | Gross Pay Without Tips, Bonus or Commission | Tips | Bonus or Commission | Garnishment | Child Support Deduction |
|--------------------------|--|-------------|----------------------------|--------------------|--------------------------------|
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Other Information Requested
Requested Information:

Employer Response to Requested Information:

| | | |
|---|---------------|--------------|
| Employer Signature | | |
| Employer Representative Signature: | Title: | Date: |
| Phone: | FAX: | |

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

-
- 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 checklist 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 income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
 - **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 have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
 - **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, a work schedule, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider 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 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 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>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.

Continued on next page

| | |
|---|--|
| How do I get help with completing this application? | <ul style="list-style-type: none"> • 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? | <ul style="list-style-type: none"> • If any of the information changes after you turn in this application, you must provide updates to the county agency. • Watch 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? | <ul style="list-style-type: none"> • 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 development ally 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." • 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>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.</p> |

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: _____ |
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| | | | | | | <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 | | | |
| | | Name | Address | | | <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 |
| | | Telephone No () | | | | |
| | | Schooling - Total credit hours earned: | | | | |
| | | Name | Address | | | <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 |
| | | Telephone No () | | | | |
| | | Schooling - Total credit hours earned: | | | | |
| | | Name | Address | | | <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 |
| | | Telephone No () | | | | |
| | | Schooling - Total credit hours earned: | | | | |

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 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 _____ |
| Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe: | |

| | |
|--|----------------------------------|
| 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 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 _____ |
| Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe: | |

| | |
|--|--|
| 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 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 _____ | |
| Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe: | | | |

| | |
|--|--|
| 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 (to 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 publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, the required copayment (if applicable) must be paid by me to the provider. Failure to pay the required copayment may result in termination of publicly funded 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 I am approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf, and may not have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.

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 automated child care attendance tracking system.

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 reporting requirements 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 HHS
or Region V, Office of Civil Rights
Call: 233 N. Michigan Ave, Ste. 240
Chicago, IL 60601

Write ODJFS
or Bureau of Civil Rights
Call: 30 E. Broad St., 37th Floor
Columbus, OH 43215-3414

(312) 886-2359 (voice)
(312) 353-5693 (TDD)
(312) 886-1807 (fax)

(614) 644-2703 (voice) or 1-866-227-6353 (toll free)
(614) 995-9961 (TTY) or 1-866-221-6700 (toll free TTY)
(614) 752-6381 (fax)

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.

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

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

| | |
|---|--|
| 1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> 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) | <div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR BOARD USE ONLY SEC4010 (rev 4/15) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">City Village, Twp.</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Ward</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Precinct</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">School Dist</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Cong. Dist</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Senate Dist</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">House Dist</div> |
| 9. Birthdate (MM/DD/YYYY) (required) | 10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided) | 11. Phone Number (voluntary) | |
| 12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street | | | |
| Previous City or Post Office | Previous County | Previous 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
(MM/DD/YYYY)

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
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.

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