

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-40-06

Rule Type: New

Rule Title/Tagline: Kinship child care program.

Agency Name: Department of Job and Family Services

Division: Division of Social Services

Address: OFC- 4200 E. 5th Ave., 2nd fl. J6-06 P.O. Box 183204 Columbus OH 43218-3204

Contact: Michael Lynch

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I. Rule Summary

1. **Is this a five year rule review?** No
 - A. **What is the rule's five year review date?**
2. **Is this rule the result of recent legislation?** Yes
 - A. **If so, what is the bill number, General Assembly and Sponsor?** HB 49 - 132 - Representative Smith
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** Section 307.25 of HB49, 132nd GA, 5153.16, 5101.801
5. **What statute(s) does the rule implement or amplify?** Section 307.25 of HB49, 132nd GA, 5101.80, 5101.801, 5101.802
6. **What are the reasons for proposing the rule?**

To implement provisions of Section 307.25 of Amended Substitute H.B 49, 132nd G.A., relating to the administration of the kinship child care program.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule provides eligibility and application requirements for kinship caregivers to qualify to receive kinship child care services for kinship children in their care.

8. **Does the rule incorporate material by reference? Yes**
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code (OAC). 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 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).

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).

10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

In RSFA questions four and five, regarding rule details, the responses were edited to specify that Section 307.25 of HB49, 132nd GA grants rule writing authority and that the rule amplifies that section.

II. Fiscal Analysis

11. **As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

\$0

Ohio Department of Job and Family Services (ODJFS) Kinship Child Care program service expenditures associated with this proposed rule will be funded per Section 307.25 - Kinship Caregiver Child Care Program, of Am. Sub. H.B. 49 of the 132nd General Assembly which provides \$15 million each state fiscal year to support the Kinship Child Care program.

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

The Kinship Child Care program is a new program. Currently, county public children services agencies are coordinating services to secure placement of children in their custody. Both federal and state law require the PCSA to consider first placement with relative or non-relative kinship caregivers who meet all relevant state child protection standards. This new program will serve as another tool to support placement of children with kinship caregivers. Presumably, the addition of these new requirements to implement the kinship child care program will result in additional work functions and costs of compliance to the PCSA, but ODJFS is not able to estimate the additional cost given the varying nature of PCSA business practices used to operationalize the practice.

13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

III. Common Sense Initiative (CSI) Questions

15. Was this rule filed with the Common Sense Initiative Office? No

16. Does this rule have an adverse impact on business? No

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

Not Applicable

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

Not Applicable

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

Not Applicable

Ohio Department of Job and Family Services

PRE-SCREENING TOOL FOR KINSHIP CHILD CARE

The following checklist should be utilized to assist with the identification of Kinship Child Care eligibility.

1. Kinship Caregiver Name															
2. How many individuals are in the household, including the kinship child(ren)?															
3. What is the household's gross monthly income pursuant to rule 5101:2-16-34 of the Administrative Code?															
<p>4. Is the household under 200%?</p> <table border="1"> <thead> <tr> <th>Family Size</th> <th>Maximum Gross Income Limit for Initial Eligibility (200%)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>\$2,707</td> </tr> <tr> <td>3</td> <td>\$3,404</td> </tr> <tr> <td>4</td> <td>\$4,100</td> </tr> <tr> <td>5</td> <td>\$4,797</td> </tr> <tr> <td>6</td> <td>\$5,494</td> </tr> <tr> <td>7</td> <td>\$6,190</td> </tr> </tbody> </table>	Family Size	Maximum Gross Income Limit for Initial Eligibility (200%)	2	\$2,707	3	\$3,404	4	\$4,100	5	\$4,797	6	\$5,494	7	\$6,190	<p>YES Proceed to question 5</p> <p>NO Family is not eligible for Kinship Child Care or Publicly Funded Child Care (PFCC)</p>
Family Size	Maximum Gross Income Limit for Initial Eligibility (200%)														
2	\$2,707														
3	\$3,404														
4	\$4,100														
5	\$4,797														
6	\$5,494														
7	\$6,190														
<p>5. Is the household under 130%?</p> <table border="1"> <thead> <tr> <th>Family Size</th> <th>Maximum Gross Income Limit for Initial Eligibility (130%)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>\$1,726</td> </tr> <tr> <td>3</td> <td>\$2,176</td> </tr> <tr> <td>4</td> <td>\$2,627</td> </tr> <tr> <td>5</td> <td>\$3,078</td> </tr> <tr> <td>6</td> <td>\$3,528</td> </tr> <tr> <td>7</td> <td>\$3,979</td> </tr> </tbody> </table>	Family Size	Maximum Gross Income Limit for Initial Eligibility (130%)	2	\$1,726	3	\$2,176	4	\$2,627	5	\$3,078	6	\$3,528	7	\$3,979	<p>YES Family may meet PFCC eligibility Proceed to question 6</p> <p>NO Family is not eligible for PFCC, complete Kinship Child Care Application.</p>
Family Size	Maximum Gross Income Limit for Initial Eligibility (130%)														
2	\$1,726														
3	\$2,176														
4	\$2,627														
5	\$3,078														
6	\$3,528														
7	\$3,979														
6. Does the household have employment, a work requirement, or an educational activity?	<p>YES Family may meet PFCC eligibility</p> <p>NO Family may meet Kinship Child Care eligibility based on identified need</p>														

KINSHIP CHILD CARE APPLICATION**Voter's 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 today?

☐ **Yes**, I want to register ☐ **No**, I do not want to register ☐ **NA**, I am already registered

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

Kinship Caregiver Information

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

Household Information (include yourself, your spouse, and all of the minor children for whom you and your spouse are responsible, and who reside in the same household.)

Name (First, Middle, Last)	Relationship to You (spouse, son, etc.)	Kinship Placement Yes/No	US Citizen Yes/No	Date of Birth	Gender	Race	SSN
	Self	N/A				<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	

Child Needing Care Information					
Kinship Child 1		Provider Name and Address		What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>	
Name				<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 Mothers Maiden Name		City of Birth		Primary Spoken Language	
Kinship Child 2		Provider Name and Address		What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>	
Name				<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 Mothers Maiden Name		City of Birth		Primary Spoken Language	
Kinship Child 3		Provider Name and Address		What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>	
Name				<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 Mothers Maiden Name		City of Birth		Primary Spoken Language	
Will you or the people in your home receive income this month? <input type="checkbox"/> Yes <input type="checkbox"/> No Income refers to all the money that you and the people in your home as listed above 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)
					<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 your spouse pay Child or Spousal Support? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much?					
Have you or your spouse received publicly funded child care in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 certain details about the status of my application may be shared with the child care provider listed. My signature also gives consent to issue a system generated statewide student identifier (SSID) for each child listed in this application.

I understand that I will be able to use kinship child care only for children who are eligible and only up to the maximum hours authorized.

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 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 in the program.

Signature of Kinship Caregiver

Date

RIGHT TO A STATE HEARING: You have a right to a state hearing before the Ohio Department of Job and Family Services if your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read the JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to you along with this application form.

**This form shall not be used to apply for publicly funded child care services.*

PCSA Office Use Only

PCSA Name _____

Date Completed Application Received _____

PCSA Representative Name _____

Email Address _____

PCSA Recommendation

☐ Recommend Approval

☐ Recommend Denial

Identified need for kinship child care

- ☐ Caregiver(s) is participating in paid employment
- ☐ Caregiver(s) is participating in a training or education activity
- ☐ Caregiver(s) requires temporary relief from child caring functions, kinship child care is reasonable and necessary, intended for kinship family to receive a break

Reason for denial

- ☐ Kinship home assessment has not been completed or approved
- ☐ Kinship family's income is above 200% of the federal poverty level
- ☐ The child is thirteen years old or older and does not meet the definition of special needs
- ☐ The kinship caregiver is not a resident of Ohio
- ☐ The kinship child does not reside with the kinship caregiver
- ☐ The kinship caregiver or kinship child are not U.S. citizens, non-citizen nationals, or qualified aliens
- ☐ The kinship caregiver or kinship child do not have or have not applied for social security numbers
- ☐ The kinship family does not have an identified need for kinship child care
- ☐ The kinship caregiver did not submit a complete application or all required verification documentation
- ☐ Other _____

If PCSA is recommending approval, how much kinship child care is recommended?

- ☐ Hourly (less than 7.0 hours per week)
- ☐ Part-time weekly (7.0 to less than 25 hours per week)
- ☐ Full-time weekly (25.0 to 60.0 hours per week)