

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-16-02

**Rule Type:** New

**Rule Title/Tagline:** Application and qualification process for receipt of publicly funded child care benefits.

**Agency Name:** Department of Job and Family Services

**Division:** Division of Social Services

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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?** No

**3. What statute is this rule being promulgated under?** 119.03

**4. What statute(s) grant rule writing authority?** 5104.38, 5104.34

**5. What statute(s) does the rule implement or amplify?** 5104.01, 5104.42, 5104.38, 5104.382, 5104.34, 5104.30, 5104.32

**6. What are the reasons for proposing the rule?**

This new rule is proposed to replace rescinded rules 5101:2-16-30 and 5101:2-16-37 and to partially replace rescinded rules 5101:2-16-35.1 and 5101:2-16-36 to group regulations according to topic and to renumber the rules consecutively as part of the five year rule review.

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

This proposed new rule sets forth the caregiver application and re-determination process and qualification requirements for the publicly funded child care (PFCC) program. The following changes have been made:

- 1) Combined the caretaker application process and eligibility requirements into one rule to improve clarity and organization of the chapter.
- 2) Clarified that a valid PFCC application must include the applicant's name, address and signature.
- 3) Clarified that an application is not "received" until it includes the applicant's name, address and signature.
- 4) Clarified that families with no reported income must provide a statement indicating how the family is meeting basic living expenses, pursuant to 5101:2-16-03 of the Administrative Code.
- 5) Clarified when the qualifying activity section of the application is considered complete and when verification of activities and/or verification of being unable to care for a child are required.
- 6) Clarified the requirements for caretakers and counties when indicating a child in need of care has special needs.
- 7) Clarified "homeless child care" to specify eligibility requirements.
- 8) Added that if a homeless caretaker does not have a qualifying activity, a full-time authorization may be created for each child in need of care.
- 9) Removed the requirement that homeless child care eligibility is limited to once in a twelve-month period.
- 10) Clarified that a caretaker must fill out a redetermination application when the Head Start program year extends beyond the current eligibility period.
- 11) Clarified that eligibility may include applicants as well as recipients of Ohio Works First.

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

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

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

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

*Not Applicable*

## **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.

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This rule has no expected fiscal impact on current or future budgets.

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

No new costs.

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**
- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No**

**REQUEST FOR REINSTATEMENT OF CHILD CARE BENEFITS**

This form must be used to apply for reinstatement of child care benefits when your benefits were terminated within the last 60 days. Please sign and date this application.

Your eligibility for reinstatement will be determined after this form is completed and submitted to the county agency in the county where you live. You will need to verify your income and your work, training or education activity and you must show the hours and days that you need child care. You may need to complete a redetermination of eligibility.

<b>APPLICANT INFORMATION</b>						
Name <i>(last, first, middle)</i>			Date of birth <i>(month, day, year)</i>		Today's date	
Household address <i>(street and number required)</i>					County	
City			State		Zip Code	
Home phone number		Cell phone number		Work phone number		
<b>HOUSEHOLD MEMBERS:</b> List yourself and other people who live with you. Include all children, even those children who do not need child care.						
Name (First, MI, Last)	Social Security Number (optional)	Date of Birth	Gender	Person's Relationship to You	Child Needing Care? Y/N	In School/ Training? Y/N
				SELF		
<b>HOUSEHOLD INCOME:</b> List all income for any household member including income from sources such as Social Security (SSA or SSI), unemployment benefits, disability benefits, workers' compensation, retirement/pension benefits, rental income. Identify the income source, the date the income began, the monthly amount and provide supporting documentation.						
			Applicant/Primary Caretaker		Secondary Caretaker	
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently self-employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently attending school?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently attending vocational training or other occupational job skills training?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant					Date	