

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-16-07

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

**County agency responsibilities for the administration of
publicly funded child care.****RULE SUMMARY**1. Is the rule being filed for five year review (FYR)? **No**2. Are you proposing this rule as a result of recent legislation? **No**3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**4. Statute(s) authorizing agency to adopt the rule: **5104.30, 5104.34, 5104.38**5. Statute(s) the rule, as filed, amplifies or implements: **5104.01, 5104.30, 5104.34, 5104.38**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being amended to update policy relating to the administration of the publicly funded child care program.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

The rule is being amended to update the form revision date for the JFS 01138 "Application for Child Care Benefits." This rule contains the responsibilities of the county agency for the administration of the publicly funded child care program.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more dated references to the U.S. Code. This question is not applicable to any dated incorporation by reference to the U.S. Code because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A).

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

This rule incorporates one or more references to 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).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

This is not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **5/1/2019**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

There is no impact on the current budget.

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

This is not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

There are no anticipated new costs of compliance as a result of this amended rule.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

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

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

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

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

If you are working, in training or in school, you may be able to have part of your child care costs paid by the Ohio Department of Job and Family Services (ODJFS). Your eligibility will be based on your monthly gross income and your family size. You will have to pay part of the cost of the child care. If approved, your benefit information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card. You will be required to use this card to track your child's attendance. You may not allow your child care provider or their designee to keep or use your card.

Please complete this application and include proof of ALL sources of income for ALL members of your 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. You must also show that you need child care for the days and hours of your work, training or education activity. You must sign and date this application.

Your eligibility for child care benefits will be determined after this form is completed and submitted to the county agency in the county where you live. If your 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 your application. If your application is denied, you will be responsible for payments to any child care provider whose services you have used since you submitted your application.

You 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, you must pay the required copayment, if applicable, to the provider. Failure to pay the applicable copayment may result in termination of your child care benefits.

You must report to the county agency any change which affects your child care eligibility, 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.**

SECTION I APPLICANT INFORMATION *please print*

<input type="checkbox"/> Initial		<input type="checkbox"/> Re-determination		Today's Date	
Person Submitting Application <input type="checkbox"/> Caretaker <input type="checkbox"/> Provider <input type="checkbox"/> Other (specify):					
Name of Applicant (<i>last, first, middle</i>)				Maiden or Previous Married Name(s)	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married <input type="checkbox"/> Abandoned <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed					
Social Security Number* (<i>optional</i>)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (<i>month, day, year</i>)	
Household Address (<i>street and number required</i>)		City		State	Zip Code County
Mailing Address (<i>if different from above</i>)		City		State	Zip Code
Email Address		Home Phone Number		Cell Phone Number	Work Phone Number
Emergency Contact Name		Home Phone Number		Cell Phone Number	Work Phone Number
Emergency Contact Address (<i>street and number required</i>)		City		State	Zip Code
Primary/Preferred Contact Name (<i>optional</i>)					
Primary/Preferred Contact Address (<i>optional</i>)		City		State	Zip Code Phone

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 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.

***This social security number is optional for the applicant. If provided, it will be used for the administration of Ohio's publicly funded child care program.**

SECTION II HOUSEHOLD COMPOSITION

How many people live in your house? _____

List yourself first, and then list all of the other people who live with you. Include all children; even those children who do not need child care.

Name (First, Middle, Last)	Social Security Number*	Date of Birth	Sex M/F	Person's Relationship To Child	Person's Relationship To You	Child Needing Care? Y/N

*This social security number is optional and will be used for the administration of Ohio's publicly funded child care program.

SECTION III HOUSEHOLD INCOME INFORMATION (You will be asked to provide proof of your income)Does any caretaker or minor parent receive child/spousal/medical support? ☐ Yes ☐ No

If yes, list each child you receive support for, the date the support began, and the amount per month.

Does any caretaker or minor parent pay any child/spousal/medical support for a child not in your care? ☐ Yes ☐ No

If yes, list each child you pay support for, the date the support began, and the amount per month.

Do any household members currently receive child care benefits from any county department of job and family services?

☐ Yes ☐ No

Do any household members currently receive or have received other benefits from any county department of job and family services in the past twelve months? (provide supporting documentation)

☐ Food Assistance ☐ Medicaid ☐ PRC ☐ OWF County and Case Number

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, and rental income. Identify the income source, the date the income began, the monthly amount, and supporting documentation.

	Applicant/Primary Caretaker	Secondary Caretaker	Minor Parent 1	Minor Parent 2
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending vocation training or other occupational job skills training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a minor, are you currently in LEAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of child care fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or a qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Mark "Yes" or "No" for each group) African American/Black Alaskan Native/American Indian Asian Native Hawaiian/Pacific Islander White	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity- Hispanic/Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language - Spoken				
Highest Level of Education	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Other _____ Graduation date: _____
Do you have any college credit hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many Semester and/or Quarter credit hours do you have?				
Are you currently receiving a post-secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your current schooling, vocational or occupational training required to maintain your employment, certification, or licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV APPLICANT'S NEED FOR SERVICES			
Applicant's Employment *			
Name and Address of Employer (enter "Self" if self-employed)	Start Date	Rate of Pay	How often paid
Job Title or Description	Supervisor's Name		Phone Number
<p>* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of job and family services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.</p> <p style="text-align: center;">If you do not provide the necessary documentation, this application for child care benefits will be denied.</p>			
Days of Work <i>(Check all that apply)</i>	Hours of Work		If Hours Vary, Show Average Number of Hours per Day
<input type="checkbox"/> Sunday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Monday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Tuesday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Wednesday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Thursday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Friday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Saturday	Begin ____ End ____ Begin ____ End ____		
Applicant's School or Training			
Name and Address of School or Training Location			Start Date
Contact Person			Phone Number
Days of School/Training <i>(Check all that apply)</i>	Hours of School and/or Training		If Hours Vary, Show Average Number of Hours per Day
<input type="checkbox"/> Sunday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Monday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Tuesday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Wednesday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Thursday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Friday	Begin ____ End ____ Begin ____ End ____		
<input type="checkbox"/> Saturday	Begin ____ End ____ Begin ____ End ____		
Estimated date of graduation or completion of training			

Second Caretaker's Employment *			
Name and Address of Employer <i>(enter "Self" if self-employed)</i>		Start Date	Rate of Pay
How often paid			
Job Title or Description		Supervisor's Name	
Phone Number			
<p>* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of job and family services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.</p> <p style="text-align: center;">If you do not provide the necessary documentation, this application for child care benefits will be denied.</p>			
Days of Work <i>(Check all that apply)</i>	Hours of Work		If Hours Vary, Show Average Number of Hours per Day
<input type="checkbox"/> Sunday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Monday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Tuesday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Wednesday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Thursday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Friday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Saturday	Begin ____ End ____	Begin ____ End ____	
Second Caretaker's School or Training			
Name and Address of School or Training Location			Start Date
Contact Person			Phone Number
Days of School/Training <i>(Check all that apply)</i>	Hours of School and/or Training		If Hours Vary, Show Average Number of Hours per Day
<input type="checkbox"/> Sunday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Monday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Tuesday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Wednesday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Thursday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Friday	Begin ____ End ____	Begin ____ End ____	
<input type="checkbox"/> Saturday	Begin ____ End ____	Begin ____ End ____	
Estimated date of graduation or completion of training			

SECTION V CHILDREN WHO NEED CHILD CARE <i>(Complete one page for EACH child who needs child care)</i>													
1. Child's Name <i>(First, Middle, Last)</i>	Race <i>(mark "Y" or "N" for EACH group)</i>												
Child's Mother's Maiden Name	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> African American/Black</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Alaskan Native/American Indian</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Asian</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Native Hawaiian/Pacific Islander</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> White</td> </tr> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/> African American/Black	<input type="checkbox"/>	<input type="checkbox"/> Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/> Asian	<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/> White
Y	N												
<input type="checkbox"/>	<input type="checkbox"/> African American/Black												
<input type="checkbox"/>	<input type="checkbox"/> Alaskan Native/American Indian												
<input type="checkbox"/>	<input type="checkbox"/> Asian												
<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian/Pacific Islander												
<input type="checkbox"/>	<input type="checkbox"/> White												
*Current grade level of child: _____ *If child is attending grade kindergarten or above, this section must be completed.													
School year start date: _____ and end date: _____	Ethnicity/Hispanic <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>								
Y	N												
<input type="checkbox"/>	<input type="checkbox"/>												
Hours of school: from _____ to _____ = _____ (hrs.)													
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____													
Name of school													
School address													
Does child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____													
Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a current case plan for the caretaker with whom the child resides? <input type="checkbox"/> Yes <input type="checkbox"/> No	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.												
Is the child enrolled in a federally funded head start program? <input type="checkbox"/> Yes <input type="checkbox"/> No	City of Birth: _____												
Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You <u>must</u> clearly show which provider you are requesting for each day and time.													
Days and Times of Care	Name and Address of Provider for Child Named Above												
Sunday From _____ to _____ From _____ to _____													
Monday From _____ to _____ From _____ to _____													
Tuesday From _____ to _____ From _____ to _____													
Wednesday From _____ to _____ From _____ to _____													
Thursday From _____ to _____ From _____ to _____													
Friday From _____ to _____ From _____ to _____													
Saturday From _____ to _____ From _____ to _____													

SECTION V CHILDREN WHO NEED CHILD CARE (Complete one page for EACH child who needs child care)

2. Child's Name (First, Middle, Last)

Child's Mother's Maiden Name

*Current grade level of child: _____ * If child is attending grade kindergarten or above, this section must be completed.

School year start date: _____ and end date: _____

Hours of school: from _____ to _____ = _____ (hrs.)

Is child entering kindergarten?

☐ Yes ☐ No Begin date: _____

Name of school

School address

Does child have any special needs? ☐ Yes ☐ No If yes, please describe: _____

Does the child require protective child care? ☐ Yes ☐ No
If yes, is there a current case plan for the caretaker with whom the child resides?
☐ Yes ☐ No

Is the child enrolled in a federally funded head start program?
☐ Yes ☐ No

Race

(mark "Y" or "N" for EACH group)

Y

☐☐☐☐☐

N

☐☐☐☐☐

African American/Black
Alaskan Native/American Indian
Asian
Native Hawaiian/Pacific Islander
White

Ethnicity/Hispanic

Y

☐

N

☐

Is this child a United States citizen or a qualified alien?
☐ Yes ☐ No

You must provide verification in order to receive child care.

City of Birth: _____

Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You must clearly show which provider you are requesting for each day and time.

Days and Times of Care**Name and Address of Provider for Child Named Above**

Sunday From _____ to _____

From _____ to _____

Monday From _____ to _____

From _____ to _____

Tuesday From _____ to _____

From _____ to _____

Wednesday From _____ to _____

From _____ to _____

Thursday From _____ to _____

From _____ to _____

Friday From _____ to _____

From _____ to _____

Saturday From _____ to _____

From _____ to _____

3. Child's Name (First , Middle, Last)		Race (mark "Y" or "N" for EACH group) <table border="0"> <tr> <td>Y</td> <td>N</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>African American/Black</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Alaskan Native/American Indian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Native Hawaiian/Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>White</td> </tr> </table>	Y	N		<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	White
Y	N																			
<input type="checkbox"/>	<input type="checkbox"/>		African American/Black																	
<input type="checkbox"/>	<input type="checkbox"/>		Alaskan Native/American Indian																	
<input type="checkbox"/>	<input type="checkbox"/>	Asian																		
<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/Pacific Islander																		
<input type="checkbox"/>	<input type="checkbox"/>	White																		
Child's Mother's Maiden Name																				
*Current grade level of child: _____ * If child is attending grade kindergarten or above, this section must be completed.																				
School year start date: _____ and end date: _____																				
Hours of school: from _____ to _____ = _____ (hrs.)		Ethnicity/Hispanic <table border="0"> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>														
Y	N																			
<input type="checkbox"/>	<input type="checkbox"/>																			
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____																				
Name of school																				
School address																				
Does child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____																				
Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a current case plan for the caretaker with whom the child resides? <input type="checkbox"/> Yes <input type="checkbox"/> No		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. City of Birth: _____																		
Is the child enrolled in a federally funded head start program? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Indicate below your choice of provider(s) for each day and the hours of care requested. If you are using only one provider for all requested times, you may indicate the name of the provider one time. You <u>must</u> clearly show which provider you are requesting for each day and time.																				
Days and Times of Care		Name and Address of Provider for Child Named Above																		
Sunday	From _____ to _____																			
	From _____ to _____																			
Monday	From _____ to _____																			
	From _____ to _____																			
Tuesday	From _____ to _____																			
	From _____ to _____																			
Wednesday	From _____ to _____																			
	From _____ to _____																			
Thursday	From _____ to _____																			
	From _____ to _____																			
Friday	From _____ to _____																			
	From _____ to _____																			
Saturday	From _____ to _____																			
	From _____ to _____																			

**YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS
PLEASE READ THE FOLLOWING AND SIGN BELOW**

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 V 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 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 statewide student identifier (SSID) that is system generated to the children within Section V of this application.

My signature below gives my consent and authorizes the county agency to access CRIS-E 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.

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.

To file a discrimination complaint, write or call the Ohio Department of Job and Family Services at: ODJFS, Bureau of Civil Rights, 30 E. Broad St., 37th Floor, Columbus, OH 43215-3414; (614) 644-2703 (voice) / 1-866-227-6353 (voice - toll free); (614) 995-9961 (TTY) / 1-866-221-6700 (TTY toll free); (614) 752-6381 (fax). You may also write or call: U.S. Department of Health and Human Services, Office for Civil Rights, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601; (312) 886-2359 (voice); (312) 353-5693 (TDD); (312) 886-1807 (fax).

Signature of Applicant	Date
Signature of Person Who Helped Complete This Application	Date

EXPLANATION OF STATE HEARING PROCEDURES

What is a state hearing?

If you think there has been a mistake or delay on your child care case, you may ask for a hearing by either the local county agency or the state department of Job and Family Services (ODJFS).

A state hearing is a meeting with you, someone from the county agency and a hearing officer from ODJFS. The person from the county agency 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 county agency 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 county agency 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 timely requested a 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 county agency 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 COUNTY AGENCY. 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 county agency, be sure to state that on your hearing request.

Can a hearing be postponed?

If you cannot come to the hearing as scheduled or if you need more time to prepare, you can ask for a postponement. You must have a good reason to postpone the hearing.

What happens if I do not attend the hearing?

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The county agency can then take the action it was planning to take. If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

What happens before the hearing?

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local Legal Aid program to see if you qualify for free help. If you don't know how to reach your Legal Aid, call 1-800-589-5888 (toll-free). If you want notice of the hearing sent to your lawyer, you must give the lawyer's name and address to the hearing authority. You and your representative have the right to look at your case file and the written rules being applied to your case. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents. The county agency 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 county agency 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 county agency 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.