

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? **Yes**Bill Number: **HB64**General Assembly: **131**Sponsor: **Smith**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:

The rule is being proposed for amendment to implement provisions of Section 263.60 (TEMP) of Amended Substitute House Bill 64 of the 131st General Assembly to establish an aligned application process for the publicly funded child care (PFCC) program and the Ohio Department of Education's Early Childhood

Education (ECE) 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:

This rule sets forth the county agency responsibilities for the administration of publicly funded child care. It is being proposed for amendment to update the revision date of the JFS 01138 "Application for Child Care Benefits" and to include the JFS 01121 "Early Childhood Education Eligibility Screening Tool" and the JFS 01122 "Publicly Funded Child Care Supplemental Application" as alternate ways to apply for child care benefits.

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 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 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 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).

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).

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:

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

The proposed rule will not have an impact on the agency's projected budget during

the current biennium.

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

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
Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**How do I apply for Early Childhood Education Services?****You will need to:**

1. Complete the screening tool.
2. Do not submit to the Ohio Department of Education.
3. Submit this form to your provider.

How do I apply for Publicly Funded Child Care?**You will need to:**

1. Complete the screening tool, JFS 01121.
2. Complete the JFS 01122 Publicly Funded Child Care Supplemental Application.
3. Submit both the JFS 01121 and JFS 01122 to your local county agency.
4. Attach verifications to the JFS 01122 (see verification requirements below).

How do I complete this application?

1. **Fill out this application:** Answer as many questions as you can.
2. **Be sure to sign the application.**

When will I receive assistance?

ECC: You will be notified by your provider when you may begin care.

Child care: Eligibility for the child care program is based on the date a signed application is submitted to the county agency. Eligibility for this program is determined within 30 days from the earliest date either the JFS 01121 or JFS 01122 is submitted.

What verifications do I need for publicly funded child care?**You will need to:**

1. **Submit the JFS 01121 and JFS 01122.**
2. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)
3. **Proof of any child support paid.**
4. **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
5. **Provide proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
6. **Provide the name and address of an eligible child care provider chosen for each child in need of care.**

What is Step Up To Quality?

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

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Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

*This form is valid only for publicly funded child care when attached to a
JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)				
First Name		Middle Initial	Last Name	
Address				Today's Date
City	State		County	Zip Code
Phone Number ()	Additional Phone Number ()		E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	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"/> 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					

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	<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 Mother's Maiden Name			What is the child's home school district? _____
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	<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 Mother's Maiden Name			What is the child's home school district? _____
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	<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 Mother's Maiden Name			What is the child's home school district? _____
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? ☐ Yes ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<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 _____
					<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 anyone in your household pay Child or Spousal Support? ☐ Yes ☐ No

How Much?

Signature of Applicant

Date

Publicly Funded Child Care Supplemental Application

*This form is valid only for publicly funded child care when attached to a
JFS 01121 Early Childhood Education Eligibility Screening Tool

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. Applicant

First Name	Middle Initial	Last Name	Date of Birth
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3. Tell us more about you (the applicant)**Are you:**

☐ Visually Impaired

☐ Hearing Impaired

Do you need any of the following services?

☐ Interpreter

☐ Sign Language ☐ Other:

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

Have you ever been found guilty of child care fraud?

☐ Yes ☐ No

Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan? ☐ Yes ☐ No**If you are a minor, are you currently in LEAP?**

☐ Yes ☐ No

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

How many? _____

Is anyone in your household in the military? ☐ Yes ☐ No

☐ Active Duty ☐ National Guard/Reserve

4. Tell us how to reach you

Complete this section for the applicant

Mailing Address

☐ Check here if you are homeless

Street Address

City	County	State	Zip Code
Phone Number ()	Additional Phone Number ()		E-mail Address

5. Emergency Contact

First Name	MI	Last Name	<input type="checkbox"/> Not Applicable
Street Address			
City	County	State	Zip Code
Phone Number ()	Additional Phone Number ()		E-mail Address

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

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

Name (First, Middle, Last)	Social Security Number (optional)	Date of Birth	Highest Level of Education Completed	If currently enrolled in school, name of School/Program	Relationship to Child Needing Care (mother, father, grandparent, sibling, etc.)
			<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Number of Credit Hours	SELF
			<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Number of Credit Hours	
			<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Number of Credit Hours	
			<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Number of Credit Hours	
			<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Number of Credit Hours	

7. Tell us about your child(ren) who needs child care

Child 1			
Name	Social Security Number (optional)	Child's Needs	School Questions
		<p>Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Child Entering Kindergarten: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day</p> <p>Current grade Level _____</p> <p>Time school in session _____</p> <p>School Year Start Date: _____ End Date: _____</p> <p>Name of School: _____</p> <p>Is child in Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Child 2			
Name	Social Security Number (optional)	Child's Needs	School Questions
		<p>Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Child Entering Kindergarten: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day</p> <p>Current grade Level _____</p> <p>Time school in session _____</p> <p>School Year Start Date: _____ End Date: _____</p> <p>Name of School: _____</p> <p>Is child in Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Child 3			
Name	Social Security Number (optional)	Child's Needs	School Questions
		<p>Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Child Entering Kindergarten: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day</p> <p>Current grade Level _____</p> <p>Time school in session _____</p> <p>School Year Start Date: _____ End Date: _____</p> <p>Name of School: _____</p> <p>Is child in Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

8. Signature of person who completed this application

RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS

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

Please complete this supplemental application along with the JFS 01121 and include proof of ALL sources of income for ALL members of the household. This includes earnings from jobs, tips, bonuses, retirement benefits, disability benefits, unemployment benefits, dividends, child/spousal/medical support, Ohio Works First (OWF) benefits and income from self-employment. A school schedule and transcripts for an education activity must also be provided if applicable. A need for child care for the days and hours of work, training or education activity must be shown. This application must be signed and dated.

Eligibility for child care benefits will be determined after this form and the JFS 01121 are completed and submitted to the county agency in the county where the applicant lives. If this application is approved and the applicant is eligible for child care benefits, the county agency may authorize payment for child care services from the date the county agency received the completed application. If the application is denied, the applicant may be responsible for payments to any child care provider whose services have been used since the submission of the application.

The applicant will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the county agency for employment/training/education with allowances for travel time and other circumstances approved by the county agency. To remain eligible for child care, the required copayment must be paid, if applicable, to the provider. Failure to pay the applicable copayment may result in termination of child care benefits.

Any change, which affects child care eligibility, must be reported to the county agency including a change in family income, a change in hours of employment/training/education, a change in family size, and a change of address. **Changes must be reported within 10 days of the date the change occurs.**

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.

ASSURANCES

By signing and submitting the application, I acknowledge and agree that the county agency and the ODJFS may share certain details about the status of my application with the child care provider(s) listed in Section 7 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.

My signature below gives my consent to the agency and the ODJFS to make contacts that are necessary to determine my eligibility for assistance and to verify the information I have given in this application. I understand that my signature below gives the county agency permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child / spousal / medical support income. My signature also gives consent to issue a system generated statewide student identifier (SSID) for each child listed in Section 7 of this application.

My signature below gives my consent and authorizes the county agency to access CRIS-E or Ohio Benefits Worker Portal for the purpose of verifying the citizenship status of the children in this case and for verification of the receipt of additional public assistance. I may revoke this authorization at any time by notifying the county agency in writing.

I have received an explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the county agency and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the swipe card issued to me for the purpose of reporting children's daily attendance at a child care provider. If a swipe card is lost or stolen, I understand that I shall request a replacement swipe card within seven business days from the date of the last swipe.

I understand that I must use my Ohio electronic child care swipe card to record attendance at my child care provider(s) and that I may not give my card to my provider(s) or allow my provider(s) to use my swipe card.

I understand that if my child attends a Step Up To Quality program, if an assessment is completed on my child, the data will be collected and reported to ODJFS.

Child care fraud is the willful withholding or falsification of information or misuse of child care services as determined by a court of law. Failure to meet this reporting requirement may be considered fraud and may result in the following: 1) repayment of child care benefits which you received but for which you were not eligible; 2) termination or denial of child care benefits; or 3) penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which you were not eligible.

Signature of Applicant	Signature of person who helped you complete this application (if applicable)	Date

Your civil rights

Federal law and the policies of the U.S. Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write or call HHS or ODJFS. HHS, and ODJFS are equal opportunity providers and employers.

Write or Call:

HHS

Region V, Office of Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
(312)886-2359 (voice)
(312) 353-5693 (TDD) (312)886-1807 (fax)

Write or Call:

ODJFS

Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215
(614) 644-2703 (voice)
1-866-227-6353 (toll free) (614) 752-6381 (fax) 1-866-221-6700 (TTY)

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 department of Job and Family Services (CDJFS) or the state department of Job and Family Services (ODJFS).

A state hearing is a meeting with you, someone from the CDJFS and a hearing officer from ODJFS. The person from the CDJFS will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the CDJFS and may ask questions to help bring out all the facts. The hearing officer will review the facts presented and recommend a decision based on whether or not the child care rules were correctly applied in your case.

How do I ask for a hearing?

To ask for a hearing, call or write your CDJFS or write to ODJFS, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your child care, fill out that form and mail it to the Bureau of State Hearings. You may also fax your hearing request to (614) 728-9574. ODJFS must receive your hearing request within 90 days of the mailing date of the notice of action. If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a hearing request by telephone.

How do I request a telephone hearing?

If you cannot attend the hearing at the scheduled location because you do not have transportation or child care or you have medical limitations, etc., you can call 1-866-635-3748 and participate by telephone. If you participate by telephone the hearing officer will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Will my child care benefits continue?

If you receive a notice that your child care will be reduced, stopped or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

If your child care benefits have been changed without written notice or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings to ask if you should receive continuing benefits. Call 1-866-635-3748 and choose option number 1 from the automated voice menu. If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

What is a county conference?

An informal meeting with a person from the CDJFS may settle the issue without the need for a state hearing. This is often the quickest way to solve a problem. At this meeting someone will review your case with you. If a mistake was made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results you can still have a state hearing. You do not have to have a county conference to have a state hearing and asking for a county conference will not delay your state hearing.

When will the hearing be held?

The Bureau of State Hearings will send you a notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled. Hearings are usually held at the CDJFS. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the CDJFS, be sure to state that on your hearing request.

Can a hearing be postponed?

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

What happens if I do not attend the hearing?

The Bureau of State Hearings will send you a dismissal notice if you 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 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 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 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.

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

How do I apply for assistance?**You will need to:**

1. Complete this application.
2. Provide verification for the determination of eligibility. Verification is explained below.

Do you need help completing this application?

1. **If English is not your primary language:** The county agency will provide someone who can help you understand the questions on this application.
2. **If you have a disability, are hearing-impaired or visually-impaired:** The county agency will help you complete this application.
3. **You may also ask for help at other times, such as:** When you report changes, or when you have questions about your case.

How do I complete this application?

1. **Fill out this application:** Answer as many questions as you can.
2. **Be sure to sign the application:**

Where do I turn in this application?

Turn in the application to your local county agency: This will start the application process. Office hours vary by county.

When will I receive assistance?

Child care: Eligibility for the child care program is based on the date your signed and dated application is submitted to the county agency. Your eligibility for this program is determined within 30 days from the date the signed and dated application is received.

What verifications do I need?**You will need to:**

1. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)
2. **Proof of any child support paid.**
3. **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
4. **Provide proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, self-sufficiency contract, etc.
5. **Provide the name and address of an eligible child care provider chosen for each child in need of care.**

What is Step Up To Quality?

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS

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

Please complete this application and include proof of ALL sources of income for ALL members of the household. This includes earnings from jobs, tips, bonuses, retirement benefits, disability benefits, unemployment benefits, dividends, child/spousal/medical support, Ohio Works First (OWF) benefits and income from self-employment. A school schedule and transcripts for an education activity must also be provided if applicable. A need for child care for the days and hours of work, training or education activity must be shown. This application must be signed and dated.

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

The applicant will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the county agency for employment/training/education with allowances for travel time and other circumstances approved by the county agency. To remain eligible for child care, the required copayment must be paid, if applicable, to the provider. Failure to pay the applicable copayment may result in termination of child care benefits.

Any change which affects child care eligibility, must be reported to the county agency including a change in family income, a change in hours of employment/training/education, a change in family size, and a change of address. **Changes must be reported within 10 days of the date the change occurs.**

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	
Mailing Address			
City	County	State	Zip Code
Phone Number ()	Additional Phone Number ()		E-mail Address

3. Tell us more about you (the applicant)

Are you:		Do you need any of the following services?	
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Sign Language _____		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Not married			
Have you, or anyone living with you, ever received cash, child care, food, or medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or anyone in your household in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes (<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserves)			
Have you ever been found guilty of child care fraud? <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	
If you are a minor, are you currently in LEAP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any college credit hours? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____	

4. Emergency Contact

First Name	MI	Last Name	<input type="checkbox"/> N/A
Street Address			
City	County	State	Zip Code
Phone Number ()	Additional Phone Number ()		E-mail Address

5. Tell us about your finances

Will you or the people in your home receive income this month? ☐ Yes ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<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 _____
					<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 anyone in your household pay Child or Spousal Support? ☐ Yes ☐ No

How Much?

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

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

Name (First, Last)	Social Security Number	US Citizen Y or N	Gender	Date of Birth	Relationship to You (spouse, son, friend, etc.)	Race	Hispanic or Latino Y or N	Highest Level of Education Completed	If currently enrolled in school, name of School/Program
					Self	<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"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Number of Credit Hours

Name (First, Last)	Social Security Number	US Citizen Y or N	Gender	Date of Birth	Relationship to You (spouse, son, friend, etc.)	Race	Hispanic or Latino Y or N	Highest Level of Education Completed	If currently enrolled in school, name of School/Program
						<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"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Number of 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"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Number of 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"/> High School Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Number of 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"/> High School Diploma/GED <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> 2 Year Degree Graduation date: _____	<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College Number of Credit Hours

7. Tell us more about the child(ren) who need child care		
Child 1		
Child's Name (First, Middle, Last)	Gender	Child's Date of Birth
Child's Mother's Maiden Name	Child's City of Birth	
Race <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		Hispanic <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.		Child's preferred spoken language _____
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 Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No 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
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School Questions *If child is attending or will be attending kindergarten or above, this section must be completed.

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

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

☐ Child enrolled in Head Start From _____ to _____

Child 2

Child's Name (First, Middle, Last)	Gender	Child's Date of Birth
Child's Mother's Maiden Name	Child's City of Birth	
Race <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		Hispanic <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.	Child's preferred spoken language _____	

Child's Needs

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

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

Days/Hours care needed <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
--	--

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

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

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

☐ Child enrolled in Head Start From _____ to _____

Child 3

Child's Name (First, Middle, Last)	Gender	Child's Date of Birth
Child's Mother's Maiden Name	Child's City of Birth	
Race <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		Hispanic <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.	Child's preferred spoken language _____	

Child's NeedsDoes child require protective child care? ☐ Yes ☐ No If yes, is there a case plan? ☐ Yes ☐ NoDo you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe: _____**Days/Hours care needed**

☐ Sun From _____ to _____

☐ Mon From _____ to _____

☐ Tues From _____ to _____

☐ Wed From _____ to _____

☐ Thurs From _____ to _____

☐ Fri From _____ to _____

☐ Sat From _____ to _____

Provider Name and Address**School Questions** *If child is attending or will be attending kindergarten or above, this section must be completed.Child Entering Kindergarten: ☐ Yes ☐ No ☐ AM ☐ PM ☐ Full Day Current grade Level _____ Hours of school: from _____ to _____

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

☐ Child enrolled in Head Start From _____ to _____**8. Signature of person who completed this application**

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. To the best of my knowledge and belief, the answers on this application are complete and correct. I understand that the law provides penalty of fine or imprisonment, or both, for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.

By signing and submitting the application I acknowledge and agree that the county agency and ODJFS may share certain details about the status of my application with the child care provider listed in Section 7 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.

My signature below gives my consent to the agency and the ODJFS to make contacts that are necessary to determine my eligibility for assistance and to verify the information I have given in this application. I understand that my signature below gives the county agency permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child / spousal / medical support income. My signature also gives consent to issue a system generated statewide student identifier (SSID) for each child listed in Section 7 of this application.

My signature below gives my consent and authorizes the county agency to access CRIS-E or Ohio Benefits Worker Portal for the purpose of verifying the citizenship status of the children in this case and for verification of the receipt of additional public assistance. I may revoke this authorization at any time by notifying the county agency in writing.

I have received an explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the county agency and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the swipe card issued to me for the purpose of reporting children's attendance at a child care provider.

I understand that I must use my Ohio electronic child care swipe card to record attendance at my child care provider(s) and that I may not give my card to my provider(s) or allow my provider(s) to use my swipe card.

I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.

Child care fraud is the willful withholding or falsification of information or misuse of child care services as determined by a court of law. Failure to meet this reporting requirement may be considered fraud and may result in the following: 1) repayment of child care benefits which you received but for which you were not eligible; 2) termination or denial of child care benefits; or 3) penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which you were not eligible.

Signature of Applicant	Signature of person who helped you complete this application (if applicable)	Date

Your civil rights

Federal law and the policies of the U.S. Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write or call HHS or ODJFS. HHS, and ODJFS are equal opportunity providers and employers.

Write or Call:

HHS

Region V, Office of Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
(312)886-2359 (voice)
(312) 353-5693 (TDD)
(312)886-1807 (fax)

Write or Call:

ODJFS

Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215 - 3414
(614) 644-2703 (voice)
1-866-227-6353 (toll free)
(614) 752-6381 (fax)
1-866-221-6700 (TTY) or (614)995-9961

EXPLANATION OF STATE HEARING PROCEDURES

What is a state hearing?

If you think there has been a mistake or delay on your child care case, you may ask for a hearing by either contacting the local county department of Job and Family Services (CDJFS) or the state department of Job and Family Services (ODJFS). A state hearing is a meeting with you, someone from the CDJFS and a hearing officer from ODJFS. The person from the CDJFS will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the CDJFS and may ask questions to help bring out all the facts. The hearing officer will review the facts presented and recommend a decision based on whether or not the child care rules were correctly applied in your case.

How do I ask for a hearing?

To ask for a hearing, call or write your CDJFS or write to ODJFS, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your child care, fill out that form and mail it to the Bureau of State Hearings. You may also fax your hearing request to (614) 728-9574. ODJFS must receive your hearing request within 90 days of the mailing date of the notice of action. If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a hearing request by telephone.

How do I request a telephone hearing?

If you cannot attend the hearing at the scheduled location because you do not have transportation or child care or you have medical limitations, etc., you can call 1-866-635-3748 and participate by telephone. If you participate by telephone the hearing officer will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Will my child care benefits continue?

If you receive a notice that your child care will be reduced, stopped or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice. If your child care benefits have been changed without written notice or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings to ask if you should receive continuing benefits. Call 1-866-635-3748 and choose option number 1 from the automated voice menu. If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

What is a county conference?

An informal meeting with a person from the CDJFS may settle the issue without the need for a state hearing. This is often the quickest way to solve a problem. At this meeting someone will review your case with you. If a mistake was made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results you can still have a state hearing. You do not have to have a county conference to have a state hearing and asking for a county conference will not delay your state hearing.

When will the hearing be held?

The Bureau of State Hearings will send you a notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled. Hearings are usually held at the CDJFS. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the CDJFS,

be sure to state that on your hearing request.

Can a hearing be postponed?

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

What happens if I do not attend the hearing?

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

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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.

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