



March 28, 2022

Child Care Manual Procedure Letter No. 152

TO: All Child Care Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: 2022 Form Revisions for Publicly Funded Child Care Ohio Benefits Implementation

Background:

The Ohio Benefits (OB) statewide automated eligibility system replaced the Client Registry Information System-Enhanced (CRISE) and was implemented statewide in the Fall of 2018. Currently, eligibility for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF or Ohio Works First or "OWF") and Medicaid programs are determined in Ohio Benefits.

Eligibility for the Publicly Funded Child Care (PFCC) program will begin in the Ohio Benefits system on March 28, 2022, using a phased-in approach that begins with pilot counties before going statewide. As a result, the Ohio Department of Job and Family Services revised the JFS 07200 "SNAP, OWF and Medicaid Application" and the JFS 07204 "Application to Reapply for SNAP and OWF" to include PFCC. This allows individuals to apply for benefits on one form and reduce the number of documents received by county agencies. Additionally, PFCC verifications were added to the JFS 07105 "Application/Reapplication Verification Request Checklist".

Amended Forms:

JFS 01121 "Early Childhood Education Eligibility Screening Tool" has been revised to add "Special Needs" care definition and question.

JFS 01122 "Publicly Funded Child Care Supplemental Application" has been revised to remove "emergency contact" and replace with "authorized representative" and to update the civil rights language.

JFS 07105 "Application/Reapplication Verification Request Checklist" has been revised to add child care verifications to the checklist.

JFS 07200 "Application for Cash, Food, Medical Assistance, or Child Care" has been revised to add child care instructions and questions.

JFS 07204 "Request to Reapply for Cash Assistance, SNAP and/or Child Care" has been revised and steps were added to child care instructions and questions.

Implementation:

Counties participating in Ohio Benefits will use the Ohio Benefits statewide automated eligibility system to process PFCC intake applications.

The JFS 07200 "Application for Supplemental Nutrition Assistance Program (SNAP), Cash assistance, Medical assistance or Child Care assistance" will be used to apply for child care when a county is utilizing the Ohio Benefits system to determine eligibility. The following scenarios are to be used to assist counties with intake:

<p>What if a child care caretaker residing in a non-pilot county submits a JFS 07200 to apply for child care?</p>	<p>Both the JFS 07200 (with child care questions) and the JFS 01138 may be accepted as of 3/28/22 for an initial PFCC application.</p>
<p>What if a child care caretaker residing in a pilot county submits a JFS 01138 "Application for Child Care Benefits" or a JFS 01121 "Early Childhood Education Eligibility Screening Tool" with a JFS 01122 "Publicly Funded Child Care Supplemental Application" to apply for child care?</p>	<p>Effective 3/28/22, PFCC applicants in pilot counties must use the updated JFS 07200 to apply for benefits in counties processing eligibility in OB. However, a submission date of a valid JFS 01138 may be used as a "date holder" for the JFS 07200 to be submitted.</p> <p>The JFS 01138 may serve in this capacity no more than thirty days from the date the counties receive the JFS 01138. If the JFS 07200 is not received by the thirtieth day of the JFS 01138 receipt date, JFS 01138 will be considered an incomplete application and may be denied. The JFS 01138 will no longer be accepted by all counties once all intake cases are converted in Ohio Benefits.</p> <p>The JFS 01121 and 01122 have been revised and are to follow the current processing guidelines.</p>

The JFS 07204 "Request to Reapply for Cash Assistance, SNAP and/or Child Care" is to be used to reapply for child care when a county is utilizing the Ohio Benefits system to recertify eligibility. This will be generated via Ohio Benefits to process recertifications. The revised version will be available in Forms Central and utilized in the system beginning in June 2022.

The JFS 01124 "Re-Determination Application for Child Care Benefits" is to be used to redetermine eligibility using the Child Care Information Data System (CCIDS).

The JFS 07105 "Application/Reapplication Verification Request Checklist" will be generated via Ohio Benefits when a county is utilizing Ohio Benefits to determine eligibility. Child care items

have been added to the checklist.

Questions:

Please contact the Child Care Policy Helpdesk at childcarepolicy@jfs.ohio.gov or 1-877-302-2347, option 4, if you have any questions

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 (ECE)?

- Complete the screening tool, JFS 01121.
 - Submit this form to **your provider**.
 - **Do not** submit the form to the Ohio Department of Education.
 - Your provider will let you know if you qualify.
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How do I apply for Publicly Funded Child Care?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
 - Submit both the JFS 01121 and JFS 01122 to your local county agency.
 - Attach verifications to the JFS 01122 (see verification requirements below).
 - A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
 - **You will have 30 days** from the date the county receives your application to provide all needed information.
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What verifications do I need for publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
 - **Proof of any child support paid.**
 - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**
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What is Step Up To Quality?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."

How do I choose a Provider?

- ECE:** If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.
- Publicly Funded Child Care:** Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.
- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
 - You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.
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When will my eligibility begin?	<p>ECE: You will be notified by your provider when you may begin care.</p> <p>Publicly Funded Child Care: Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</p>
How do I get help with completing this application?	<p>ECE: If you need assistance with this application, ask your provider.</p> <p>Publicly Funded Child Care: If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.</p>
What if my child has a disability or I suspect my child may be developmentally delayed?	<ul style="list-style-type: none">• To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at http://jfs.ohio.gov/CDC/childcare.stm and click on "Families."• Publicly Funded Child Care: Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.
How do I make a complaint about a provider?	<p>ECE (ODE): If the program is licensed by ODE, call 614-466-0224.</p> <p>Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>

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

Tell us about you (the applicant)			
First Name	MI	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					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
 "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

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
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Ohio Department of Job and Family Services
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. Tell us about you (the applicant)

First Name	MI	Last Name	Date of Birth
Street Address			<input type="checkbox"/> Check here if you are homeless (We will still need a mailing address)
Mailing Address (if different from street address)			
City	County	State	Zip Code
Home Phone Number ()	Cell Phone Number ()		May we send text messages to your cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ()	E-Mail Address		

3. Tell us more about you (the applicant)

Are you: <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired	Do you need any of the following services? <input type="checkbox"/> Interpreter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sign Language	Social Security Number (Optional)
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"/> Yes (<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserves) <input type="checkbox"/> No		
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		

4. Tell us if you are an authorized representative

An authorized representative is someone who assists the applicant by completing the application process. If you are filling out this form as an authorized representative, please fill out the following.

First Name	MI	Last Name	
Street Address			
City	County	State	Zip Code

Home Phone Number ()	Cell Phone Number ()	May we send text messages to the cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ()	E-Mail Address	

5. Sign Here

Signature of Applicant or Authorized Representative	Print Name	Date
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6. Tell us about everyone that lives in your home

You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. Please include all household members regardless of the member's need for child care. **If you need more space, attach a separate piece of paper.**

Name <i>(First, Middle, Last)</i>	Social Security Number <i>(optional)</i>	Date of Birth	Highest Level of Education Completed	Current School Attendance <i>(if applicable)</i>	Relation to you <i>(spouse, son, etc)</i>
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	SELF
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	
			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	

			<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: _____ Number of College Credit Hours: _____	<input type="checkbox"/> Elementary Grade level ____ <input type="checkbox"/> JR High/HS Grade level ____ <input type="checkbox"/> Vocational <input type="checkbox"/> College Name of School _____ Hours in School: From _____ To _____	
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7. Tell us more about the child(ren) who need child care

Child 1		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____		Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.
Child 2		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____		Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.
Child 3		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language
Child's needs Does the child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____		Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.
Child 4		
Child's First Name	MI	Child's Last Name
Child's City of Birth	Relationship to Applicant	Child's preferred spoken language

<p>Child's needs</p> <p>Does the 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>Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the child's schedule?</p> <p>From _____ to _____</p>	<p>Is the child a United States citizen or qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You must provide verification in order to receive child care.</p>
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8. Rights and Responsibilities

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

By signing and submitting the application, I acknowledge and agree that the county agency and ODJFS may share certain details about the status of my application with the child care provider listed on the JFS 01121 Early Childhood Education Eligibility Screening Tool 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 6 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 understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, any required copayments (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of publicly funded child care benefits.

I understand I must report any changes that affect my child care eligibility to the county agency, including changes in family income, hours of employment/training/education, family size and address. **I understand that I must report changes within 10 days of the date they occur.**

I understand that if I am approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf, and may not have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.

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

I have received an explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the county agency and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.

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

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

Your civil rights

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

<p>Write or Call:</p> <p>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)</p>	<p>Write or Call:</p> <p>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)</p>
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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 / REAPPLICATION VERIFICATION REQUEST CHECKLIST

SNAP/Cash Assistance Group Name or Child Care Primary Caretaker Name	Application Date	Case Number	SNAP/Cash Interview Date/2 nd Notice Date
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Certain eligibility factors must be verified before the county department of job and family services can determine your eligibility for _____. Checked below are the documents you still need to provide:

Verifications still needed:	Time period:
<input type="checkbox"/> Birth certificate/Birth verification/Citizenship verification (Birth certificate, passport or similar document)	_____
<input type="checkbox"/> Health insurance card (copy of front and back)	_____
<input type="checkbox"/> Income verification (pay stubs, tax records, award letters, child support)	_____
<input type="checkbox"/> Marriage certificate	_____
<input type="checkbox"/> Medical form completed by doctor	_____
<input type="checkbox"/> Pregnancy verification (including number of fetuses)	_____
<input type="checkbox"/> Name and address of a Child Care Provider	_____
<input type="checkbox"/> Proof 2 nd caretaker cannot care for child(ren)	_____
<input type="checkbox"/> Proof of any child/dependent care costs	_____
<input type="checkbox"/> Proof of any child support paid for children not living with you	_____
<input type="checkbox"/> Proof of any medical costs for people with disabilities or for people who are age 60 and over (including prescriptions)	_____
<input type="checkbox"/> Proof of identity (driver's license, state ID, passport)	_____
<input type="checkbox"/> Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	_____
<input type="checkbox"/> Proof of enrollment in education/training	_____
<input type="checkbox"/> Recent statements for any bank accounts (checking, credit union, savings)	_____
<input type="checkbox"/> Rent/Mortgage receipt	_____
<input type="checkbox"/> Rights and Responsibilities	_____
<input type="checkbox"/> School attendance verification	_____
<input type="checkbox"/> Social security cards (or proof you have applied) for:	_____
<input type="checkbox"/> Title to motor vehicles	_____
<input type="checkbox"/> Unemployment compensation/Worker's compensation verification	_____
<input type="checkbox"/> Utility receipts or copy of bills	_____
<input type="checkbox"/> Other, specify:	_____
_____	_____
_____	_____
_____	_____

If you are unable to get any of the above verifications, we may be able to help you. Please contact me immediately if you cannot get the verifications.

We must have the verifications listed above by _____. If we do not have the required information or verifications by this date, your application may be denied or your current benefits stopped.

Return all verifications to:

Address		
City	State	Zip Code
E-Mail	Fax Number	

Name of Caseworker	Date	District	Telephone Number
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Your Civil Rights:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

APPLICATION FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), CASH ASSISTANCE, MEDICAL ASSISTANCE OR CHILD CARE ASSISTANCE

What if I need help completing this form?

- **If English is not your main language**, ask the County Department of Job and Family Services (county JFS office) to provide someone (an interpreter) who can help you understand the questions on this form.
- **If you are hearing-impaired or visually impaired**, the county JFS office will help you complete this form and the interview.

How do I get assistance?

1. Turn in an application. You can **APPLY ONLINE** at <https://ssp.benefits.ohio.gov> or fill out this paper application. Submit the paper application to your local county JFS office. To search for your county office, go to http://jfs.ohio.gov/County/County_Directory.pdf.

2. Complete an interview. You will only have an interview if you apply for SNAP or cash benefits. You will get a notice of your interview date and time. There is no interview required to get medical assistance or child care.

3. Provide verifications. Your county JFS office will tell you what verifications they need from you.

PLEASE READ BELOW FOR MORE INFORMATION ON THE APPLICATION PROCESS.

How do I complete this application?

- In Question #2 on the application, check the box to tell us what programs you want to apply for. You can check all of the boxes.
- Answer as many questions on the application as you can. You can fill out just your name, address and signature and turn it in to your local county JFS office. This will start the application process.

If you need SNAP right away, answer the questions in section 7 of the application. You may qualify to get SNAP quicker.

- You have the right to apply for assistance the day you contact your local county JFS office.
- You can choose someone to apply for assistance for you. This person is called an Authorized Representative. You will need to tell us in writing who you want to be your Authorized Representative. If you are an Authorized Representative, answer the questions on this application as they relate to the person you are applying for.
- If any of the information changes after you turn in this application, contact your county JFS office and tell them about the changes.

How do I complete the interview for SNAP or cash assistance? You will not have an interview for medical assistance or child care assistance.

- The county JFS office will give you notice of the date and time of your interview. Your interview will be by telephone. If you want an in-person interview, or you need a home visit to complete your interview, call your county JFS office and tell them.
- Please read your interview notice carefully – it will tell you if you need to call your county JFS office, or if they will call you.
- If you miss your interview, contact your county JFS office as soon as possible. If you do not contact the county JFS office within 30 days from the date you turn in this application, we may deny your assistance and you will have to reapply.
- **For child care only:** if we deny your application, you may be responsible to pay any child care provider who you have used since you turned in your application.

-- Please keep this page for your records. --

What types of verification do I need?

- We will tell you if we need more information. We will send you a notice in the mail. The notice will tell you what you need to turn into your county JFS office. We may ask you for things like paystubs, utility bills, or bank statements. See the chart below. You can submit verifications with this application.
- Be sure to turn in any required information by the date it is due. We may deny your application if you do not turn in all of the information we ask for.
- **If you do not have some of the information we ask for, contact your county JFS office.** We may be able to help you get it or tell you of another way you can get us the information we need.
- If you are not a U.S. citizen and are only applying for assistance for U.S. citizens or emergency medical assistance, you do not have to verify your citizenship status, immigration status, or provide a social security number.

Here are some of the verifications we may need from you:

	Cash Assistance	SNAP	Child Care Assistance	Medical Assistance Families and children	Medical Assistance Aged, blind or disabled
Your Social Security Number or proof that you have applied for one.	✓	✓		✓	✓
Permanent Resident Card (“green card”) or other immigration documents if not a U.S. citizen	✓	✓		✓	✓
Proof of U.S. citizenship ⁺	✓		✓	✓	✓
Proof of income or any other money coming into your household (such as pay stubs, tax records, award letters, child support)	✓	✓	✓	✓	✓
Most recent statements for any bank accounts (such as checking or savings)	✓				✓
Proof of ownership of vehicles (such as a car, truck, motorcycle, boat, or RV)					✓
Proof of current value of stocks/bonds, certificates of deposit, life insurance policies, trusts, annuities	✓				✓
Proof of identity (such as a driver’s license, state ID card or passport)	✓	✓			
Proof of any child/dependent care costs	✓	*		✓	
Proof of any child support paid for children not living with you	✓	*	✓	✓	✓
Proof of any housing and utility costs		*			✓
Proof of any medical costs for people with disabilities or for people who are over age 60 (including prescriptions)		*			✓
Proof of any health insurance				✓	✓
Verification of a qualifying activity for all caretakers in the household (such as a school or work schedule, self-sufficiency contract)			✓		
Name and address of an eligible child care provider for each child in need of care.			✓		

⁺ When applying for child care assistance, only the citizenship of child needing care is verified.

* Your SNAP amount may increase if you verify these costs.

When will I find out if I am eligible for assistance?

Cash, SNAP, and child care assistance: We will determine your eligibility for these programs within 30 days of the date you turn in your application. If you are eligible, we may approve your benefits back to the date you turned in your application.

Medical assistance: We will determine your eligibility for medical assistance within 45 days of the date you turn in your application. If you are claiming a disability, we may have to conduct a disability determination. This process will take up to 90 days. If you are eligible, we may approve your medical assistance back to the date you turned in your application. If you have medical bills from the 3 months before you applied, tell your county JFS office. You may be able to get medical assistance for those 3 months.

Do I have to be a U.S. citizen to get assistance?

Many non-citizens can receive SNAP, cash assistance, medical assistance and child care assistance. Also, emergency medical assistance may be available without regard to your U.S. citizenship status.

What other services may be available?

You may be eligible to receive other services such as:

- Prevention Retention and Contingency (PRC) services
- early intervention services
- work skills
- help getting a job

These services may require a separate application. Ask your county JFS office about these services.

What is Step Up To Quality?

Step Up To Quality is Ohio's quality-rating system for child care programs. Star ratings are awarded based on the program's implementation of standards that go beyond the minimum health and safety standards. For more information, visit the ODJFS child care website at <http://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."

How do I choose a child care provider?

- Caretakers may select any program approved to offer publicly funded child care. These programs include centers, family child care homes, approved day camps, and in-home aides located throughout the state of Ohio.
- If you would like help with selecting a provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
- You may use our Child Care Directory at <http://childcaresearch.ohio.gov> to look for programs that fit your child care needs. The directory allows you to search by location, type of program, and Step Up To Quality rating. Licensing inspections and substantiated complaints are available for review.

What if my child has a disability or I suspect my child may be developmentally delayed?

For information about additional services for your child, please visit the Ohio Department of Job and Family Services child care website at <http://jfs.ohio.gov/CDC/childcare.stm> and click on "Families." If you have a child in need of care with a special need that you can verify, you may have more monthly income and still qualify for child care. Ask your county JFS office.

How do I make a complaint about a Child Care Provider?

If you would like to make a complaint about a suspected violation of licensing rules, you may call the Child Care Policy Help Desk at 1-877-302-2347, option 4.

-- Please keep this page for your records. --

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Does the Authorized Rep need any of the following services? <input type="checkbox"/> Large Print Notices <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Interpreter <input type="checkbox"/> Other: _____	What is your preferred language? Spoken: _____ Written: _____
---	--

6. Sign Here

Signature of Applicant or Authorized Representative	Print Name	Date
---	------------	------

DON'T FORGET TO TELL US WHICH PROGRAM(S) YOU ARE APPLYING FOR IN QUESTION 2

7. These questions will help us decide if you can get SNAP quicker.

How many people live with you and buy, fix, and eat meals with you? _____

Answer the following questions only for the people who live with you and who buy, fix and eat meals with you.

Is your total gross income before taxes for the current month less than \$150?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your total net income after taxes and paying for such things as housing costs, child/dependent care costs, or child support payments for the current month zero?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your total resources in cash, checking, and savings accounts less than \$100?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your monthly rent or mortgage and utilities (such as gas, electric, water, and phone) more than your total monthly gross income before taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a migrant or seasonal farm worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Tell us about the people in your home.

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

- **Social Security Number:** If you are not a U.S. citizen and are only applying for assistance for U.S. citizens or emergency medical assistance, you do not have to verify your citizenship status, immigration status, or provide a social security number.
- **Sex (gender):** If your household is only applying for SNAP, you do not have to complete the sex (gender) question.
- **U.S. Citizen:** You only have to indicate if someone is a U.S. citizen if they are applying for SNAP, cash assistance or medical assistance, or a child in need of child care assistance.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. Providing this information is voluntary and is used for informational purposes only. If you do not want to give us this information, it will have no effect on your case.

Name	Relationship to You <i>(spouse, son, friend, etc.)</i>	Social Security Number	Date of Birth	Sex/Gender <i>Write M or F</i>	U.S. Citizen <i>Write Y or N</i>	Hispanic or Latino <i>Write Y or N</i>	Race
	Self						

Are you married? Yes No Spouse's name: _____

Are you, or anyone you are applying for, pregnant? You only need to answer if you are applying for cash or medical assistance.
 Yes No If yes, who and what is the due date? _____

Do you, or anyone you are applying for, need waiver/long-term care or nursing home care?
 Yes No If yes, who? _____

Are you or anyone in your household caring for a disabled person in or outside of the home?
 Yes No If yes, who? _____

Are you or anyone in your household in the military?
 Yes (Active Duty National Guard/Reserves) No

Have you ever been found guilty of child care fraud? Yes No

9. Tell us about the people in your home who are 60 years of age or older. If you do not have anyone this age in your home, you can skip this section.

Is anyone 60 years of age or older? Yes No
If yes, answer the questions in this section. If no, please skip to section 10.

Is this person(s) receiving disability benefits? Yes No

If yes, from what source? _____

Is this person(s) unable to prepare meals due to a disability? Yes No

If you answered "Yes" to the last three questions, does this person(s) wish to receive SNAP separately from the other people you live with? Yes No

10. Tell us about your finances.

Have you or the people in your home received, or expect to receive, income this month? Yes No

Income refers to all the money that you and the people in your home receive. This includes earnings from employment or self-employment, child/spousal support, disability benefits, retirement benefits, Workers' Compensation, Unemployment Compensation, Social Security, SSI, Veterans Benefits, Ohio Works First, gifts of money from individuals, etc.

If yes, please complete the table below.

Name	Type of Income or Name of Employer	How Often Received (weekly, bi-weekly, etc.)	Amount of Income (before taxes)	Date Last Received

How much do you and the people in your home have in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

Give your best estimate of the total: \$ _____

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

Did anyone in your home leave a job or lose a job within the last 60 days? Yes No

If yes, who? _____ When? _____

For what reason? _____

Is anyone in your home on strike from a job? Yes No

If yes, who? _____

11. Which expenses do you and the people in your home pay? Check all that apply. List the amount for each expense.

Child/dependent care costs
Estimated amount paid per month: \$ _____

Child/spousal support payments made to someone outside your home
Estimated amount paid per month: \$ _____

Medical expenses for anyone who is disabled or age 60 or older. These include expenses such as medical bills, prescriptions, health insurance premiums, transportation to medical appointments, or other medical services.
Estimated amount paid per month: \$ _____

Rent, mortgage payments, lot rent, property taxes, homeowners' insurance, etc.
Estimated amount paid per month: \$ _____

Do you pay for heat or air conditioning? Yes No

Utilities - Please check the utilities you pay:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Water |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other |
| <input type="checkbox"/> Garbage | |

12. Tell us about your qualifying activity for child care if you are applying for child care assistance.

If you or the people in your home are working, attending school or participating in a training program, please complete the table below. If employed, please list your current employer. This includes self-employment and odd jobs. **If you need more space, please attach a separate piece of paper.**

Household Member Name	Start Date/End Date	Employer/School/Training Information	Work or School Schedule
			(Please check the box next to the days you work or attend school. Then list the hours you work or attend school on the corresponding line, ie 8:30 – 5:30)
		Name Address Line 1 Address Line 2 Telephone No ()	<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week
		Name Address Line 1 Address Line 2 Telephone No ()	<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week
		Name Address Line 1 Address Line 2 Telephone No ()	<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week

13. Tell us more about the child(ren) who needs child care.

Child 1

Child's Name (First, Middle, Last)		Child's Mother's Maiden Name	
Child's City of Birth	Relationship to Applicant		Child's Preferred Spoken Language
Is this child a U.S. citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.		Child's Needs: Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____	

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		
	Provider Address		
	City	State	Zip Code

Is your child in need of special needs child care based on this definition?
"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No Please describe:

Child 2

Child's Name (<i>First, Middle, Last</i>)	Child's Mother's Maiden Name
---	------------------------------

Child's City of Birth	Relationship to Applicant	Child's Preferred Spoken Language
-----------------------	---------------------------	-----------------------------------

Is this child a U.S. citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	Child's Needs Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____
---	---

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		
	Provider Address		
	City	State	Zip Code

Is your child in need of special needs child care based on this definition?
"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No Please describe:

Child 3

Child's Name (First, Middle, Last)	Child's Mother's Maiden Name
------------------------------------	------------------------------

Child's City of Birth	Relationship to Applicant	Child's City of Birth
-----------------------	---------------------------	-----------------------

Is this child a U.S. citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	Child's Needs: Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____
---	---

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		
	Provider Address		
	City	State	Zip Code

Is your child in need of special needs child care based on this definition?
"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No Please describe:

Child 4

Child's Name (First, Middle, Last)	Child's Mother's Maiden Name
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Child's City of Birth	Relationship to Applicant	Child's City of Birth
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Is this child a U.S. citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.	Child's Needs: Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the child's schedule? From _____ to _____
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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		
	Provider Address		
	City	State	Zip Code

Is your child in need of special needs child care based on this definition?
"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes No Please describe:

14. Tell us about the school attendance of the child(ren) who needs care.

If any child(ren) is attending or will be attending Kindergarten or above, this section must be completed.

Child's Name	Current Grade Level	Name and Address of School	Hours of School (ie 8 am – 3 pm)	Kindergarten Schedule	School Year Start and End Date
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	

15. Signature of person who completed this application

By signing this application:

- I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for assistance.
- I state under penalty of perjury I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.
- I understand and agree to provide documents to prove what I have said.
- I understand and agree that the county JFS office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance.
- I understand that by signing this application and receiving Ohio Works First, I am assigning to the State of Ohio any rights to child/spousal support that is owed to me and/or the minor children in the assistance group during the Ohio Works First eligibility period.
- I understand that by signing this application and receiving Medicaid, I am assigning to the State of Ohio any rights to medical support and any rights to payments by a liable third party for medical assistance owed to me and/or to the minor children in the assistance group during the Medicaid eligibility period.
- I understand that the Ohio Department of Medicaid will check my answers using information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration (SSA), the Department of Homeland Security (DHS), and others. If the information does not match, the Ohio Department of Medicaid may ask me to send more information.
- I understand that the Ohio Department of Medicaid will get information about my financial resources from banks, credit unions, or other financial institutions in order to determine my eligibility for medical assistance. Authorization to get this information remains in effect until:
 - My application for medical assistance is denied; or
 - My eligibility for medical assistance ends; or
 - I inform the Ohio Department of Medicaid in writing that I wish to end my authorization.
- If I refuse to authorize the Ohio Department of Medicaid to get information about me from financial institutions, or I decide to end my authorization, I understand that my medical assistance may be denied or discontinued.
- I understand that if I am permanently institutionalized or age 55 or older when I receive Medicaid benefits, after my death the Estate Recovery Program will seek to recover payments for the cost of my care paid by Medicaid from my estate. The cost of my care may include the capitation payment that Medicaid pays to my managed care plan, even if the capitation payment is greater than the cost of the services that I actually received.
- I understand that I may be required to cooperate with the child support enforcement agency in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the child support enforcement agency, a referral will be submitted to the agency on my behalf. I also understand that if I am not required to cooperate with the child support enforcement agency, I may request child support services by completing the JFS 07076 "Application for Child Support Services."
- I understand that in some instances, I may be asked to give consent to the county JFS office to make whatever contacts are necessary to determine my eligibility.
- I understand if I receive cash assistance on the electronic payment card that I must activate my card within 90 days from when benefits and my first card is issued. If the electronic payment card is not activated within 90 days my benefits will be removed from my account.
- 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.
- By signing and submitting the application, I acknowledge and agree that the county JFS office and ODJFS may share certain details about the status of my application with the child care provider listed in section 13 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.
- I understand that my signature below gives the county JFS office 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 13 of this application.
- My signature below gives my consent and authorizes the county JFS office to access the Ohio Benefits Worker Portal for the purpose of verifying the citizenship status of the children in this case and for verification of the receipt of additional public assistance. I may revoke this authorization at any time by notifying the county JFS office in writing.
- I understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county JFS office. To remain eligible for publicly funded child care benefits, the required copayment (if applicable) must be paid by me to the provider. Failure to pay the required copayment may result in termination of publicly funded child care benefits.
- I understand that I must report any changes which affect my eligibility to the county JFS office, including changes in family income, hours of employment/training/education, family size and address.

- I understand that I must report changes within 10 days of the date they occur for child care.
- I understand that if I am approved for child care assistance, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf, and may not have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.
- I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.
- I have received an explanation regarding the requirements for determining child care eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the county JFS office and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.

Signature of Applicant or Authorized Representative	If Authorized Representative, Relationship to Applicant	Date

16. Return this application to your local County JFS office.

To search for your county office go to http://jfs.ohio.gov/County/County_Directory.pdf

Your civil rights

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

To file a complaint with the Ohio Department of Job and Family Services (ODJFS) write: ODJFS, Bureau of Civil Rights, 30 E. Broad St., 30th Floor, Columbus, OH 43215 or by fax at (614) 752-6381; or call (614) 644-2703 (voice), (866) 227-6353 (toll free), or (866) 221-6700 (TTY).

Ohio Department of Job and Family Services
REQUEST TO REAPPLY FOR CASH ASSISTANCE, SNAP AND/OR CHILD CARE

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.

Case Number

County Contact	County Contact Phone Number	County Contact Fax Number
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Step 1: Read the information in this box and make corrections as necessary.

First Name Middle Initial and Last name

Mailing Address	Street Address <i>(if different)</i>
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City	State	Zip Code	City	State	Zip Code
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Email Address	Home Phone Number	Work Phone Number	Cell Phone Number
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Step 2: Please read this information carefully.

To continue to get your benefits we must review your case to make sure that you are still eligible and that you are getting the correct amount of benefits. If you have questions, call your county agency listed at the top of this form.

Medical assistance: This form is not an approved application for medical assistance programs. Consumers should continue to reapply using approved medical assistance application forms. Any information provided during your interview will be used to update your case and may affect your medical assistance benefits.

If you are currently getting SNAP or Cash benefits:

Please sign and return this form to us before your appointment date <Begin Date> but no later than <RE Date>.

You may return this form to us by mail, fax, or by bringing it to us. If you bring it in, you will get a receipt. If you do not have an appointment date listed, you do not need to reapply for SNAP and/or cash assistance benefits at this time. But if you are reapplying for child care, you will need to fill out this form and return it.

If you have an account, you may also complete this form online at <https://ssp.benefits.ohio.gov/apspssp/index.jsp>.

To complete this process online:

- Sign into your account
- Click the "Access" section to the right of the screen
- Select "Reapplication" and follow the prompts

If you have an appointment date listed and want to reapply for SNAP and/or cash assistance benefits you must sign and return this form. If we do not get this form back from you, we will stop your cash assistance and your SNAP will expire.

Remember reapplying for benefits has two steps: 1. Signing and returning this form and 2. Completing an interview. You must complete both steps or your benefits will stop.

If you are currently getting Child Care:

Your current child care eligibility is scheduled to end on ____ / ____ / _____. You must fill out this form and return it by ____ / ____ / _____. If we do not receive the completed form and all supporting documentation by the date your current eligibility ends, your child care assistance will be terminated and all authorizations to providers will be ended. If you do not have an eligibility end date listed, you do not need to reapply for child care benefits at this time. But if you are reapplying for SNAP and/or cash assistance benefits, you will need to sign and return this form.

Complete, sign and return this form to the county agency address, fax number or email address listed above, or if you have an account, complete it online at: <https://ssp.benefits.ohio.gov/apspssp/index.jsp>. If a question says **ATTACH PROOF**, you **MUST** attach your proof to this form and submit it at the same time. If you need more space for your answers, write them on extra paper and attach them to this form. We will use the information you provide to determine your eligibility for the next eligibility period.

Step 3: Please read, complete and sign the section below

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers for the cash assistance and SNAP reapplication interview, and/or the answers I provide on this form, are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member reapplying for SNAP and/or cash assistance, or for child care, the citizenship or alien status of each child in need of care.
- I understand and agree to provide all documents to complete my telephone interview for cash assistance and SNAP, and my reapplication for child care.
- I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other organizations to obtain the necessary proof of my eligibility and level of benefits.
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine eligibility.
- I have received a copy of, and I have read, my rights and responsibilities (JFS 07501), and I understand them. I agree to fulfill my responsibilities as required.
- I understand that the CDJFS will assist me in obtaining required verifications for as long as I cooperate.
- I understand that information available through the Income Eligibility Verification System will be requested, used and may be verified through collateral contacts when discrepancies are found that the information received may affect my household's eligibility for benefits.
- 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 below also gives consent to issue a system generated statewide student identifier (SSID) for each child on this application.
- I acknowledge and agree that the CDJFS and ODJFS may share certain details about the status of this application with the child care provider listed on this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.
- 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 CDJFS and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.
- I understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, any required copayment (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of publicly funded child care benefits.
- I understand that if I am approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf and cannot have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.
- I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.
- I understand that I must report any changes which affect my child care eligibility to the CDJFS, including changes in family income, hours of employment/training/education, family size and address. **I understand that I must report changes within 10 days of the date they occur.**

Signature of Person Completing Form or Authorized Representative	Print Name of Authorized Representative, and Relationship to Applicant	Date
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Step 4: If you are applying for child care, please complete the information below

HOUSEHOLD COMPOSITION How many people live in your house? _____ Please fill out the information below regarding the people who live in your household.

Name (First, Middle, Last)	Last 4 of SSN	Date of Birth	Gender M/F	Relationship To Applicant	Child needing care? (Y/N)	Moved In/Out Date

HOUSEHOLD INCOME INFORMATION (ATTACH PROOF)

Caretaker 1 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 2 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule

Has the unearned income changed for any individual in the household, including income from sources such as child support, Social Security (SSA or SSI), unemployment benefits, disability benefits, workers' compensation, retirement/pension benefits, or rental income?

Yes No If yes, identify the income source, the date the income began/changed, the monthly income amount, and **ATTACH PROOF**

Has your child support obligation changed since your last application?

Yes No

If yes, what is your child support obligation per month? _____

ATTACH PROOF

Does your household have more than one million dollars in cash, checking or savings (such as bank accounts, annuities, stocks or bonds)? Yes No

Is anyone in your household in the military

Yes No

If Yes, Active Duty National Guard/Reserve

CARETAKER SCHOOL OR TRAINING (ATTACH PROOF)

Caretaker 1 Name and address of school or training location	Start date	Caretaker 2 Name and address of school or training location	Start date
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CHILDREN WHO NEED CARE

Child 1 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth	Is the 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	Current Grade Level if the child is in school School year start date School year end date Hours of school: from _____ to _____ = _____ (hrs.)
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Name and address of Child Care Provider	Name and address of child's school (if child attends Kindergarten or above)
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Child 2 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth	Is the 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	Current Grade Level if the child is in school School year start date School year end date Hours of school: from _____ to _____ _____ = _____ (hrs.)
Name and address of Child Care Provider		Name and address of child's school (if child attends Kindergarten or above)		
Step 5: Return this form to us. We must receive it by the deadline listed above.				
OFFICE USE ONLY- Do not use for medical assistance				
Date Received	Caseworker		Caseworker Contact Number	