

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

If you are working, in training or in school, you may be able to have part of your child care costs paid by the county department of job and family services. Your eligibility will be based on your monthly gross income and your family size. You will have to pay a part of the cost of the child care each month.

For your application to be complete you must submit current documentation of 30 days of ALL sources of income for ALL members of your household like wages, bonuses, tips, retirement benefits, unemployment compensation, interest, dividends, alimony, child support received, OWF benefits, and income from self employment. In addition, your need for the requested hours of child care must also be documented. This application must be signed and dated.

<input type="checkbox"/> Initial <input type="checkbox"/> Re-determination																					
Section I APPLICANT AND INCOME INFORMATION																					
Name of applicant (last, first, middle)			Maiden or previous married name(s)																		
Date of birth (month, day, year)			Social security number*																		
Home telephone number	Work telephone number	Cell phone number																			
Residential address (street and number required)	City	State	Zip code																		
Mailing address (if different from above)																					
County		Emergency contact (name and telephone)																			
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married	List the name(s) of any absent parent(s):		Have you ever received benefits administered by any county department of job and family services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you receive these benefits?																		
Race (show "Y" or "N" for each group) <table style="width: 100%;"> <tr> <td style="width: 50%;">Y</td> <td style="width: 50%;">N</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> African American/Black</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Alaskan Native/American Indian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> White</td> </tr> </table> Ethnicity (show "Y" or "N") <input type="checkbox"/> <input type="checkbox"/> Hispanic/Latino		Y	N	<input type="checkbox"/>	<input type="checkbox"/> African American/Black	<input type="checkbox"/>	<input type="checkbox"/> Alaskan Native/American Indian	<input type="checkbox"/>	<input type="checkbox"/> Asian	<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/> White	If yes, what type and what is your case number? <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> Child Care</td> </tr> <tr> <td><input type="checkbox"/> Medicaid</td> <td><input type="checkbox"/> PRC</td> </tr> <tr> <td><input type="checkbox"/> OWF</td> <td></td> </tr> </table> Case number		<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child Care	<input type="checkbox"/> Medicaid	<input type="checkbox"/> PRC	<input type="checkbox"/> OWF	
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<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child Care																				
<input type="checkbox"/> Medicaid	<input type="checkbox"/> PRC																				
<input type="checkbox"/> OWF																					
Language spoken other than English? Do you have a two-year or four-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any college credit hours? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Name of school and degree earned		If yes, how many?																			
Graduation date		Have you had any vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the area of training?																			

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

How many children need child care?			
Is there an adult (18 years or older) who lives with you who could care for your child(ren) while you work, go to school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name of that person here			
How is this person related to you (mother, sister, husband, friend, etc.)?			
Do you receive any child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each child you receive support and for and the amount per month.			
Do you pay any child support for a child not in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per month?			
Do you receive any income from sources such as Social Security (SSA or SSI), unemployment benefits, disability benefits, worker compensation, retirement/pension benefits, rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify source and the monthly amount _____			
Section II APPLICANT'S NEED FOR SERVICES			
Applicant's Employment			
Name and Address of Employer		Start Date	Rate of Pay
			How often paid
Supervisor's Name			Phone Number
Days of Work <i>(Check all that apply)</i>		Hours of Work	
<input type="checkbox"/> Monday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Tuesday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Wednesday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Thursday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Friday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Saturday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____	End _____
Applicant's Schooling			
Name and Address of School		Start Date	
Contact Person		Phone Number	
Days of Schooling <i>(Check all that apply)</i>		Hours of Schooling	
<input type="checkbox"/> Monday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Tuesday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Wednesday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Thursday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Friday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Saturday	Begin _____ End _____	Begin _____	End _____
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____	End _____
Estimated date of graduation _____			

Applicant's Vocational Training							
Name and Address of Training Location			Start Date				
Contact Person			Phone Number				
Days of Training <i>(Check all that apply)</i>	Hours of Training						
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____	Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____ Begin _____ End _____					
Estimated date training will be completed							
Section III HOUSEHOLD COMPOSITION							
How many people live in your house? _____ List yourself and all people who live with you, include all children, even those children that do not need child care.							
Name	Relationship to you	Date of Birth	Sex M/F	Social Security Number *	Work Y or No	Training Y or N	Schooling Y or N

Second Caregiver's Employment			
Name and Address of Employer		Start Date	Rate of Pay
			How often paid
Supervisor's Name		Phone Number	
Days of Work (Check all that apply)		Hours of Work	
<input type="checkbox"/> Monday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Tuesday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Wednesday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Thursday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Friday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Saturday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____	
Second Caregiver's Schooling			
Name of School		Start Date	
Contact Person		Phone Number	
Days of School (Check all that apply)		Hours of School	
<input type="checkbox"/> Monday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Tuesday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Wednesday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Thursday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Friday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Saturday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____	
Second Caregiver's Vocational Training			
Name of Vocational Training Provider		Start Date	
Contact Person		Phone Number	
Days of Training (Check all that apply)		Hours of Training	
<input type="checkbox"/> Monday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Tuesday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Wednesday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Thursday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Friday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Saturday	Begin _____ End _____	Begin _____ End _____	
<input type="checkbox"/> Sunday	Begin _____ End _____	Begin _____ End _____	

Section IV WHO NEEDS CHILD CARE? <i>Complete one page for EACH child who needs child care</i>				
1. Child's name		Race <i>(mark "Y" or "N" for EACH group)</i>		Ethnicity <i>(show "Y" or "N")</i>
Is Child In School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	<div style="display: flex; justify-content: space-between;"> <div> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> N <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White </div> </div>	Hispanic/Latino <div style="display: flex; justify-content: space-around;"> Y N </div> <input type="checkbox"/> <input type="checkbox"/>	
From _____ to _____ = _____ (hrs.)				
Name of school				
Does child need transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have any special needs? If so please describe				
<p>Indicate your provider choice for each day and set of hours of requested care . If you are using only one provider for all requested times of care you may indicate this one time. You <u>must</u> be clear as to which provider you are requesting for each day and time.</p>				
Name and Address of Provider for Child #1:				
Monday	From _____ To _____	_____		
	From _____ To _____	_____		
Tuesday	From _____ To _____	_____		
	From _____ To _____	_____		
Wednesday	From _____ To _____	_____		
	From _____ To _____	_____		
Thursday	From _____ To _____	_____		
	From _____ To _____	_____		
Friday	From _____ To _____	_____		
	From _____ To _____	_____		
Saturday	From _____ To _____	_____		
	From _____ To _____	_____		
Sunday	From _____ To _____	_____		
	From _____ To _____	_____		

2. Child's name		Race (mark "Y" or "N" for EACH group)		Ethnicity (show "Y" or "N")	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	Y	N	Hispanic/Latino	
From _____ to _____ = _____ (hrs.)		<input type="checkbox"/>	<input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	
Name of school		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Does child need transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child have any special needs? If so please describe:					
Indicate your provider choice for each day and set of hours of requested care.. If you are using only one provider for all requested times of care you may indicate this one time. You <u>must</u> be clear as to which provider you are requesting for each day and time.					
Name and Address of Provider for Child #2:					
Monday	From _____ To _____	_____			
	From _____ To _____	_____			
Tuesday	From _____ To _____	_____			
	From _____ To _____	_____			
Wednesday	From _____ To _____	_____			
	From _____ To _____	_____			
Thursday	From _____ To _____	_____			
	From _____ To _____	_____			
Friday	From _____ To _____	_____			
	From _____ To _____	_____			
Saturday	From _____ To _____	_____			
	From _____ To _____	_____			
Sunday	From _____ To _____	_____			
	From _____ To _____	_____			

3. Child's name		Race (mark "Y" or "N" for EACH group)		Ethnicity (show "Y" or "N") Hispanic/Latino <div style="display: flex; justify-content: space-around;"> Y <input type="checkbox"/> N <input type="checkbox"/> </div>
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade _____	Y <input type="checkbox"/> Indian <input type="checkbox"/> Islander <input type="checkbox"/> White <input type="checkbox"/>	N <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native/American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific <input type="checkbox"/>	
From _____ to _____ = _____ (hrs.)				
Name of school _____				
Does your child need transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have any special needs? If so please describe: _____				
Indicate your provider choice for each day and set of hours of requested care. If you are using only one provider for all requested times of care you may indicate this one time. You <u>must</u> be clear as to which provider you are requesting for each day and time.				
Name and Address of Provider for Child #3:				
Monday	From _____ To _____	_____		
	From _____ To _____	_____		
Tuesday	From _____ To _____	_____		
	From _____ To _____	_____		
Wednesday	From _____ To _____	_____		
	From _____ To _____	_____		
Thursday	From _____ To _____	_____		
	From _____ To _____	_____		
Friday	From _____ To _____	_____		
	From _____ To _____	_____		
Saturday	From _____ To _____	_____		
	From _____ To _____	_____		
Sunday	From _____ To _____	_____		
	From _____ To _____	_____		

4. Child's name		Race (mark "Y" or "N" for EACH group)		Ethnicity (show "Y" or "N")	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	Y <input type="checkbox"/>	N <input type="checkbox"/>		
From _____ to _____ = _____ (hrs.)		<input type="checkbox"/> African American/Black			
Name of school		<input type="checkbox"/> Alaskan Native/American			
		<input type="checkbox"/> Indian			
		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Native Hawaiian/Pacific			
		<input type="checkbox"/> Islander			
		<input type="checkbox"/> White			
Does child need transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your child have any special needs? If so please describe:					
Indicate your provider choice for each day and set of hours of requested care. . If you are using only one provider for all requested times of care you may indicate this one time. You <u>must</u> be clear as to which provider you are requesting for each day and time.					
Name and Address of Provider for Child #4:					
Monday	From _____ To _____	_____			
	From _____ To _____	_____			
Tuesday	From _____ To _____	_____			
	From _____ To _____	_____			
Wednesday	From _____ To _____	_____			
	From _____ To _____	_____			
Thursday	From _____ To _____	_____			
	From _____ To _____	_____			
Friday	From _____ To _____	_____			
	From _____ To _____	_____			
Saturday	From _____ To _____	_____			
	From _____ To _____	_____			
Sunday	From _____ To _____	_____			
	From _____ To _____	_____			

5. Child's name		Race (mark "Y" or "N" for EACH group)		Ethnicity (show "Y" or "N")																																											
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade		Hispanic/Latino																																											
From _____ to _____ = _____ (hrs.)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Islander <input type="checkbox"/> Native Hawaiian/Pacific <input type="checkbox"/> White		<input type="checkbox"/> Y <input type="checkbox"/> N																																											
Name of school																																															
Does child need transportation to/from school? <input type="checkbox"/> Yes <input type="checkbox"/> No																																															
Does your child have any special needs? If so please describe:																																															
Indicate your provider choice for each day and set of hours of requested care. If you are using only one provider for all requested times of care you may indicate this one time. You <u>must</u> be clear as to which provider you are requesting for each day and time.																																															
<div style="text-align: center; margin-bottom: 10px;">Name and Address of Provider for Child #5:</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">Monday</td> <td style="width: 20%;">From _____ To _____</td> <td style="width: 70%; border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;">Tuesday</td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;">Wednesday</td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;">Thursday</td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;">Friday</td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;">Saturday</td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top;">Sunday</td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>From _____ To _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>						Monday	From _____ To _____			From _____ To _____		Tuesday	From _____ To _____			From _____ To _____		Wednesday	From _____ To _____			From _____ To _____		Thursday	From _____ To _____			From _____ To _____		Friday	From _____ To _____			From _____ To _____		Saturday	From _____ To _____			From _____ To _____		Sunday	From _____ To _____			From _____ To _____	
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Sunday	From _____ To _____																																														
	From _____ To _____																																														

YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS

Eligibility for child care benefits shall be established after this form, JFS 01138 "Child Care Application" is completed and submitted to the county department of Job and Family Services (CDJFS) in the county where you reside. Eligibility for child care benefits will be determined within 30 days from the date the CDJFS receives your application. You must complete the application process and submit all supporting documentation. If your application is approved and you are eligible for child care benefits, the CDJFS may pay for child care services provided from the date the CDJFS received your application. If your application is denied, you will be responsible for payments to any child care provider whose services you have used since the date the CDJFS received your application.

Your eligibility and the amount of your copayment are determined based on your family size, monthly income, participation in employment/training/education, and documentation of a child's protective services case plan. Child care can be provided only for children under the age of 13, or under the age of 18 if eligible for special needs or protective child care.

You are responsible for giving complete and accurate information about yourself and members of your family. You must submit a written application and all necessary documentation, including verification of income and hours of employment and/or training. Sources of income may include salary, wages, tips, commissions, bonuses, retirement benefits, social security benefits, unemployment compensation, workers' compensation, interest, dividends, alimony, child support, Ohio Works First (OWF) cash assistance and income from self-employment. Every six months the CDJFS is required to complete a review of your case which may result in a change in your child care benefits.

You must use child care only for those children who are eligible for and only during hours and days that are authorized by the CDJFS. Child care is to be used only during hours of employment/training/education, with allowances for travel time, and other special circumstances approved by the CDJFS.

You must report to the CDJFS any change which affects your child care eligibility, including a change in family income, a change in hours of employment/training/education, a change in family size, a change in the ages of your children and a change of address. Such changes shall be reported within TEN DAYS of the date the change occurs. Child care fraud is the intentional withholding or falsification of information or misuse of child care services. Failure to meet this reporting requirement may be considered fraud and may result in the following: 1) repayment of child care benefits which you received but for which you were not eligible; 2) termination or denial of child care benefits; or 3) penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which you were not eligible.

As a condition of eligibility, you must pay your required monthly child care copayment to the provider. Failure to pay the copayment may result in the termination of your child care benefits. You will lose your child care benefits if your monthly copayment exceeds the monthly cost of care for the month, or you do not use child care services for 31 consecutive days.

You must sign your child care provider's attendance roster verifying the hours and days of care that were provided during each billing period. You may be required to pay the provider for absent days which exceed ten days per child for each six month period that the child is in care. Each six month period shall be January 1 through June 30 and July 1 through December 31 of each year. Failure to pay the provider for absent days which exceed ten days per child for each six month period may result in the termination of care by the provider.

You must complete and provide a copy of your child's health record to the child care provider by the first day of attendance. Your child must be immunized as required by the Ohio Department of Health. Child care cannot be provided when there is a caretaker in the home who is capable of caring for the child. A statement from a doctor is necessary to verify when a caretaker is not capable of providing care.

Failure to repay the CDJFS in full for a child care overpayment that was determined to be fraud, or failure to enter into or comply with an agreement with the CDJFS to repay a child care overpayment caused by your error or agency error, shall result in the termination of child care benefits. Ineligibility for child care benefits shall continue as long as: 1) repayment of a child care overpayment is owed to the CDJFS as a result of fraud; or 2) you fail to enter into or comply with an agreement with the CDJFS to repay a child care overpayment caused by your error or agency error.

You have a right to an informal conference with your CDJFS. If a mistake has been made, it can be corrected. If you are not satisfied with the result of your county conference, you can still have a state hearing. You will be given the JFS 04059 "Explanation of State Hearing Procedures" with this application. Read it carefully to understand your hearing rights and the hearing process.

You have a right to a state hearing before the Ohio Department of Job and Family Services if: 1) your application is denied but you believe you are eligible; 2) you are not told in writing within 30 days of the date you hand in your application whether or not you are eligible for child care benefits; 3) you do not agree with the type or amount of your benefits; 4) you are not told in writing the reason your benefits are to change; 5) you disagree with any action taken by the county. For a complete explanation of your right to a state hearing and the way to request a state hearing, see form JFS 04059 that you received with this application.

Please read the following and sign below if you agree.

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand 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.

To file a discrimination complaint, write or call the Ohio Department of Job and Family Services at ODJFS - Bureau of Civil Rights, Director, Office of Civil Rights, 30 E. Broad St., 37th Floor, Room 506-F Columbus, OH 43215, (614) 644-2703 (voice), 1-866-227-6353 (voice - toll free), Fax: (614) 752-6381. Or write or call the federal department of Health and Human Services at HHS-Office of Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201, (202) 619-0403 (voice), 1-866-221-6700 (TTY), (202) 619-3257 (TDD).

I received a copy of and I have read my rights and responsibilities and I understand them. I agree to fulfill my responsibilities as described. I give my consent to the agency to make whatever contacts 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 CDJFS permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child support income

I have received a complete 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.

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

Please note: Applicant is to receive a copy of the rights and responsibilities section of this application.