

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

	<p>Voter's Registration Application Attached - Assistance Available</p> <p>If you are not registered to vote where you live now, would you like to apply to register to vote today?</p> <p><input type="checkbox"/> Yes, I want to register <input type="checkbox"/> No, I do not want to register</p> <p>If you do not check either box, you will be considered to have decided not to register to vote at this time.</p>
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Section I APPLICANT INFORMATION
 Please verify information and make corrections as needed.

Name of Applicant (first, middle, last)

Household Address (street and number required)	City	State	Zip Code	County
Mailing Address (if different from above)	City	State	Zip Code	
Email Address	Home Phone Number	Cell Phone Number	Work Phone Number	

Please read this information carefully.

Why do you need to fill out this form?
 Your current child care eligibility is scheduled to end on ____/____/____. Please complete, sign and return this form to the county agency listed at the top of this page. We will use the information you provide to determine your eligibility for the next eligibility period. If you do not return this re-determination application and all supporting documentation by the end of your eligibility period stated above, we will stop your child care benefits.

What changes do you need to report?
 The information listed on this form is information that is currently on file with the county agency. Please review each piece of information for accuracy. If you need to report a change, cross out the printed information and write in the changes. Where it is necessary for you to provide verification, **ATTACH PROOF** will be listed.

What do you need to do with this form?
 You MUST:

- Fill out this form and return it by ____/____/____
- If a question says **ATTACH PROOF**, you MUST attach your proof to this form and submit it at the same time. Sign and date the bottom of the form.
- If you need more space for your answers, write them on extra paper and attach them to this form.
- You may return everything to the county agency by mail, fax, or drop it off in person to the address listed above.

What if you have questions?
 Call your county agency listed at the top of this form.

SECTION II HOUSEHOLD COMPOSITION
 How many people live in your house? _____. Please verify the information below pertaining to your household. Add the name of additional household members and the date they moved in or cross out those members who no longer live with you and the date they moved out.

Name (First, Middle, Last)	Last 4 of Social Security Number	Date of Birth	Sex M/F	Relationship To Applicant	Child Needing Care? Y/N	Moved In/Out Date

SECTION III HOUSEHOLD INCOME INFORMATION (You must provide proof of your income)				
Below is the earned income that the county agency has on file for you and or additional caretakers. You must ATTACH PROOF of income even if it has not changed.				
Caretaker 1 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
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
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 3 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 4 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Has anyone's unearned income changed since your last application, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Identify the income source, the date the income began/changed, the monthly amount, and ATTACH PROOF .				
Has your child support obligation changed since your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your child support obligation per month? ATTACH PROOF	Do you or anyone in your household have more than one million dollars in cash, checking, or savings (such as bank accounts, annuities, stocks or bonds)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is anyone in your household in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserve				
SECTION IV CARETAKER SCHOOL OR TRAINING (You must provide a current, official schedule if attending school)				
Caretaker 1 Name and Address of School or Training Location	Start Date			
Caretaker 2 Name and Address of School or Training Location	Start Date			
Caretaker 3 Name and Address of School or Training Location	Start Date			
Caretaker 4 Name and Address of School or Training Location	Start Date			
SECTION V CHILDREN WHO NEED CARE (Verify for accuracy and make changes as necessary)				
Child 1 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth		
Name and Address of Provider 1		Name and Address of Provider 2		
*Current grade level of child: *If child is attending or will be attending kindergarten or above, this section must be completed.				
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date:				
School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)				
Name of school		School address		

Child 2 Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth
Name and Address of Provider 1		Name and Address of Provider 2	
*Current grade level of child: *If child is attending or will be attending kindergarten or above, this section must be completed.			
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date:			
School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)			
Name of school		School address	
Child 3 Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth
Name and Address of Provider 1		Name and Address of Provider 2	
*Current grade level of child: *If child is attending or will be attending kindergarten or above, this section must be completed.			
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date:			
School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)			
Name of school		School address	
Child 4 Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth
Name and Address of Provider 1		Name and Address of Provider 2	
*Current grade level of child: *If child is attending or will be attending kindergarten or above, this section must be completed.			
Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date:			
School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)			
Name of school		School address	

By signing below, I verify that the information submitted is correct and complete to the best of my knowledge. I have read the attached Rights and Responsibilities and the Explanation of State Hearing Rights.

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

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

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.

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

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

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

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

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

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

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

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.

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? Yes No
2. Will you be at least 18 years of age on or before the next general election? Yes No
If you answered NO to either of the questions, do not complete this form.

3. Last Name First Name Middle Name or Initial Jr., II, etc.

4. House Number and Street (Enter new address if changed) Apt. or Lot # 5. City or Post Office 6. ZIP Code

7. Additional Mailing Address (if necessary) 8. County (where you live)

9. Birthdate (MM/DD/YYYY) (required) 10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided) 11. Phone Number (voluntary)

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office County State

13. CHANGE OF NAME ONLY Former Legal Name Former Signature

14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature



Date

(MM/DD/YYYY) _____

Signature area (dashed box)

FOR BOARD USE ONLY
SEC4010 (rev. 4/15)

City, Village, Twp. _____

Ward _____

Precinct _____

School Dist. _____

Cong. Dist. _____

Senate Dist. _____

House Dist. _____

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit www.OhioSecretaryofState.gov/boards.htm

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

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FELONY OF THE FIFTH DEGREE.**