

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 Maria	MI Kaye	Last name Varga	
Address 7109 Sage Drive			Today's date 4/20/2017
City Elkhurst	State Arkansas	County Greenwood	Zip Code 40331
Phone number 782-403-4376	Additional phone number 303-938-5500	Email address varga270@aol.com	

Tell us about the people in your home							
Name (First, Middle, Last)	Relationship to you (spouse, son, friend, etc.)	Race	Hispanic or Latino Y or N	Spoken language	Date of Birth	Gender M or F	US Citizen Y or N
Maria Kaye Varga	Self	<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander	Yes	Turkmen	3/24/2014	Female	No
Tommie Meagan Buckley	Sibling	<input type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander	No	Uzbek	11/12/2014	Male	No
Alyce Patria Absher	Aunt	<input type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	No	Arabic	9/24/2013	Male	Yes
Florinda Dorthey Alt	Caregiver	<input type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander	No	Sinhalese	2/20/2016	Male	No
Ilana Herbert Artis	Neighbor	<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander	Yes	Javanese	8/4/2015	Male	Yes
Dallas Lavenia Sturges	Uncle	<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	Yes	Shona	9/15/2015	Male	Yes
Roxanne Hannelore Tyler	Sibling	<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander	No	Hmong	8/23/2015	Male	No
Clementina Jessie Fortenberry	Uncle	<input type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	Yes	Hiligaynon	1/26/2016	Female	No
Brenna Shalon Vassallo	Uncle	<input type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	No	Kannada	3/14/2016	Female	Yes

Tell us about your needs for your child(ren)				
Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply	
Name Alyse Elodia Maxfield	Trace Inc 8716 Mallard Drive, Fort Littleton, Pennsylvania 22908	Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: None	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input checked="" type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
Child's mother's maiden name Bunn				What is the child's home school district? Mary Harris 'Mother' Jones Elementary
Child's city of birth Chastang				
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply	
Name Ana Coral Warren	Potomac Communications Group, Inc. 143 Union Blvd, Lake Santeetlah, North Carolina 51278	Do you have concerns about your child's growth and/or development? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: difficulty reading	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input checked="" type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
Child's mother's maiden name Wilkinson				What is the child's home school district? Red House Run Elementary
Child's city of birth Monticello				
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply	
Name David Andrew Benefield	Quincy Advisory, Llc 12325 Oracle Blvd, Vails Gate, New York 82300	Do you have concerns about your child's growth and/or development? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: slow learner	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input checked="" type="checkbox"/> Mornings <input checked="" type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
Child's mother's maiden name Rowland				What is the child's home school district? Judge Sylvania W. Woods Elementary
Child's city of birth Coalvale				
Child 4	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply	
Name Roseann Sherman Haber	Dmp Group, Llc , The 15952 Valley Drive, Magnolia, North Carolina 50596	Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: none	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input checked="" type="checkbox"/> Mornings <input checked="" type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
Child's mother's maiden name Oneal				What is the child's home school district? Pangborn Elementary
Child's city of birth Woodbridge				

**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

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)	
Avis Ling	Employment	\$536	twice a month	6/25/2017	<input checked="" type="checkbox"/> Sun 4:45 am - 2:00 pm <input checked="" type="checkbox"/> Mon 3:30 am - 4:45 pm <input checked="" type="checkbox"/> Tues 12:15 am - 1:30 pm <input checked="" type="checkbox"/> Wed 7:30 am - 11:45 pm	<input checked="" type="checkbox"/> Thurs 11:30 am - 6:30 pm <input checked="" type="checkbox"/> Fri 5:30 am - 10:30 pm <input checked="" type="checkbox"/> Sat 1:00 am - 7:00 pm
Nicolle Pass	Fellowship	\$391	weekly	4/11/2017	<input checked="" type="checkbox"/> Sun 3:15 am - 1:15 pm <input checked="" type="checkbox"/> Mon 8:45 am - 5:45 pm <input checked="" type="checkbox"/> Tues 4:30 am - 5:30 pm <input checked="" type="checkbox"/> Wed 3:00 am - 11:30 pm	<input checked="" type="checkbox"/> Thurs 7:30 am - 9:30 pm <input checked="" type="checkbox"/> Fri 9:15 am - 4:30 pm <input checked="" type="checkbox"/> Sat 8:30 am - 1:45 pm
Mariette Honea	self employment	\$589	weekly	8/20/2017	<input checked="" type="checkbox"/> Sun 5:45 am - 2:00 pm <input checked="" type="checkbox"/> Mon 4:00 am - 9:15 pm <input checked="" type="checkbox"/> Tues 5:15 am - 8:30 pm <input checked="" type="checkbox"/> Wed 6:15 am - 3:15 pm	<input checked="" type="checkbox"/> Thurs 8:00 am - 10:45 pm <input checked="" type="checkbox"/> Fri 2:45 am - 9:15 pm <input checked="" type="checkbox"/> Sat 12:45 am - 10:30 pm
Delorse Sickles	part time employment	\$393	yearly	12/22/2017	<input checked="" type="checkbox"/> Sun 11:45 am - 2:15 pm <input checked="" type="checkbox"/> Mon 12:30 am - 7:15 pm <input checked="" type="checkbox"/> Tues 2:45 am - 1:45 pm <input checked="" type="checkbox"/> Wed 10:30 am - 11:30 pm	<input checked="" type="checkbox"/> Thurs 9:15 am - 10:30 pm <input checked="" type="checkbox"/> Fri 7:45 am - 9:45 pm <input checked="" type="checkbox"/> Sat 2:00 am - 5:45 pm
Israel Peck	Supplementary Security Income	\$422	weekly	4/10/2017	<input checked="" type="checkbox"/> Sun 1:15 am - 12:30 pm <input checked="" type="checkbox"/> Mon 7:45 am - 6:30 pm <input checked="" type="checkbox"/> Tues 12:30 am - 4:00 pm <input checked="" type="checkbox"/> Wed 4:45 am - 4:30 pm	<input checked="" type="checkbox"/> Thurs 9:30 am - 4:45 pm <input checked="" type="checkbox"/> Fri 1:00 am - 7:45 pm <input checked="" type="checkbox"/> Sat 9:15 am - 5:00 pm
Phillis Delao	Social Security	\$468	weekly	10/9/2017	<input checked="" type="checkbox"/> Sun 5:00 am - 11:45 pm <input checked="" type="checkbox"/> Mon 2:00 am - 1:45 pm <input checked="" type="checkbox"/> Tues 1:15 am - 9:15 pm <input checked="" type="checkbox"/> Wed 10:45 am - 10:30 pm	<input checked="" type="checkbox"/> Thurs 5:30 am - 11:30 pm <input checked="" type="checkbox"/> Fri 7:45 am - 12:45 pm <input checked="" type="checkbox"/> Sat 3:45 am - 8:15 pm
Roxanne Hobbs	Veterans benefits	\$414	twice a month	9/22/2017	<input checked="" type="checkbox"/> Sun 12:45 am - 5:45 pm <input checked="" type="checkbox"/> Mon 10:30 am - 5:45 pm <input checked="" type="checkbox"/> Tues 8:30 am - 5:45 pm <input checked="" type="checkbox"/> Wed 10:15 am - 12:45 pm	<input checked="" type="checkbox"/> Thurs 4:00 am - 3:45 pm <input checked="" type="checkbox"/> Fri 2:00 am - 1:30 pm <input checked="" type="checkbox"/> Sat 9:30 am - 8:00 pm

Do you or does anyone in your household pay Child or Spousal Support?  Yes  No

How much? \$ 611

Signature of applicant

*jerry vasquez*

Date:

4/20/2017