

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 Simulated	MI Carol	Last name Richard	
Address 841 Bishop Street			Today's date 12/29/2018
City Vineland	State Idaho	County Success	Zip Code 9757
Phone number 814-419-8491	Additional phone number 805-060-3694	Email address richard199@icloud.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
Simulated Carol Richard	Self	<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	Haitian Creole	12/16/2016	Female	Yes
Delta Gema Breckenridge	Cousin	<input 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	Italian	12/14/2018	Female	No
Cherelle Elyse Rubinstein	Cousin	<input type="checkbox"/> African American <input checked="" type="checkbox"/> Alaska Native/American Indian <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	No	Greek	10/22/2016	Male	Yes
Jolanda Galina Ceron	Cousin	<input checked="" type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	No	Arabic	10/16/2017	Male	Yes
Charisse Shona Vice	Caregiver	<input checked="" type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hawaiian/Pacific Islander	Yes	Malay	10/26/2018	Male	No
Ettie Myron Walley	Friend	<input checked="" type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander	No	Greek	10/26/2014	Female	Yes

Tell us about your needs for your child(ren)		
Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name Chanda Knudsen	Griffd Enterprises Llc 2950 Stone Hogan Conn, Sw, Frankfort, Kansas 92469	<input checked="" 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 checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input checked="" type="checkbox"/> Evenings <input checked="" type="checkbox"/> Weekends
Child's mother's maiden name Rivers		What is the child's home school district? Pittsville Elementary & Middle
Child's city of birth Moores Mill		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Child 2	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name Kirk Frederick	Gethsemane Lutheran Church 12965 5th Street East, Elizabeth Cty, North Carolina 53525	<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 checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Mornings <input checked="" type="checkbox"/> Afternoons <input checked="" type="checkbox"/> Evenings <input checked="" type="checkbox"/> Weekends
Child's mother's maiden name Batchelor		What is the child's home school district? Kent Island Elementary School
Child's city of birth Prosperity		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Child 3	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name Quinn Piotrowski	New Breed Christian Child Development Center 974 Executive Center Blvd, Ancora, New Jersey 91755	<input checked="" type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Sat <input type="checkbox"/> Mornings <input checked="" type="checkbox"/> Afternoons <input checked="" type="checkbox"/> Evenings <input checked="" type="checkbox"/> Weekends
Child's mother's maiden name Nevels		What is the child's home school district? Kenilworth Elementary
Child's city of birth Rosedale		
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Tell us about your finances

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

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

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)	
Antoine Kaiser	antoine kaiser income type	\$421	every other week	12/17/2018	<input checked="" type="checkbox"/> Sun 7:45 am - 12:00 pm <input checked="" type="checkbox"/> Mon 2:45 am - 2:15 pm <input checked="" type="checkbox"/> Tues 6:30 am - 1:15 pm <input checked="" type="checkbox"/> Wed 8:45 am - 9:00 pm	<input checked="" type="checkbox"/> Thurs 3:15 am - 12:00 pm <input checked="" type="checkbox"/> Fri 11:00 am - 12:30 pm <input checked="" type="checkbox"/> Sat 12:00 am - 6:30 pm
Rachell Brinkman	rachell brinkman income type	\$649	weekly	11/23/2021	<input checked="" type="checkbox"/> Sun 10:30 am - 9:45 pm <input checked="" type="checkbox"/> Mon 6:15 am - 1:15 pm <input checked="" type="checkbox"/> Tues 10:30 am - 5:15 pm <input checked="" type="checkbox"/> Wed 2:30 am - 3:45 pm	<input checked="" type="checkbox"/> Thurs 6:30 am - 8:45 pm <input checked="" type="checkbox"/> Fri 2:00 am - 12:00 pm <input checked="" type="checkbox"/> Sat 4:45 am - 3:15 pm
Sacha Knecht	sacha knecht income type	\$394	yearly	12/14/2021	<input checked="" type="checkbox"/> Sun 6:15 am - 10:15 pm <input checked="" type="checkbox"/> Mon 9:45 am - 9:00 pm <input checked="" type="checkbox"/> Tues 3:00 am - 11:15 pm <input checked="" type="checkbox"/> Wed 5:15 am - 1:00 pm	<input checked="" type="checkbox"/> Thurs 7:45 am - 4:45 pm <input checked="" type="checkbox"/> Fri 1:45 am - 6:00 pm <input checked="" type="checkbox"/> Sat 6:00 am - 11:45 pm
Allen Cooke	allen cooke income type	\$563	twice a month	11/24/2021	<input checked="" type="checkbox"/> Sun 1:30 am - 8:00 pm <input checked="" type="checkbox"/> Mon 1:45 am - 10:15 pm <input checked="" type="checkbox"/> Tues 8:30 am - 11:30 pm <input checked="" type="checkbox"/> Wed 1:30 am - 9:30 pm	<input checked="" type="checkbox"/> Thurs 12:30 am - 2:45 pm <input checked="" type="checkbox"/> Fri 2:45 am - 5:45 pm <input checked="" type="checkbox"/> Sat 2:15 am - 4:00 pm
Sherilyn Pearsall	sherilyn pearsall income type	\$434	yearly	12/14/2020	<input checked="" type="checkbox"/> Sun 5:00 am - 11:15 pm <input checked="" type="checkbox"/> Mon 5:45 am - 3:15 pm <input checked="" type="checkbox"/> Tues 9:15 am - 9:00 pm <input checked="" type="checkbox"/> Wed 6:30 am - 7:30 pm	<input checked="" type="checkbox"/> Thurs 6:00 am - 5:15 pm <input checked="" type="checkbox"/> Fri 9:45 am - 11:30 pm <input checked="" type="checkbox"/> Sat 6:00 am - 4:45 pm

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

How much? \$

Signature of applicant
beckie tweedy

Date:
12/29/2018