

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

Voter's 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 today?
 Yes, I want to register No, I do not want to register
If you do not check either box, you will be considered to have decided not to register to vote at this time.

Please read the following information carefully

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 redetermination application and all supporting documentation by the end of your eligibility period stated above, we will stop your child care benefits.

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.

If you have questions, call your county agency listed at the top of this form.

Section I APPLICANT INFORMATION

Please verify information and make corrections as needed.

Name of Applicant (first, middle, last)

Matthew Addison Cuthbert

Household Address (street and number required)

12856 Meadowridge Road

Household address (line 2)

City

Thompsons Lake

State

Ohio

Zip Code

20002

Mailing address (if different from above)

6132 Henry Street

Mailing Address (line 2)

City

Crystal Hill

State

Ohio

Zip Code

31900

acuthbert@gmail.com

419-737-1628

252-299-9980

278-228-8535

May we send text messages to your cell phone number? Yes No

SECTION II HOUSEHOLD COMPOSITION

How many people live in your house? 8 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 SSN	Date of Birth	Gender M/F	Relationship To Applicant	Child needing care? (Y/N)	Moved In/Out Date
Simulated Addison Cuthbert	9574	12/14/2011	Female	Applicant	No	
Devon Albert Carlock	6533	10/18/2017	Male	Friend	No	12/29/2015
Zachery Chet Geraghty	3746	12/13/2015	Male	Neighbor	Yes	11/10/2015
Sharlene Carmen Frame	8961	12/28/2017	Male	Grandparent	Yes	12/12/2015
Roderick Cathryn Reed	6136	08/01/2017	Male	Grandparent	Yes	11/17/2015
Lamont Jolene Headrick	3563	12/16/2017	Male	Aunt	No	11/12/2016
Joana Aurore Chumley	2315	10/01/2017	Female	Sibling	No	12/25/2015
Herman Liz Mercurio	8738	11/11/2017	Male	Neighbor	No	11/14/2015
Phoebe Rosaura Hill	2963	12/28/2016	Female	Grandparent	No	10/28/2016
Jc Kimiko Brinkerhoff	4100	10/27/2016	Female	Aunt	No	12/24/2015

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.				
Name and address of employer	Start date	Rate of pay	How often paid?	Schedule
Caretaker 1 Peyton Mccall, Inc. 20251 Century Blvd, Grand Pass, Missouri 86689	11/22/2016	623	monthly	Simulated Schedule
Lawrence Executive Alliance Of Professionals (Leap) Llc 14591 Prudential Plaza, 180 N. Stetson Ave., Textile Finance, California 59371	11/24/2015	579	monthly	Simulated Schedule
Caretaker 2 Trusted Solutions Group, Inc. 16437 Oakland Blvd, Sattler, Texas 88636	11/30/2016	424	weekly	Simulated Schedule
International Media Solutions Llc 272 Pearl Street, Robbins, Tennessee 11329	12/18/2017	508	weekly	Simulated Schedule
Caretaker 3 Double R Productions Llc 10060 Westpark Drive, Cornersburg, Ohio 2048	11/25/2015	389	weekly	Simulated Schedule
Bayfirst Solutions Llc 1481 Beverly Road, Sugar City, Idaho 7344	12/11/2017	609	weekly	Simulated Schedule
Caretaker 4 Ici Systems, Inc 19011 3rd Street North, Greenland, Michigan 35951	10/22/2017	435	weekly	Simulated Schedule
Giuffrida Associates Inc 3119 West Beech Street, Midville, Georgia 91974	11/25/2018	502	weekly	Simulated 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 checked="" 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. Simulated Income source				
Has your child support obligation changed since your last application? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is anyone in your household in the military? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> National Guard/Reserve				
SECTION IV CARETAKER SCHOOL OR TRAINING (You must provide a current, official schedule and current transcripts if attending school)				
Name and Address of School or Training Location	Start date			
Caretaker 1 Averett University 7047 Route 32, De Kalb Junction, New York 30624	11/28/2017			
Caretaker 3 Elizabethtown College 9970 Chestnut Street, Mcgaffey, New Mexico 50213	12/27/2016			
Caretaker 3 St. Mary's College Of Maryland 3167 San Mateo Blvd Ne, Pomfret Center, Connecticut 36289	10/10/2018			
Caretaker 4 Ferrum College 5365 Water Street, East Woodstock, Connecticut 53529	10/24/2018			

SECTION V CHILDREN WHO NEED CARE (Verify for accuracy and make changes as necessary)		
Child 1 Name (First, Middle, Last) Zachery Chet Geraghty	Child's mother's maiden name Birnbaum	City of birth Montgomery
Name and address of Provider 1 Oakwood Elementary	Name and address of Provider 2 Oxon Hill Elementary	
*Current grade level of child: 5th grade	*If child is attending or will be attending kindergarten or above, this section must be completed.	
Is child entering kindergarten? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Begin date: 11/13/2018		
School year start date: 10/29/2017 and end date: 12/12/2015 Hours of school: from 9:30 am to 12:30 pm = 6 (hrs.)		
Name of school Rosemont Elementary	School address 1371 Oakland Blvd, Red House, Nevada 96957	
Child 2 Name (First, Middle, Last) Sharlene Carmen Frame	Child's mother's maiden name Sowell	City of birth Kimballton
Name and address of Provider 1 Malcolm Elementary School	Name and address of Provider 2 Mount Airy Elementary	
*Current grade level of child: 7th grade	*If child is attending or will be attending kindergarten or above, this section must be completed.	
Is child entering kindergarten? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Begin date: 12/20/2015		
School year start date: 11/19/2015 and end date: 12/16/2016 Hours of school: from 9:30 am to 2:00 pm = 8 (hrs.)		
Name of school Kenmoor Elementary	School address 650 Poydras Street, Troy State University, Alabama 58758	
Child 3 Name (First, Middle, Last) Roderick Cathryn Reed	Child's mother's maiden name Frye	City of birth Mettacahonts
Name and address of Provider 1 John Eager Howard Elementary	Name and address of Provider 2 Meadow Hall Elementary	
*Current grade level of child: 9th grade	*If child is attending or will be attending kindergarten or above, this section must be completed.	
Is child entering kindergarten? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Begin date: 10/10/2015		
School year start date: 12/18/2016 and end date: 10/25/2016 Hours of school: from 7:30 am to 11:00 am = 10 (hrs.)		
Name of school Pot Spring Elementary	School address 7053 Camino Ramon , Ameritrust, Ohio 21149	
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	

SECTION VI Rights and Responsibilities
<p>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.</p> <p>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 in section 5 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.</p> <p>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.</p> <p>My signature below also gives consent to issue a system generated statewide student identifier (SSID) for each child listed in section 5 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.</p> <p>I understand that I will be able to use child care only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for child care, any required copayment (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of child care benefits.</p> <p>I understand that I must report any changes which 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.</p> <p>I understand that if approved, my information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card, 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. If my card is lost or stolen, I must request a replacement swipe card within seven business days from the date of the last swipe.</p> <p>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.</p> <p>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</p>

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 reporting children's attendance at a child care provider.

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.

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

Signature of Applicant <i>Millicent Cuthbert</i>	Date 03/22/2018
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Signature of Person Who Helped Complete This Application <i>Carolann Squire</i>	Date 10/21/2015
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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) / 1-866-277-6353 (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.