

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

1. Voter 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 here today?
 YES, I want to register to vote. NO, I do not want to register to vote.
If you do not check either box, you will be considered to have decided not to register to vote at this time.

2. Tell us about you (the applicant)

First name Maria	MI KAYE	Last name Varga	Date of birth 11/10/2019
Street address 7109 Sage Drive			<input type="checkbox"/> Check here if you are homeless. (We will still need a mailing address)
Mailing Address (if different than street address) Po Box 1077			
City Elkhurst	County Greenwood	State Arkansas	Zip Code 40331
Home phone number (782) 403-4376	Cell phone number (303) 938-5500		May we send text messages to your cell phone number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Work phone number (419) 904-6933	Email address varga270@aol.com		

3. Tell us more about you (the applicant)

Are you: Visually Impaired Hearing Impaired

Do you need any of the following services?
 Interpreter Other: Occupational therapy
 Sign Language

Marital Status Married Divorced Separated Widowed Not married

Have you, or anyone living with you, ever received cash, child care, food, or medical assistance? Yes No
 If yes, who: Alberta Putney Where (City/County/State): Stamping Ground, Missouri

What is your preferred language?
 Spoken: Turkmen Written: Spanish

Do you and the people in your home have more than one million total dollars in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)? Yes No

Are you or anyone in your household in the military? Yes (Active Duty National Guard/Reserves) No

Have you ever been found guilty of child care fraud? Yes No

Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan? Yes No

If you are a minor, are you currently in LEAP? Yes No

4. Emergency Contact

<input type="checkbox"/> N/A	First name Roberto	MI KAYE	Last name Boley
Street address 204 Clark Street			
City Gheen	County Kingman	State Hawaii	Zip Code 04326
Home phone number (630) 872-6890	Cell phone number (907) 969-3247		May we send text messages to your cell phone number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Work phone number (949) 203-8015	Email address varga152@yahoo.com		

5. Tell us about everyone that lives in your home

You must list everyone who lives with you, even if they are not applying. Please be sure to list your name first. Please include all household members regardless of the member's need for child care. **If you need more space, attach a separate piece of paper.**

Name (First, Last)	Social Security Number Optional	US Citizen Y or N	Gender	Date of Birth	Relation to you (spouse, son, etc)	Race	Hispanic or Latino Y or N	Highest Level of Education Completed
Maria Varga	933-98-1252	No	Female	11/10/2019	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	<input checked="" type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: 12/16/2019 Number of College Credit Hours: 445
Tommie Buckley	204-19-5697	No	Male	12/16/2018	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	<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input checked="" type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: 12/16/2019 Number of College Credit Hours: 445
Alyce Absher	275-55-6367	Yes	Male	12/12/2019	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	<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input checked="" type="checkbox"/> Masters or Above Graduation Date: 11/14/2016 Number of College Credit Hours: 604
Florinda Alt	677-44-2930	No	Male	10/26/2017	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	<input checked="" type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: 11/17/2018 Number of College Credit Hours: 414
Ilana Artis	367-72-7353	Yes	Male	11/25/2018	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	<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input checked="" type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: 11/15/2017 Number of College Credit Hours: 500
Dallas Sturges	353-84-3049	Yes	Male	11/22/2017	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	<input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma/GED <input checked="" type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Masters or Above Graduation Date: 10/26/2019 Number of College Credit Hours: 640

6. Tell us about your qualifying activity

If you or the people in your home are working, attending school or participating in a training program, please complete the table below. If employed, please list your current employer. This includes self-employment and odd jobs. You must **ATTACH PROOF** of income. If attending school or a training program, you must provide a current, official schedule. **If you need more space, please attach a separate piece of paper.**

Household Member Name and Job Title <i>(if applicable)</i>	Start Date/End Date	Employer/School/Training Site Name Address and Telephone Number	Rate of Pay <i>(if applicable)</i>	How often Paid <i>(Weekly, Bi-weekly, etc)</i>	Work or School Schedule <i>(Please check the box next to the days you work or attend school. Then list the hours you work or attend school on the corresponding line, ie 8:30 - 5:30)</i>
Avis Ling Accountant	11/11/2012 12/20/2016	Name Solimar International Inc Address 1340 Beech Street, Ojito, New Mexico 49195 Telephone number (553) 376-2663 Schooling - Total credit hours earned: 262	536	twice a month	<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 <input checked="" type="checkbox"/> Varies week to week
Nicolle Pass System Programmer	12/15/2014 11/26/2018	Name Peak Technology Solutions, Inc. Address 8601 Georgia Avenue, Normandy Park, Washington 65563 Telephone number (761) 746-8207 Schooling - Total credit hours earned: 131	391	weekly	<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 <input type="checkbox"/> Varies week to week
Mariette Honea Director	12/12/2016 10/15/2020	Name Aurelius Group, Llc Address 974 Executive Center Blvd, Premier Bank, Louisiana 2999 Telephone number (276) 005-2864 Schooling - Total credit hours earned: 166	589	weekly	<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 <input type="checkbox"/> Varies week to week

7. Tell us about your other sources of income.

Other sources of income refer to all the money that you and the people in your home receive such as earnings from child/spousal/medical support, disability benefits, retirement benefits, Worker's Compensation, Social Security, SSI, Veteran's Benefits, etc . **ATTACH PROOF** of all other sources of income.

Household Member Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, monthly, etc)</i>	Date Last Received
Israel Peck	Supplementary Security Income	422	weekly	11/28/2014
Phillis Delao	Social Security	468	weekly	12/26/2014
Roxanne Hobbs	Veterans benefits	414	twice a month	12/19/2015

Do you or does anyone in your household pay Child or Spousal Support? Yes No
If yes, what is your child support obligation per month? 611 You must ATTACH PROOF of this obligation.

8. Tell us more about the child(ren) who need child care

Child 1

Child's name (first, middle, last) Alyse Elodia Maxfield		Child's mother's maiden name Bunn	
Child's city of birth Chastang	Relationship to applicant Aunt		Child's preferred spoken language Bhojpuri
Is this child a United States citizen or a qualified alien? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.		Child's Needs	
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please describe:		Does child require protective child care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the child's schedule? From 8:00 am to 3:00 pm	
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Mon From 7:00 am to 4:00 pm <input checked="" type="checkbox"/> Tues From 6:30 am to 2:30 pm <input checked="" type="checkbox"/> Wed From 8:00 am to 12:30 pm <input checked="" type="checkbox"/> Thurs From 12:00 pm to 6:00 pm <input checked="" type="checkbox"/> Fri From 8:00 am to 12:30 pm <input checked="" type="checkbox"/> Sat From 9:00 am to 2:30 pm		Provider Name and Address Trace Inc 8716 Mallard Drive, Fort Littleton, Pennsylvania 22908	

Child 2

Child's name (first, middle, last) Anisa Ella Neri		Child's mother's maiden name Edmunds	
Child's city of birth Willard	Relationship to applicant Sibling		Child's preferred spoken language Nepali
Is this child a United States citizen or a qualified alien? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.		Child's Needs	
Do you have concerns about your child's growth and development? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please describe: Simulated Growth or development concerns		Does child require protective child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is there a case plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the child's schedule? From 8:00 am to 5:30 pm	
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 6:30 am to 2:30 pm <input checked="" type="checkbox"/> Mon From 7:30 am to 2:00 pm <input checked="" type="checkbox"/> Tues From 8:30 am to 1:00 pm <input checked="" type="checkbox"/> Wed From 7:30 am to 3:00 pm <input checked="" type="checkbox"/> Thurs From 9:30 am to 3:00 pm <input checked="" type="checkbox"/> Fri From 7:30 am to 2:30 pm <input checked="" type="checkbox"/> Sat From 7:00 am to 1:00 pm		Provider Name and Address Happy Days Preschool Llc 14003 Barkham Court, Granville, Ohio 17182	

Child 3

Child's name (first, middle, last) Amalia Deloras Lecompte		Child's mother's maiden name Bess	
Child's city of birth Michigan Bulb Co	Relationship to applicant Uncle		Child's preferred spoken language Jin
Is this child a United States citizen or a qualified alien? Yes Yes No No You must provide verification in order to receive child care.		Child's Needs	
Do you have concerns about your child's growth and development? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please describe: Simulated Growth or development concerns		Does child require protective child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the child's schedule? From 9:30 am to 4:00 pm	
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 7:30 am to 3:00 pm <input checked="" type="checkbox"/> Mon From 9:00 am to 2:30 pm <input checked="" type="checkbox"/> Tues From 7:00 am to 2:00 pm <input checked="" type="checkbox"/> Wed From 9:00 am to 12:00 pm <input checked="" type="checkbox"/> Thurs From 8:00 am to 1:30 pm <input checked="" type="checkbox"/> Fri From 7:00 am to 2:30 pm <input checked="" type="checkbox"/> Sat From 6:30 am to 1:00 pm		Provider Name and Address Camp Buzz Embry Hills United Methodist Church 20099 Algonquin Road, Clayton, Texas 57918	

Child 4		
Child's name (first, middle, last) Dillon Erica Pipes		Child's mother's maiden name Abbott
Child's city of birth Oxford	Relationship to applicant Neighbor	Child's preferred spoken language Sylheti
Is this child a United States citizen or a qualified alien? Yes Yes No No You must provide verification in order to receive child care.		Child's Needs
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please describe:		Does child require protective child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is there a case plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the child's schedule? From 8:00 am to 5:30 pm
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 8:00 am to 12:00 pm <input checked="" type="checkbox"/> Mon From 7:30 am to 12:30 pm <input checked="" type="checkbox"/> Tues From 9:30 am to 12:00 pm <input checked="" type="checkbox"/> Wed From 8:30 am to 2:30 pm <input checked="" type="checkbox"/> Thurs From 7:00 am to 2:00 pm <input checked="" type="checkbox"/> Fri From 9:30 am to 12:00 pm <input checked="" type="checkbox"/> Sat From 8:30 am to 3:00 pm		Provider Name and Address Shandon Joint Unified School District 420 N Center Drive, Crest, California 4137

9. Tell us about the school attendance of the child(ren) who need care.

If any child(ren) are attending or will be attending Kindergarten or above, this section must be completed.

Child's name	Child Entering Kindergarten	Current Grade Level	Name and Address of School	Hours of School (ie 8 am - 3 pm)	School Year Start and End Date
Alyse Maxfield	Will the child be entering K this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Kindergarten Schedule <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Full Day	10th grade	Quarterfield Elementary 17667 Sunset Avenue, Deer Meadows, Washington 94578	10:00 am - 4:00 pm	10/12/2014 11/20/2018
Anisa Neri	Will the child be entering K this year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Full Day	6th grade	Lafayette Elementary 379 Princeton Hightstown Road, Adams Lake, Indiana 9984	7:30 am - 4:00 pm	10/18/2018 10/26/2022
Amalia Lecompte	Will the child be entering K this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Kindergarten Schedule <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	10th grade	Meadowvale Elementary 19709 Cincinnati-Dayton Road, Claridge, Pennsylvania 89289	5:00 am - 3:30 pm	12/14/2014 10/28/2018
Dillon Pipes	Will the child be entering K this year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Full Day	4th grade	Martin Boulevard Elementary 18325 Lake Center Plaza, Abingdon, Iowa 15858	5:30 am - 4:00 pm	12/11/2015 12/25/2019

10. Rights and Responsibilities

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.

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 8 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.

My signature below gives my consent to the county 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 system generated statewide student identifier (SSID) for each child listed in section 8 of this application.

My signature below gives my consent and authorizes the county agency to access CRIS-E or the 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 understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, the required copayment (if applicable) must be paid by me to the provider. Failure to pay the required copayment may result in termination of child care benefits.

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.**

I understand that if approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf, and may not have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.

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.

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 intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.

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 reporting requirements 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.

Signature of Applicant	Signature of person who helped you complete this application (if applicable)	Date
<i>jerry vasquez</i>	<i>megan kizer</i>	10/15/2018