

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 3/24/2014
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: <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired	Do you need any of the following services? <input checked="" type="checkbox"/> Interpreter <input type="checkbox"/> Sign Language	Other: Occupational therapy
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Not married		
Have you, or anyone living with you, ever received cash, child care, food, or medical assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, who: Alberta Putney <span style="float: right;">Where (City/County/State): Stamping Ground, Missouri</span>		
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you or anyone in your household in the military? <input checked="" type="checkbox"/> Yes ( <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserves) <input type="checkbox"/> No		
Have you ever been found guilty of child care fraud? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you are a minor, are you currently in LEAP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**4. Emergency Contact**

<input type="checkbox"/> N/A	First name Roberto	MI Jacelyn	Last name Boley
Street address 204 CLARK STREET			
City Gheen	County Kingman	State Hawaii	Zip Code 4326
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	3/24/2014	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: 2/19/2015 Number of College Credit Hours: 445
Tommie Buckley	204-19-5697	No	Male	11/12/2014	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: 2/19/2015 Number of College Credit Hours: 445
Alyce Absher	275-55-6367	Yes	Male	9/24/2013	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: 2/12/2014 Number of College Credit Hours: 604
Florinda Alt	677-44-2930	No	Male	2/20/2016	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: 1/19/2014 Number of College Credit Hours: 414
Ilana Artis	367-72-7353	Yes	Male	8/4/2015	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: 11/9/2015 Number of College Credit Hours: 500
Dallas Sturges	353-84-3049	Yes	Male	9/15/2015	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: 10/23/2013 Number of College Credit Hours: 640
Roxanne Tyler	265-99-1712	No	Male	8/23/2015	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	<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: 2/27/2016 Number of College Credit Hours: 521

**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 (if applicable)	Start Date/End Date	Employer/School/Training Site Name Address and Telephone Number	Rate of Pay (if applicable)	How often Paid (Weekly, Bi-weekly, etc)	Work or School Schedule (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)
Avis Ling Accountant	6/26/2017 7/13/2017	Name Solimar International Inc Address 1340 Beech Street, Ojito, New Mexico 49195 Telephone number 5533762663 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	7/29/2015 6/8/2017	Name Peak Technology Solutions, Inc. Address 8601 Georgia Avenue, Normandy Park, Washington 65563 Telephone number 7617468207 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	7/3/2016 9/5/2017	Name Aurelius Group, Llc Address 974 Executive Center Blvd, Premier Bank, Louisiana 2999 Telephone number 2760052864 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 (before taxes)	How Often Received (weekly, monthly, etc)	Date Last Received
Israel Peck	Supplementary Security Income	422	weekly	4/10/2017
Phillis Delao	Social Security	468	weekly	10/9/2017
Roxanne Hobbs	Veterans benefits	414	twice a month	9/22/2017

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	Child's Needs
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.	Does child require protective child care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about your child's growth and development <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please describe: None	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 2:45 AM to 10:45 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) Ana Coral Warren		Child's mother's maiden name Wilkinson
Child's city of birth Monticello	Relationship to applicant Caregiver	Child's preferred spoken language Persian
Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No You must provide verification in order to receive child care.		Child's Needs 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 1:45 AM to 3:00 PM
Do you have concerns about your child's growth and development <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please describe: None		
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 7:30 am to 12:00 pm <input checked="" type="checkbox"/> Mon From 9:00 am to 12:00 pm <input checked="" type="checkbox"/> Tues From 8:30 am to 1:00 pm <input checked="" type="checkbox"/> Wed From 7:30 am to 2:30 pm <input checked="" type="checkbox"/> Thurs From 7:00 am to 2:00 pm <input checked="" type="checkbox"/> Fri From 7:00 am to 2:30 pm <input checked="" type="checkbox"/> Sat From 7:30 am to 12:30 pm		Provider Name and Address Potomac Communications Group, Inc. 143 Union Blvd, Lake Santeetlah, North Carolina 51278

Child 3		
Child's name (first, middle, last) David Andrew Benefield		Child's mother's maiden name Rowland
Child's city of birth Coalvale	Relationship to applicant Grandparent	Child's preferred spoken language Hindi
Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No You must provide verification in order to receive child care.		Child's Needs Does child require protective child care? <input checked="" type="checkbox"/> Yes <input 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 10:15 AM to 12:30 PM
Do you have concerns about your child's growth and development <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please describe: None		
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 8:00 am to 1:00 pm <input checked="" type="checkbox"/> Mon From 7:00 am to 12:30 pm <input checked="" type="checkbox"/> Tues From 7:00 am to 12:30 pm <input checked="" type="checkbox"/> Wed From 8:00 am to 1:30 pm <input checked="" type="checkbox"/> Thurs From 6:30 am to 1:30 pm <input checked="" type="checkbox"/> Fri From 7:00 am to 1:30 pm <input checked="" type="checkbox"/> Sat From 8:30 am to 12:30 pm		Provider Name and Address Quincy Advisory, Llc 12325 Oracle Blvd, Vails Gate, New York 82300

Child 4		
Child's name (first, middle, last) Roseann Sherman Haber		Child's mother's maiden name ONeal
Child's city of birth Woodbridge	Relationship to applicant Sibling	Child's preferred spoken language Zhuang
Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No You must provide verification in order to receive child care.		Child's Needs 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 1:45 AM to 3:00 PM
Do you have concerns about your child's growth and development <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please describe: none		
Days/Hours care needed <input checked="" type="checkbox"/> Sun From 9:00 am to 12:00 pm <input checked="" type="checkbox"/> Mon From 7:30 am to 1:30 pm <input checked="" type="checkbox"/> Tues From 7:30 am to 1:00 pm <input checked="" type="checkbox"/> Wed From 7:30 am to 2:00 pm <input checked="" type="checkbox"/> Thurs From 8:30 am to 1:30 pm <input checked="" type="checkbox"/> Fri From 9:00 am to 2:00 pm <input checked="" type="checkbox"/> Sat From 8:00 am to 12:00 pm		Provider Name and Address Dmp Group, Llc , The 15952 Valley Drive, Magnolia, North Carolina 50596

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 Elodia Maxfield	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	Kindergarten	Fields Road Elementary School 14146 Stillwater Ct, Arco, Idaho 49290	12:30 am - 5:15 pm	5/24/2017 3/18/2019
Ana Coral Warren	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	5th grade	Lothian Elementary 20240 Georgia Avenue , Peach Springs, Arizona 20851	4:45 am - 9:45 pm	6/21/2017 5/2/2018
David Andrew Benefield	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	5th grade	Potomac Heights Elementary 8221 South Walker Avenue, Lake Ozark, Missouri 32585	2:30 am - 8:45 pm	11/20/2017 4/11/2019
Roseann Elodia Haber	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	12th grade	Lansdowne Elementary 382 Gambrills Road, Clifford, North Dakota 24449	10:30 am - 3:30 pm	11/18/2017 5/11/2020

**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 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, 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, 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.

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 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.

Signature of Applicant	Signature of person who helped you complete this application (if applicable)	Date
jerry vasquez	megan kizer	4/20/2017

**5. Tell us about everyone that lives in your home**

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
Clementina Fortenberry	921-18-1982	No	Female	1/26/2016	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	<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: 11/29/2016 Number of College Credit Hours: 587
Brenna Vassallo	983-34-3770	Yes	Female	3/14/2016	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	<input type="checkbox"/> Some High School <input checked="" 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: 12/8/2016 Number of College Credit Hours: 634

**6. Tell us about your qualifying activity**

Household Member Name and Job Title (if applicable)	Start Date/End Date	Employer/School/Training Site Name Address and Telephone Number	Rate of Pay (if applicable)	How often Paid (Weekly, Bi-weekly, etc)	Work or School Schedule (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)
Delorse Sickles Electrician	1/5/2016 12/30/2017	Name Impact Marketing And Communciations, Inc. Address 5540 Centerview Dr, Brm South Bend, Indiana 42159 Telephone number 1361197606 Schooling - Total credit hours earned: 839	393	yearly	<input type="checkbox"/> Varies week to week Sun 11:45 am - 2:15 pm Mon 12:30 am - 7:15 pm Tues 2:45 am - 1:45 pm Wed 10:30 am - 11:30 pm Thurs 9:15 am - 10:30 pm Fri 7:45 am - 9:45 pm Sat 2:00 am - 5:45 pm