

RE-DETERMINATION APPLICATION FOR CHILD CARE BENEFITS

<County Agency Name>		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? <input type="checkbox"/> Yes , I want to register <input type="checkbox"/> No , I do not want to register
<County Agency Address> <City> <State> <Zip>		
<County Agency Phone Number>	<County Agency Fax Number>	If you do not check either box, you will be considered to have decided not to register to vote at this time.

Section I APPLICANT INFORMATION

Please verify information and make corrections as needed.

Name of Applicant (*first, middle, last*)

Household Address (<i>street and number required</i>)	City	State	Zip Code	County
Mailing Address (<i>if different from above</i>)	City	State	Zip Code	
Email Address	Home Phone Number	Cell Phone Number	Work Phone Number	

Please read this information carefully.**Why do you need to fill out this form?**

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

What changes do you need to report?

The information listed on this form is information that is currently on file with the county agency. Please review each piece of information for accuracy. If you need to report a change, cross out the printed information and write in the changes. Where it is necessary for you to provide verification, **ATTACH PROOF** will be listed.

What do you need to do with this form?

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.

What if you have questions?

Call your county agency listed at the top of this form.

SECTION II HOUSEHOLD COMPOSITION

How many people live in your house? _____ 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 (<i>First, Middle, Last</i>)	Last 4 of Social Security Number	Date of Birth	Sex M/F	Relationship To Applicant	Child Needing Care? Y/N	Moved In/Out Date

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.

Caretaker 1 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 2 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 3 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 4 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	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? Yes No

If yes, Identify the income source, the date the income began/changed, the monthly amount, and **ATTACH PROOF**.

Has your child support obligation changed since your last application? Yes No

If yes, what is your child support obligation per month? **ATTACH PROOF**

SECTION IV CARETAKER SCHOOL OR TRAINING (You must provide a current, official schedule if attending school)

Caretaker 1 Name and Address of School or Training Location	Start Date
Caretaker 2 Name and Address of School or Training Location	Start Date
Caretaker 3 Name and Address of School or Training Location	Start Date
Caretaker 4 Name and Address of School or Training Location	Start Date

SECTION V CHILDREN WHO NEED CARE (Verify for accuracy and make changes as necessary)

Child 1 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	
<p>*Current grade level of child: *If child is attending or will be attending kindergarten or above, this section must be completed.</p> <p>Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date:</p> <p>School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)</p> <p>Name of school _____ School address _____</p>		
Child 2 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
Child 3 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
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

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

Signature of Applicant	Date
Signature of Person Who Helped Complete This Application	Date

**YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS
PLEASE READ THE FOLLOWING AND SIGN ABOVE**

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.

My signature above gives my consent to the 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 CDJFS 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 statewide student identifier (SSID) that is system generated to the children within Section V of this application.

My signature above gives my consent and authorizes the CDJFS to access CRIS-E 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 CDJFS in writing.

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 CDJFS. I have received an explanation regarding 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 mandatory reporting of children's attendance at a child care provider. Failure to utilize the swipe card could result in the termination of my child care benefits.

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.

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) / 1-866-227-6353 (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, Office for 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.

When will the hearing be held?

The Bureau of State Hearings will send you a notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled. Hearings are usually held at the CDJFS. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the CDJFS, be sure to state that on your hearing request.

Can a hearing be postponed?

If you cannot come to the hearing as scheduled or if you need more time to prepare, you can ask for a postponement. You must have a good reason to postpone the hearing.

What happens if I do not attend the hearing?

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The CDJFS can then take the action it was planning to take. If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

What happens before the hearing?

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local Legal Aid program to see if you qualify for free help. If you don't know how to reach your Legal Aid, call 1-800-589-5888 (toll-free). If you want notice of the hearing sent to your lawyer, you must give the lawyer's name and address to the hearing authority. You and your representative have the right to look at your case file and the written rules being applied to your case. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents. The CDJFS does not have to show you confidential records such as names of people who have given information against you, records of criminal proceedings and certain medical records. Confidential records, which you could not look at or question, cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Can I subpoena information?

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

What happens at the hearing?

You may bring witnesses, friends, relatives or your lawyer to help present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions and bring papers or other evidence to support your case. The hearing will be recorded by the hearing officer so that the facts are taken down correctly. The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority. After the hearing decision is issued you can get a free copy of the recording by contacting the Bureau of State Hearings.

What is a group hearing?

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing. You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

What happens after the hearing?

You should receive a hearing decision within 90 days of your hearing request. If you disagree with the hearing decision your written decision will tell you how to ask for an administrative appeal.

When will compliance with the hearing decision happen?

The CDJFS must take the action ordered by the decision within 15 days of the date the decision is issued but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Does another action require another hearing?

If you receive another notice that says the CDJFS wants to change your child care benefits while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.