



# Wood County Department of Job and Family Services

**David Wigent, Director**

1928 East Gypsy Lane Road, P.O. Box 679  
Bowling Green, Ohio 43402

• Phone: (419) 352-7566 • Toll Free 1-888-282-1118 • Fax: (419) 353-6091

Board of County Commissioners-

*Doris I. Herringshaw, Ed.D • Craig LaHote • Dr. Theodore H. Bowlus*

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## Child Care Applicants

- Attached is a child care application (1138) for you to complete and return to us.
- **It is important that you submit the child care application right away.** Your first day of approved child care will depend upon the date we receive the 1138. It will also depend upon your start date of employment/training and the date you notify us of your choice of the licensed center, Type A or Type B Home you plan to use for care. The provider must have signed the provider agreement with the Ohio Department of Job and Family Services.
- Be sure to complete **all of the pages** on the 1138 and be certain to **sign the last page**.
- Please provide all of the following verifications for your household in order to determine child care eligibility. **All verifications are your responsibility to provide within 30 calendar days of submitting the child care application.**
  1. All applicants must provide documentation of any:
    - Child support and/or Alimony.
    - Social Security, Worker's Compensation, Unemployment Compensation, etc.
    - Death Benefits.
    - Any other earned or unearned income.
    - If you have no countable income, you must provide a written statement as to how you are meeting your basic needs.
  2. Household Composition:
    - If you are married or the biological parent of any children residing in your home, complete income verifications are also required for these adults.
    - If you are single and less than eighteen years old, your parent or guardian must apply for and be eligible for child care assistance in order for your child to receive it.
  3. Proof of U.S. Citizenship
    - Birth certificates, Hospital records, Crib cards or other form of U.S. citizenship verification for any child needing child care.
  4. If employed:
    - Complete employment verification forms.
    - All of your pay stubs from the four most recent weeks.
    - Documentation of all tips, commissions, and/or bonuses you may receive.
    - If you are self-employed, all documentation of income and expenses; your 1040 IRS form and schedule C from last year.
  5. If attending school:
    - Current class schedule and transcripts from any schools you have ever attended.
    - Letter from instructor on school letterhead stationary concerning any additional hours you need for labs, clinical, or internship assignments.

[www.woodcountyjfs.com](http://www.woodcountyjfs.com) • [www.ohiomeansjobs.com](http://www.ohiomeansjobs.com) • [www.co.wood.oh.us](http://www.co.wood.oh.us)

Reasonable accommodations will be attempted for any person who is disabled.

Requests must be made to this office twenty-four (24) hours prior to the time accommodations are required.





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## Child Care Provider List

July 2017

The following list provides the names of licensed child care centers and licensed family child care providers. Licenses are issued by the Ohio Department of Job and Family Services. This list contains the providers most often used. **Additional licensed providers and information on child care providers in Ohio can be found at [childcaresearch.ohio.gov](http://childcaresearch.ohio.gov). This includes the most recent inspection reports for providers as well as hours of operation.**

Age Group Codes: I= Infants (Birth to 18 months)  
T= Toddlers (18 months to age 3)  
P= Preschool (3 to 5 and not eligible for enrollment in school)  
SA= School Age (eligible to be enrolled in Kindergarten or above)

### Family Child Care Providers

### Special Notes

### Age Group Code

#### Type B Homes- up to 6 children in care

Mary Clark 315 Parkview Dr. Lot. 136 Bowling Green, OH 43402	419-346-9554		I, T, P, SA
Katie Hyden 930 East Broadway #34 North Baltimore, OH 45872	419-429-9930		I, T, P, SA
Crystal Schmidt 3561 Truman Rd. #215 Perrysburg, OH 43551	419-496-8781		I, T, P, SA
Sierra Willis 71 Rossway Ave. #29 Rossford, OH 43460	567-686-2849		I, T, P, SA

#### Type A Homes- up to 12 children in care

Diaz Daycare 207 Grape St. Fostoria	419-435-1370		I, T, P, SA
Marie Neal 2424 Courtly Dr. Fostoria	419-701-7397	24 Hours/Day	I, T, P, SA
Rainbow Factory 706 Deer Run Perrysburg	419-872-8662	24 Hours/Day M-F (no weekends)	I, T, P, SA

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## Licensed Centers

A Rainbow's Treasure 567-312-8190 I, T, P, SA  
4725 Dorr St.  
Toledo

Around the Clock 419-423-5967 I, T, P, SA  
920 McManness Ave.  
Findlay

### Children's Discovery Center

- ❖ Toledo
  - 338 N. St. Clair 419-255-4890 I, T, P, SA
  - 2303 Cheyenne Blvd 419-865-8191 I, T, P, SA
  - 3839 Talmadge Rd 419-474-8308 I, T, P, SA
  - 3905 Talmadge Rd 419-292-2528 P, SA
- ❖ Holland
  - 1640 Timberwolf Dr 419-861-1060 P
- ❖ Perrysburg
  - 11090 Avenue Rd 419-874-8203 I, T, P, SA

### Community Learning Centers

- ❖ Elmwood
  - Elmwood Elementary 419-354-9010 SA
- ❖ North Baltimore
  - Powell Elementary 419-354-9010 SA
- ❖ Northwood
  - Olney Elementary 419-691-2601 SA
- ❖ Luckey
  - Luckey Building 419-354-9010 SA
- ❖ Pemberville
  - Pemberville Building 419-354-9010
- ❖ Bowling Green
  - Kenwood Elementary 419-354-9010 SA
  - Crim Elementary 419-354-0400 SA
  - Conneaut Elementary 419-354-9010 SA
- ❖ Rossford
  - Glenwood Elementary 419-666-8130 SA

### Educare Academy Child Development Centers

- ❖ Oregon
  - (II) 3158 Navarre Ave 419-693-6982 I, T, P, SA
- ❖ Rossford
  - (III) 943 Dixie Hwy 419-666-9843 I, T, P, SA
- ❖ Toledo
  - (I) 631 Euclid Ave 419-691-6444 T, P, SA
  - (IV) 806 Star Ave 419-693-7550 I, T, P, SA
  - (V) 3580 Lagrange 419-242-4777 I, T, P, SA
  - (VI) 111 Indiana 419-254-4000 I, T, P, SA

FUM Child Learning Center 1526 East Wooster St. Bowling Green	419-352-3612		P, SA
Grannie Thomas' Center 201 Superior St. Rossford	419-662-7757		I, T, P, SA
Imaginative Beginnings 4937 Woodville Rd Northwood	419-697-5605		I, T, P, SA
Inspirations Early Learning Center 200 East Second St. Perrysburg	419-874-4775		I, T, P
Jack & Jill Child Care 128 Palmer Ave Bowling Green	419-353-1001	Open Late M-F	T, P, SA
Kidz Watch			
❖ Perrysburg		Open Late M-S	
○ 3150 Bostwick Dr.	419-874-9678		I, T, P, SA
❖ Toledo		Open Late M-S & Open on Sundays	
○ 6819 W. Central Ave	419-843-2997		I, T, P, SA
KinderCare			
❖ Perrysburg			
○ 610 W. South Boundary	419-874-3777		I, T, P, SA
❖ Maumee			
○ 125 Chesterfield Ln.	419-893-8206		I, T, P, SA
Little Wonders 2534 Woodville Rd. Northwood	419-691-3783	Open 6am-10pm	I, T, P, SA
NB Discovery Academy 1486 South Poe Rd. North Baltimore	419-257-3269		I, T, P, SA
Owens Community College Learning Center 3200 Bright Road Findlay	567-429-3159		I, T, P, SA
Plan, Do and Talk 115 East Oak St. Bowling Green	419-352-5039		T, P, SA

Positive Beginnings (IV) 140 S. Erie St. Toledo	419-243-4632	I, T, P, SA
Rainbow's Treasure 440 S. Reynolds Rd. Toledo	419-720-7682	I, T, P, SA
Something Special Learning Center		
❖ Findlay ○ 655 Fox Run STE J	419-442-1400	I, T, P, SA
❖ Waterville ○ 8251 Waterville-Swanton Road	419-878-4190	I, T, P, SA
Tender Age 1249 Ridgewood Dr. Bowling Green	419-352-2506	I, T, P, SA
Thrive Childcare		
❖ Oregon ○ 3530 Seaman Rd.	419-691-6313	I, T, P, SA
❖ Perrysburg ○ 1134 Professional Dr.	419-873-0870	I, T, P, SA
Village Early Childhood Center		
❖ Genoa ○ 1205 N Main St.	419-855-9605	I, T, P, SA
Wesley Center 1200 Van Buren St. Fostoria	419-435-1390	I, T, P, SA
Willow Early Childhood Center 1770 Beaver St. Grand Rapids	419-832-5437	T, P, SA
Wonderland of Learning 1235 Ridgewood Dr. and 12215 Ridgewood Dr. Bowling Green	419-354-9500	I, T, P, SA
WSOS Fostoria 801 Kirk St. Suite 1 Fostoria	419-435-4885	P
YMCA/JCC		
❖ Perrysburg ○ Ft Meigs Enrichment 871 E. Boundary	419-872-2668	T, P, SA
○ Ft Meigs Elementary 264131 Ft Meigs Rd.	419-874-2247	SA

- Ft Meigs Adventure      419-873-8202      I, T, P, SA  
210 E South Boundary
- Day Camp @ Ft Meigs      419-251-9622      SA  
13425 Eckel Junction
- OCC      567-661-7504      SA  
30335 Oregon Rd.
- ❖ Northwood
  - Olney Elementary      419-693-6977      SA  
600 Lemoyne Rd.
- ❖ Oregon
  - Eastern YMCA      419-691-3523      P, SA  
2960 Pickle Rd.
  - St. Charles Child Dev.      419-696-7560      I, T, P  
2600 Navarre Ave
- ❖ Toledo
  - South Toledo      419-385-9622      P, SA  
1226 Woodsdale Park Dr.

**Note:**

No matter which option you choose (center, Type A or Type B), you need to ask questions. Ask to be shown around the child care area and observe the interactions between the children and the care providers. Once you have made your selection, you need to notify us at once. Payment will not begin until after your eligibility has been determined. It at any time you feel there is a concern with child safety in a licensed child care center, notify the Ohio Department of Job and Family Service Day Care Licensing staff at 1-877-302-2347. If your concern is with a Type A or Type B home, call our agency at 419-373-6972.

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	MI	Last Name	Date of Birth
Street Address			<input type="checkbox"/> Check here if you are homeless. (We will still need a mailing address)
Mailing Address (if different than street address)			
City	County	State	Zip Code
Home Phone Number ( )	Cell Phone Number ( )		May we send text messages to your cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ( )	Email Address		

**3. Tell us more about you (the applicant)**

**Are you:**  
 Visually Impaired  
 Hearing Impaired

**Do you need any of the following services?**  
 Interpreter  Other: \_\_\_\_\_  
 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: \_\_\_\_\_ Where (City/County/State): \_\_\_\_\_

**What is your preferred language?**  
 Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

**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	MI	Last Name
Street Address			
City	County	State	Zip Code
Home Phone Number ( )	Cell Phone Number ( )		May we send text messages to the cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone Number ( )	Email Address		

### 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
					SELF	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____
						<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander		<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 type="checkbox"/> Masters or Above <b>Graduation Date:</b> _____ <b>Number of College Credit Hours:</b> _____



## 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)
		Name Address Telephone No ( ) Schooling - Total credit hours earned:			<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week
		Name Address Telephone No ( ) Schooling - Total credit hours earned:			<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Varies week to week
		Name Address Telephone No ( ) Schooling - Total credit hours earned:			<input type="checkbox"/> Sun _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <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

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? \_\_\_\_\_ 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)		Child's Mother's Maiden Name
Child's City of Birth	Relationship to Applicant	Child's Preferred Spoken Language

Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.		<b>Child's Needs</b> Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the child's schedule? From _____ to _____	
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the child's schedule? From _____ to _____	
<b>Days/Hours care needed</b>  <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____		<b>Provider Name and Address</b>	
<b>Child 2</b>			
Child's Name ( <i>First, Middle, Last</i> )		Child's Mother's Maiden Name	
Child's City of Birth	Relationship to Applicant	Child's Preferred Spoken Language	
Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.		<b>Child's Needs</b> Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the child's schedule? From _____ to _____	
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the child's schedule? From _____ to _____	
<b>Days/Hours care needed</b>  <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____		<b>Provider Name and Address</b>	
<b>Child 3</b>			
Child's Name ( <i>First, Middle, Last</i> )		Child's Mother's Maiden Name	
Child's City of Birth	Relationship to Applicant	Child's Preferred Spoken Language	
Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide verification in order to receive child care.		<b>Child's Needs</b> Does child require protective child care? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the child's schedule? From _____ to _____	
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the child's schedule? From _____ to _____	
<b>Days/Hours care needed</b>  <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____		<b>Provider Name and Address</b>	

Child 4		
Child's Name (First, Middle, Last)		Child's Mother's Maiden Name
Child's City of Birth	Relationship to applicant	Child's preferred spoken language
Is this child a United States citizen or a qualified alien? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No
Do you have concerns about your child's growth and development? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		If yes, is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the child enrolled in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, what is the child's schedule? From _____ to _____
Days/Hours care needed  <input type="checkbox"/> Sun From _____ to _____ <input type="checkbox"/> Mon From _____ to _____ <input type="checkbox"/> Tues From _____ to _____ <input type="checkbox"/> Wed From _____ to _____ <input type="checkbox"/> Thurs From _____ to _____ <input type="checkbox"/> Fri From _____ to _____ <input type="checkbox"/> Sat From _____ to _____		Provider Name and Address

**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
	Will the child be entering K this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule  <input type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> Full Day				
	Will the child be entering K this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule  <input type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> Full Day				
	Will the child be entering K this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Kindergarten Schedule  <input type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> Full Day				

## 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

## Your civil rights

Federal law and the policies of the U.S. Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write or call HHS or ODJFS. HHS, and ODJFS are equal opportunity providers and employers.

<b>Write</b> <b>or</b> <b>Call:</b>	<b>HHS</b> Region V, Office of Civil Rights 233 N. Michigan Ave, Ste. 240 Chicago, IL 60601 (312) 886-2359 (voice) (312) 353-5693 (TDD) (312) 886-1807 (fax)	<b>Write</b> <b>or</b> <b>Call:</b>	<b>ODJFS</b> Bureau of Civil Rights 30 E. Broad St., 37 <sup>th</sup> Floor Columbus, OH 43215-3414 (614) 644-2703 (voice) 1-866-227-6353 (toll free) (614) 752-6381 (fax) 1-866-221-6700 (TTY) or (614) 995-9961
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### 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 contacting 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, P.O. 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 do not 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 do not 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.

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call (877) 767-6446.

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

**Numbers 1 and 2 below are required by law.** You must answer both of the questions for your registration to be processed.

## Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

## Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

I am:  Registering as an Ohio voter  Updating my address  Updating my name

1. Are you a U.S. citizen?  Yes  No  
 2. Will you be at least 18 years of age on or before the next general election?  Yes  No  
 If you answered NO to either of the questions, do not complete this form.

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Jr., II, etc. \_\_\_\_\_

4. House Number and Street (Enter new address if changed) \_\_\_\_\_ Apt. or Lot # \_\_\_\_\_ 5. City or Post Office \_\_\_\_\_ 6. ZIP Code \_\_\_\_\_

7. Additional Mailing Address (if necessary) \_\_\_\_\_ 8. County (where you live) \_\_\_\_\_


9. Birthdate (MM/DD/YYYY) (required) \_\_\_\_\_ 10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided) \_\_\_\_\_ 11. Phone Number (voluntary) \_\_\_\_\_

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street \_\_\_\_\_

Previous City or Post Office \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

13. CHANGE OF NAME ONLY Former Legal Name \_\_\_\_\_ Former Signature \_\_\_\_\_

14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature  Date (MM/DD/YYYY) \_\_\_\_\_

**FOR BOARD USE ONLY**  
 SEC4010 (rev. 4/15)  
 City, Village, Twp. \_\_\_\_\_  
 Ward \_\_\_\_\_  
 Precinct \_\_\_\_\_  
 School Dist. \_\_\_\_\_  
 Cong. Dist. \_\_\_\_\_  
 Senate Dist. \_\_\_\_\_  
 House Dist. \_\_\_\_\_

**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [www.OhioSecretaryofState.gov/boards.htm](http://www.OhioSecretaryofState.gov/boards.htm)

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling (877) 767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A  
FELONY OF THE FIFTH DEGREE.**





# Wood County Department of Job and Family Services

**David Wigent, Director**

1928 East Gypsy Lane Road, P.O. Box 679  
Bowling Green, Ohio 43402

• Phone: (419) 352-7566 • Toll Free 1-888-282-1118 • Fax: (419) 353-6091

Board of County Commissioners-

Doris I. Herringshaw, Ed.D • Craig LaHote • Dr. Theodore H. Bowlus

## CHILD CARE SERVICES EMPLOYMENT VERIFICATION FORM

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Permission to release the following information has been granted by: \_\_\_\_\_

Applicant's Signature

Date

All of the following information must be completed by the employer:

- Employee's Job Title: \_\_\_\_\_
- Start date of employment: \_\_\_\_\_
- Hourly rate of pay: \$ \_\_\_\_\_
- Does the employee earn tips/commission? If yes, estimate the amount received per week \$ \_\_\_\_\_
- Employee is scheduled to work \_\_\_\_\_ hours per week. (Do not include lunch unless it is part of pay.)
- Please check one: Paid  Weekly  Biweekly  Monthly  Other \_\_\_\_\_

### Scheduled Clock Hours

Sun: \_\_\_\_\_  
 Mon: \_\_\_\_\_  
 Tues: \_\_\_\_\_  
 Wed: \_\_\_\_\_  
 Thurs: \_\_\_\_\_  
 Fri: \_\_\_\_\_  
 Sat: \_\_\_\_\_

The following variations may occur with this work schedule:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above information has been provided by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Please return the completed form by \_\_\_\_\_

To: Child Care: Wood County DJFS or Fax Number: \_\_\_\_\_

P.O. Box 679

Bowling Green, OH 43402-0679

www.woodcountyjfs.com • www.ohiomeansjobs.com • www.co.wood.oh.us

Reasonable accommodations will be attempted for any person who is disabled.

Requests must be made to this office twenty-four (24) hours prior to the time accommodations are required.

