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

If you are working, in training or in school, you may be able to have part of your child care costs paid by the Ohio Department of Job and Family Services (ODJFS). Your eligibility will be based on your monthly gross income and your family size. You will have to pay part of the cost of the child care. If approved, your benefit information will be loaded onto an Ohio Electronic Child Care (Ohio ECC) card. You will be required to use this card to track your child's attendance. You may not allow your child care provider or their designee to keep or use your card.

Please complete this application and include proof of ALL sources of income for ALL members of your household. This includes earnings from jobs, tips, bonuses, retirement benefits, disability benefits, unemployment benefits, dividends, child/spousal/medical support, Ohio Works First (OWF) benefits and income from self-employment. A school schedule and transcripts for an education activity must also be provided if applicable. You must also show that you need child care for the days and hours of your work, training or education activity. You must sign and date this application.

Your eligibility for child care benefits will be determined after this form is completed and submitted to the county agency in the county where you live. If your application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care services from the date the county agency received your application. If your application is denied, you will be responsible for payments to any child care provider whose services you have used since you submitted your application.

You 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 for employment/training/education with allowances for travel time and other circumstances approved by the county agency.

To remain eligible for child care, you must pay the required copayment, if applicable, to the provider. Failure to pay the applicable copayment may result in termination of your child care benefits.

You must report to the county agency any change which affects your child care eligibility, including a change in family income, a change in hours of employment/training/education, a change in family size, and a change of address. Changes must be reported within 10 days of the date the change occurs.

within to days of the date the change		LICANTII	IFO	DMATION	please	nein	410000		
SECTION I APPLICANT INFORMATION					Today's Date				
☐ Initial ☐ Re-determination					Today's Date				
Person Submitting Application   Ca	retaker [	Provider		Other (	specify):				
Name of Applicant (last, first, middle)	_				Maiden o	or Pro	evious	Marrie	ed Name(s)
Marital Status: Married Divorced	I ☐ Not Marri	ed 🗌 Abai	ndone	ed Sepa	rated 🔲	Lega	ally Se	parate	d  Widowed
Social Security Number* (optional)  Sex  Male  Female					Date of Birth (month, day, year)				v, year)
Household Address (street and number r	equired)	City		W.	State	Zip	Code	1	County
Mailing Address (if different from above)	4 7			City				State	Zip Code
Email Address		Home Ph	one	Number	Cell Pho	one l	Numbe	er V	Work Phone Number
Emergency Contact Name		Home Ph	one	Number	Cell Pho	one l	Numbe	er V	Work Phone Number
Emergency Contact Address (street and	number requir	ed)	Cit	у	State Zip Code			Zip Code	
Primary/Preferred Contact Name (option	al)								
Primary/Preferred Contact Address (optional) City					State	Zip	Code	•	Phone
If you are not registe	want to registe	re you live no er to vote [	w, wo	ould you like to I do not wa	to apply to r int to regis	egiste ter to	er to vo vote.		

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<sup>\*</sup>This social security number is optional for the applicant. If provided, it will be used for the administration of Ohio's publicly funded child care program.

SECTION II HOUSEHOLD COMPOSITION How many people live in your house? List yourself first, and then list all of the other people w	who live with you. Includ	e all children; e	ven those	children who do n	ot need child care.	
Name (First, Middle, Last)	Social Security Number*	Date of Birth	Sex M/F	Person's Relationship To Child	Person's Relationship To You	Child Needing Care? Y/N
**						
*This social security number is optional and will b	e used for the adminis	tration of Ohio	s's public	ly funded child ca	are program.	
SECTION III HOUSEHOLD INCOME INFORMATION		CONTRACTOR OF STREET		come)		
Does any caretaker or minor parent receive child/spoulf yes, list each child you receive support for, the date	sal/medical support? [ the support began, and t	Yes :: the amount per	No month,			
Does any caretaker or minor parent pay any child/spot	usal/medical support for	a child not in yo	our care?	☐ Yes ☐ N	10	
If yes, list each child you pay support for, the date the	support began, and the	amount per moi	nth.			
Do any household members currently receive child car Yes No	re benefits from any cou	nty department	of job and	family services?		
Do any household members currently receive or have months? (provide supporting documentation)	received other benefits	from any county	departm	ent of job and fami	ly services in the pa	ast twelve
☐ Food Assistance ☐ Medicaid ☐ PRC	□ OWF	County and Cas	se Numbe	er		4.404
List all income for any household member including in- benefits, workers' compensation, retirement/pension b amount, and supporting documentation.	come from sources such enefits, and rental incon	e. Identify the	inty (SSA income s	or SSI), unemploy ource, the date the	ment benefits, disa income began, the	monthly
8						

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	Applicant/Primary Caretaker	Secondary Caretaker	Minor Parent 1	Minor Parent 2
Are you currently employed?	☐ Yes ☐ No			
Are you currently self-employed?	☐ Yes ☐ No			
Are you currently attending school?	☐ Yes ☐ No			
Are you currently attending vocation training or other occupational job skills training?	☐ Yes ☐ No			
Do you currently have an Ohio Works First (OWF) Self-Sufficiency Plan?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Yes No
If you are a minor, are you currently in LEAP?	☐ Yes ☐ No			
Have you ever been found guilty of child care fraud?	☐ Yes ☐ No	☐ Yes ☐ No	Yes No	☐ Yes ☐ No
Are you a United States citizen or a qualified alien?	☐ Yes ☐ No			
Race (Mark "Yes" or" No" for each group) African American/Black Alaskan Native/American Indian Asian Native Hawaiian/Pacific Islander White	Yes	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	Yes   No   Yes   No   Yes   No   Yes   No   Yes   No	☐ Yes ☐ No
Ethnicity- Hispanic/Latino	☐ Yes ☐ No	☐ Yes ☐ No	Yes No	☐ Yes ☐ No
Primary Language - Spoken				
Highest Level of Education	☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree ☐ Other ☐ Graduation date:	☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree ☐ Other ☐ Graduation date:	☐ High School Diploma/GED ☐ 2 Year Degree ☐ 4 Year Degree ☐ Other ☐ Graduation date:	☐ High School     Diploma/GED     2 Year Degree     4 Year Degree     Other     Graduation date:
Do you have any college credit hours?	☐ Yes ☐ No			
If yes, how many Semester and/or Quarter credit hours do you have?			_	
Are you currently receiving a post- secondary education?	☐ Yes ☐ No			
Is your current schooling, vocational or occupational training required to maintain your employment, certification, or licensure?	¹ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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SECTION IV APPLIC	ANT'S NEED FOR		licant's Employ	ment *				
Name and Address of	Rate of Pay	How often paid						
Job Title or Description	<u> </u>	Phone Number						
* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of job and family services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.  If you do not provide the necessary documentation, this application for child care benefits will be denied.								
Days of Work						urs Vary, Show Average		
(Check all that apply)			ırs of Work		Nu	mber of Hours per Day		
Sunday	Begin	End						
Monday	Begin	End	Begin	End	_			
☐ Tuesday	Begin	End	_ Begin	End	_			
Wednesday	Begin	End	Begin	End	_			
☐ Thursday	Begin	End	Begin	_ End				
☐ Friday	Begin	End	Begin	End	_			
☐ Saturday	Begin	End	_ Begin	End				
			ant's School or	Training				
Name and Address of	School or Training	Location			Start C			
Contact Person					Phone	Number		
Days of School/Training (Check all that apply)		Hours of Sc	hool and/or Train	ing		urs Vary, Show Average mber of Hours per Day		
Sunday	Begin	End	Begin	End				
☐ Monday	Begin	End	Begin	End				
☐ Tuesday	Begin	End	_ Begin	End				
Wednesday	Begin	End	Begin	End				
☐ Thursday	Begin	End	Begin	End				
Friday	Begin	End	Begin	End				
Saturday	Begin	End	Begin	End	_			
Estimated date of grad	uation or completi	on of training						

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Second Caretaker's Employment *								
Name and Address of	of Employer (enter "Self	" if self-employed)	Start Date	Rate of Pa	y How often paid			
Job Title or Descripti	on	Supervisor's Name	9		Phone Number			
* You must attach proof of your employment income, such as check stubs, for the last 30 days. If you are starting new employment, attach a statement from your employer on company letterhead or on a form you get from the county department of job and family services. The employer's statement must show your start date, rate of pay, how often paid and work schedule. If you have been self-employed over the last year, include the previous year's tax return. If you have been self-employed for less than a year, include an itemized list of income and expenses which are directly related to the production of goods or services.								
lf you do n	ot provide the necess	ary documentation	, this applicat	ion for chil	d care benefits will be denied.			
Days of Work (Check all that apply)		Hours of Work			If Hours Vary, Show Average Number of Hours per Day			
Sunday	Begin End	Begin _	End					
☐ Monday	Begin End	Begin _	End					
☐ Tuesday	Begin End	Begin _	End					
☐ Wednesday	Begin End	Begin _	End					
☐ Thursday	Begin End	Begin _	End					
☐ Friday	Begin End	Begin _	End					
Saturday	Begin End	Begin _	End					
		econd Caretaker	's School or	Training				
Name and Address of	of School or Training Lo	cation		St	art Date			
Contact Person	· · · · · · · · · · · · · · · · · · ·			Pi	none Number			
Days of School/Training (Check all that apply)	Hours	of School and/or To	raining	lf	Hours Vary, Show Average Number of Hours per Day			
Sunday	Begin End	Begin _	End					
☐ Monday	Begin End	Begin_	End					
☐ Tuesday	Begin End	Begin _	End					
☐ Wednesday	Begin End	Begin _	End					
☐ Thursday	Begin End	Begin_	End					
Friday	Begin End	Begin _	End					
☐ Saturday	Begin End	Begin _	End					
Estimated date of graduation or completion of training								

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SECTION V C	HILDREN WHO	NEED CHILD CARE (Complete one page for	r EACH child who needs child care)
1. Child's Na	me (First , Midd	lle, Last)	Race (mark "Y" or "N" for EACH group)
Child's Mother'	's Maiden Name		Y N  African American/Black  Alaskan Native/American Indian
	level of child: ection must be	*If child is attending grade kinderga completed.	rten or Alaskan Native/American Indian  Asian  Native Hawaiian/Pacific Islander  White
School year sta	art date:	and end date:	Ethnicity/Hispanic Y N
		to = (hrs.)	
Is child entering	g kindergarten? Io Beg	in date:	
Name of school	ol		
School address	S	70	
Does child hav	e any special ne	eeds? Yes No If yes, please	describe:
If yes, is there : ☐ Yes ☐	a current case p  No	ve child care?	ls this child a United States citizen or a qualified alien? Yes No You must provide verification in order to receive child care.
	olled in a federa ☐ No	ally funded head start program?	City of Birth:
Indianta halaw			
	s, you may indic		requested. If you are using only one provider for all nust clearly show which provider you are requesting for
requested time	es, you may indic time.		nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time	es, you may indic lime.	cate the name of the provider one time. You n	nust clearly show which provider you are requesting for
requested time each day and t	es, you may indictime.  From	Days and Times of Care	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and t	es, you may indictime.  From	Days and Times of Care  to to	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and t Sunday	From	Days and Times of Care  to to	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and t Sunday	From From From	Days and Times of Care  to to to to	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and t  Sunday  Monday	From From From From From	Days and Times of Care  to to to to to	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and t  Sunday  Monday	From From From From From From From From	Days and Times of Care  to to to to to to	nust clearly show which provider you are requesting for  Name and Address of Provider for
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requested time each day and to Sunday  Monday  Tuesday  Wednesday  Thursday	From	Days and Times of Care  to  to  to  to  to  to  to  to  to  t	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and to Sunday  Monday  Tuesday  Wednesday  Thursday	From	Days and Times of Care  to  to  to  to  to  to  to  to  to  t	nust clearly show which provider you are requesting for  Name and Address of Provider for
requested time each day and to Sunday  Monday  Tuesday  Wednesday  Thursday	From From From From From From From From	Days and Times of Care  to  to  to  to  to  to  to  to  to  t	nust clearly show which provider you are requesting for  Name and Address of Provider for

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SECTION V C	HILDKEN MHO I	NEED CHILD CARE (Complete one page for EACH	cniia wno neeas cniia care)
2. Child's Na	ame (First , Middle	, Last)	Race (mark "Y" or "N" for EACH group)
Child's Mother	's Maiden Name		Y N  African American/Black  Alaskan Native/American Indian
*Current grade above, this se	level of child: ction must be co	* If child is attending grade kindergarten or mpleted.	African American/Black Alaskan Native/American Indian Asian Native Hawalian/Pacific Islander White
School year sta	art date:	and end date:	Ethnicity/Hispanic Y N
		to = (hrs.)	
Yes 🔲		date:	
Name of school	Ol .		
School address	S		
Does child hav	e any special need	ds? 🗌 Yes 🔲 No If yes, please describe:	
If yes, is there Yes  Is the child enr	a current case pla i No	child care? Yes No n for the caretaker with whom the child resides? r funded head start program?	Is this child a United States citizen or a qualified alien?  Yes No You must provide verification in order to receive child care.
			City of Birth:
Indicate below	your choice of pro	ovider(s) for each day and the hours of care requeste	d. If you are using only one provider for all requested
times, you may time.	indicate the name	e of the provider one time. You must clearly show w	
		e of the provider one time. You must clearly show wi	
	D		hich provider you are requesting for each day and  Name and Address of Provider for Child
time.	Do From	ays and Times of Care	hich provider you are requesting for each day and  Name and Address of Provider for Child
time.	From	ays and Times of Care	hich provider you are requesting for each day and  Name and Address of Provider for Child
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Sunday	From From From	ays and Times of Care  to to to	hich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday	From From From From	ays and Times of Care to to to to	hich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday	From From From From From From	ays and Times of Care to to to to to	hich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday	From From From From From From From From	ays and Times of Care to to to to to to to	hich provider you are requesting for each day and  Name and Address of Provider for Child
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Sunday  Monday  Tuesday  Wednesday	From	ays and Times of Care	hich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday	From	ays and Times of Care  to to to to to to to	hich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday  Thursday	From	ays and Times of Care  to to to to to to to	hich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday  Thursday	From	ays and Times of Care  to	hich provider you are requesting for each day and  Name and Address of Provider for Child

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SECTION V	CHILDREN W	HO NEED CHILD CARE (Complete one page for EACH care	hild who needs child care)
	ame (First , M		Race (mark "Y" or "N" for EACH group)
Child's Mother	r's Maiden Nar	me	- Y N
*Current grade			African American/Black Alaskan Native/American Indian Asian
above, this se	ection must b	pe completed.	☐ ☐ Native Hawailan/Pacific Islander ☐ ☐ White
		and end date:	Ethnicity/Hispanic Y N  □ □ □
<b>2</b>		to = (hrs.)	
	] No B	n? egin date:	
Name of school	ol		
School addres	SS		_
Does child hav	ve any special	needs?  Yes No If yes, please describe	9;
		ctive child care?	Is this child a United States citizen or a qualified alien?
	No	e plan for the caretaker with whom the child resides?	☐ Yes ☐ No
le the child en	rollad in a fade	erally funded head start program?	You must provide verification in order to receive child care.
	No No	erany futition freat start programm	
			City of Birth:
		of provider(s) for each day and the hours of care requested	I. If you are using only one provider for all requested
times, you ma time.	y indicate the	name of the provider one time. You must clearly show wh	
	y indicate the		ich provider you are requesting for each day and  Name and Address of Provider for Child
			ich provider you are requesting for each day and
time.	From	Days and Times of Care	ich provider you are requesting for each day and  Name and Address of Provider for Child
time.	From	Days and Times of Care	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday	From From	Days and Times of Care to to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday	From From From	Days and Times of Care  to to to to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday	From From From	Days and Times of Care  to to  to to  to to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday	From From From From From	Days and Times of Care  to to  to to  to to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday	From From From From From From From	Days and Times of Care         to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday	From From From From From From From From	Days and Times of Care         to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday	From	Days and Times of Care         to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday	From	Days and Times of Care         to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday  Thursday	From	Days and Times of Care         to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday  Thursday	From	Days and Times of Care       to	ich provider you are requesting for each day and  Name and Address of Provider for Child
Sunday  Monday  Tuesday  Wednesday  Thursday	From	Days and Times of Care           to	ich provider you are requesting for each day and  Name and Address of Provider for Child

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# YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS PLEASE READ THE FOLLOWING AND SIGN BELOW

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 V 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 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 statewide student identifier (SSID) that is system generated to the children within Section V of this application.

My signature below gives my consent and authorizes the county agency 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 county agency 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 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.

To file a discrimination complaint, write or call the Ohio Department of Job and Family Services at: ODJFS, Bureau of Civit 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).

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

#### **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 agency or the state department of Job and Family Services (ODJFS).

A state hearing is a meeting with you, someone from the county agency and a hearing officer from ODJFS. The person from the county agency 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 county agency 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 county agency 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.

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If your child care benefits have been changed without written notice or if the change was made even though you timely requested a 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 county agency 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 COUNTY AGENCY. 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 county agency, 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 county agency 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 Ald program to see if you qualify for free help. If you don't know how to reach your Legal Ald, 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 county agency 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 subpoen 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 county agency 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 county agency 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.

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# — 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 or call 1-877-767-6446.

## 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.
- 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

time of the general election.

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."

#### 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, paycheck, government check or government document (other than a notice of voter registration mailed by a board of elections) that shows your 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.

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

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

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I am: Registerir	ng as an Ohio voter	☐ Updating	my address	□ Upda	ting my name
1. Are you a U.S. citizen 2. Will you be at least 18 If you answered NO to				]Yes □No	)
3. Last Name	First	Name	Middi	e Name or Initial	Jr., fl, etc.
4. House Number and Street (Enter ne	ew address if changed)	Apt. or Lot#	5. City or Po	st Office	6. ZIP Code
7. Additional Mailing Address or P.O. 8	, , ,		8. County (where you	live)	FOR BOARD USE ONLY SEC4010 (Rev. 6/14)
Birthdate (MO-DAY-YR) (required)	<ol> <li>Ohio Driver's License No. OR Last Four Digits of Social Security (one form of ID required to be liste</li> </ol>		11. Pho	ne No. (voluntary)	City, Village, Twp.
12. PREVIOUS ADDRESS IF UPDAT	ING CURRENT REGISTRATION -	Previous House Number	and Street	•	Ward
Previous City or Post Office	County	-	State		Precinct
13. CHANGE OF NAME ONLY Form	er Legal Name	Former Signature			School Dist.
14. I declare under penalty of	Your Signature 、	Date			Cong. Dist.
election falsification I am a citizen of the United States, will have lived in this state for 30		r N	IO DAY Y	'R	Senate Dist.
days immediately preceding the next election, and will be at least 18 years of age at the					House Dist.

# To ensure your information is updated, please do the following:

- 1. Print this form.
- 2. Complete all required fields.
- 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.

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (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 or by calling 1-877-767-6446.

## **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 an election or a voter registration notification sent 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 or call 1-877-767-6446.

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