

## EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

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### How do I apply for Early Childhood Education Services (ECE)?

- Complete the screening tool, JFS 01121.
  - Submit this form to **your provider**.
  - **Do not** submit the form to the Ohio Department of Education.
  - Your provider will let you know if you qualify.
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### How do I apply for Publicly Funded Child Care?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
  - Submit both the JFS 01121 and JFS 01122 to your local county agency.
  - Attach verifications to the JFS 01122 (see verification requirements below).
  - A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
  - **You will have 30 days** from the date the county receives your application to provide all needed information.
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### What verifications do I need for publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
  - **Proof of any child support paid.**
  - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
  - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
  - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**
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### What is Step Up To Quality?

**Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://ifs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."**

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### How do I choose a Provider?

**ECE:** If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.

**Publicly Funded Child Care:** Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://ifs.ohio.gov/cdc/families.stm> for contact information.
  - You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.
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<b>When will my eligibility begin?</b>	<p><b>ECE:</b> You will be notified by your provider when you may begin care.</p> <p><b>Publicly Funded Child Care:</b> Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</p>
<b>How do I get help with completing this application?</b>	<p><b>ECE:</b> If you need assistance with this application, ask your provider.</p> <p><b>Publicly Funded Child Care:</b> If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.</p>
<b>What if my child has a disability or I suspect my child may be developmentally delayed?</b>	<ul style="list-style-type: none"> <li>• To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a> and click on "Families."</li> <li>• <b>Publicly Funded Child Care:</b> Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.</li> </ul>
<b>How do I make a complaint about a provider?</b>	<p><b>ECE (ODE):</b> If the program is licensed by ODE, call 614-466-0224.</p> <p><b>Publicly Funded Child Care (ODJFS):</b> If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>

Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number (     )	Additional Phone Number (     )	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	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"/> 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"/> 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"/> 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"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

## Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe:	<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"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe:	<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"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe:	<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"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

## Tell us about your finances

**Will you or the people in your home receive income this month?**     Yes     No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

**If yes, please complete the table below.**

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
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					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____

**Do you or anyone in your household pay Child or Spousal Support?**     Yes     No

**How Much?**

<b>Signature of Applicant</b>	<b>Date</b>
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