EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services?

You will need to:

1. Complete the screening tool.
2. Do not submit to the Ohio Department of Education.
3. Submit this form to your provider.

How do I apply for Publicly Funded Child Care?

You will need to:

1. Complete the screening tool, JFS 01121.
2. Complete the JFS 01122 Publicly Funded Child Care Supplemental Application.
3. Submit both the JFS 01121 and JFS 01122 to your local county agency.
4. Attach verifications to the JFS 01122 (see verification requirements below).

How do I complete this application?

1. **Fill out this application:** Answer as many questions as you can.

2. **Be sure to sign the application.**

When will I receive assistance?

ECC: You will be notified by your provider when you may begin care.

Child care: Eligibility for the child care program is based on the date a signed application is submitted to the county agency. Eligibility for this program is determined within 30 days from the earliest date either the JFS 01121 or JFS 01122 is submitted.

What verifications do I need for publicly funded child care?

You will need to:

1. **Submit the JFS 01121 and JFS 01122.**

2. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)

3. **Proof of any child support paid.**

4. **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.

5. **Provide 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.

6. **Provide the name and address of an eligible child care provider chosen for each child in need of care.**

What is Step Up To Quality?

Step Up To Quality was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

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Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL
*This form is valid only for publicly funded child care when attached to a
JFS 01122 Publicly Funded Child Care Supplemental Application

Tell us about you (the applicant)

First Name		Middle Initial	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 *(First, Middle, Last)*	Relationship to You *(spouse, son, friend, etc.)*	Race	Hispanic or Latino *Y or N*	Spoken Language	Date of Birth	Gender *M or F*	U.S. Citizen *Y or N*
	Self	☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ 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) Check all that apply
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe: _____ _	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name **Child's City of Birth**			**What is the child's home school district?** _____

Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe: _____	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name **Child's City of Birth**			**What is the child's home school district?** _____

Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development? ☐ Yes ☐ No Describe: _____	☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name **Child's City of Birth**			**What is the child's home school district?** _____

JFS 01121 (3/2016)

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 *(before taxes)*	How Often Received *(weekly, bi-weekly, etc)*	Date Last Received	Work or School Schedule *(please list times)*
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____
					☐ Sun _____ ☐ Thurs _____ ☐ Mon _____ ☐ Fri _____ ☐ Tues _____ ☐ Sat _____ ☐ Wed _____

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

How Much?

Signature of Applicant	Date