

Does the household receive income? If yes, please complete the table below. Yes No

Name	Type of income	How often received	Date last received

Information for child(ren) needing day care – These services are limited to child(ren) under the age of 13.

Kinship child 1	Child care provider name/address	What hours/days do you need child care or preschool for your job? (Check all that apply.)
		<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
Kinship child 2	Child care provider name/address	What hours/days do you need child care or preschool for your job? (Check all that apply.)
		<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
Kinship child 3	Child care provider name/address	What hours/days do you need child care or preschool for your job? (Check all that apply.)
		<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
Kinship child 4	Child care provider name/address	What hours/days do you need child care or preschool for your job? (Check all that apply.)
		<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
Kinship child 5	Child care provider name/address	What hours/days do you need child care or preschool for your job? (Check all that apply.)
		<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

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.

I understand that I will be able to use kinship child care only for children who are eligible and only up to the maximum hours authorized and that the authorization will be valid as long as the funding is available.

I understand that any fees (i.e. registration fees, activity fees, late fees, etc.) are the responsibility of the caregiver. All changes to day care days, hours, and children must be approved by LCCS prior to changes taking place or the changes will be the responsibility of the caregiver making the change.

I understand that if I am approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf and may not have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance in the program.

Signature of Kinship Caregiver

Date

***This form shall not be used to apply for publicly funded child care services.**

PCSA Office Use Only

PCSA Name: Lucas County Children Services

Date Completed Application Received:

PCSA Rep Name: **Carolyn Hall**

Email Address: Carolyn.Hall@ifs.ohio.gov

PCSA Recommendation:

Recommend Approval

Recommend Denial

Caregiver(s) is(are) participating in paid employment.

Kinship home assessment has not been completed or approved.

Caregiver(s) is(are) participating in a training or educational activity that prepares caregiver for employment.

Household income is above 200% of the federal poverty level.

Caregiver(s) is(are) participating in one or more activities as a condition of eligibility for OWF or SNAP

The child is 13 years old or older and does not meet the definition of special needs.

The kinship caregiver is not a resident of Ohio.

The kinship child does not reside with the kinship caregiver.

The kinship caregiver or child are not US citizens, non-citizen nationals, or qualified aliens.

The kinship caregiver or kinship child do not have or have not applied for social security numbers.

The kinship family does not have an identified need for kinship child care.

The kinship caregiver did not submit a complete application or all of the required verification documentation.

Other:

If PCSA is recommending approval, how much kinship child care is recommended?

Full-Time Weekly (25.0 to 60.0 hours per week)

Part-Time Weekly (7.0 to less than 25.0 hours per week)