



# Kettering City Schools Preschool Registration

2026-2027 School Year

**Link to schedule a registration appointment will be live at Kettering City School District website on Monday, March 30, 2026.**

**Location:** Central Enrollment  
580 Lincoln Park Blvd., Suite 105  
Kettering, OH 45429

**\*A completed packet and documentation are required for registration.\***

***Only the residential parent of the child is authorized to enroll a student.***

***\*Incomplete registrations will not be accepted.\****

## **Documentation Required at time of registration:**

- Original Birth Certificate
- Completed Child Medical Statement (allow up to 3 days for processing by your doctor)
- Immunization Records
- Parent/Guardian ID
- \$20 Processing Fee (Cash Only)
- Time-Stamped Custody Paperwork (if applicable)
- Current Utility Bill
- Proof of Residency
  - Home-owners need to bring a Mortgage Statement or Deed
  - Renters need to bring All pages of Official Signed Rental Agreement
- Income Verification (2025 Tax Documents/W2s/4 consecutive weeks of Pay stubs for all working adults in the household)

**Registration materials are available online at:**

[www.ketteringschools.org](http://www.ketteringschools.org)

**Or pick a packet up at Kettering City Schools Board of Education at  
[580 Lincoln Park Blvd, Kettering, OH 45429](https://www.ketteringschools.org)**

## **Preschool Enrollment Questions?**

Email: [christina.tang@ketteringschools.org](mailto:christina.tang@ketteringschools.org)

Phone: (937) 499-1456

Kettering City Schools is proud to offer high-quality, inclusive preschool programs for children of all abilities. We provide engaging and age appropriate learning environments in full and half day options.

## Integrated

**Monday-Friday 8:00-10:30 AM or 11:45-2:15 PM**

This preschool program is designed to serve 3-5 year old students with special needs, alongside typically developing peer mentors. The program offers small class sizes with a one-to-six staff-to-student ratio. This program is integrated, meaning 50% or fewer students are children with disabilities. Typically developing children are enrolled in these classrooms to ensure strong and appropriate peer modeling. Priority is given to 4 year olds with a focus on providing access to those who qualify for ECE grant funding per the Ohio Department of Education's income guidelines. You must be a resident of Kettering City School District to attend.

**Must be 3 years old by August 1, 2026. The cost of the program is \$220/month + \$20 processing fee.**

Locations:

- ★ Beavertown Elementary School – 2700 Wilmington Pike, Kettering OH 45419
- ★ Greenmont Elementary School – 1 E. Wren Circle, Kettering OH 45420
- ★ Indian Riffle Elementary School – 3090 Glengarry Drive, Kettering OH 45420
- ★ Oakview Elementary School – 4001 Ackerman Boulevard, Kettering OH 45429
- ★ John F. Kennedy Elementary School – 5030 Polen Drive, Kettering OH 45440
- ★ Kettering Early Childhood Education Center – 2600 Holman Street, Moraine OH 45439

## Pathfinders

**Monday-Friday 8:00 AM-1:35 PM**

Pathfinders is an early learning program grant funded by the Ohio Department of Education and operated through the Kettering Schools that provides a high-quality preschool education, focusing on academic and social preparation for entry into kindergarten. Priority is given to 4 year olds who qualify for ECE grant funding per the Ohio Department of Education's income guidelines. You must be a resident of Kettering City Schools to attend.

**Must be 4 years old by August 1, 2026. The cost of the program is \$475/month + \$20 processing fee.**

Locations:

- ★ John F. Kennedy Elementary School – 5030 Polen Drive, Kettering OH 45440
- ★ Kettering Early Childhood Education Center – 2600 Holman Street, Moraine OH 45439
- ★ Indian Riffle Elementary School – 3090 Glengarry Drive, Kettering OH 45420

**Both the Integrated and Pathfinders Program offers full scholarships and tuition assistance based on the family's household income and family size.**

Children who turn 5 by August 19, 2026, are eligible and encouraged to register for Kindergarten. Because of grant criteria, we cannot provide preschool tuition assistance for children who are eligible for Kindergarten.

To submit an application, schedule an appointment with preschool enrollment specialist, [Christina Tang](#), (937) 499-1456. A completed application and all required documents must be brought to your appointment. Please use the checklist to verify that you have all necessary documents prior to your appointment.

**Incomplete applications will not be accepted. Enrollment is determined by eligibility criteria and not on a first come first serve basis.**

# 2026-2027



# School Year

## Kettering City Schools - Preschool Registration Materials

**Only the residential parent of the child is authorized to enroll a student.** The checklist below will assist you in making sure all information is complete.

**Your child WILL NOT be enrolled unless all forms are complete, including tuition assistance information and the requested documentation and registration fee is provided. Medical forms must be complete and submitted.**

### Forms to Complete & Return

- Section I (page 1)
- Section II/Section III (page 2)
- Emergency Medical Form (page 3)
- Child Medical Statement (pages 4 and 5)
- Status of Custody Form (page 6)
- Ethnicity-Race Form (page 7)
- Release Form (page 8)
- Transportation List (page 9)
- Preschool Student Behavioral Expectations (page 10)
- Early Childhood Education Grant Application to apply for tuition assistance (pages 11-26)
- Early Care and Education Services Release of Information (page 27)
  
- \$20 registration fee (**Cash ONLY**)

### Documentation Required

#### Birth Certificate

- Passport *OR* attested passport transcript showing the date and place of birth of the child *OR*
- An attested transcript of a birth certificate

#### Current Immunization Records

- Please allow up to 72 hours for your pediatrician to process this request

#### Picture ID of Parent or Guardian

- Driver's License or Passport

#### Proof of Residency

- Deed or Mortgage Statement *OR*
- Current Lease signed by Landlord and Tenant

#### Utility Bill

- Current Utility Bill

#### Proof of Custody (if applicable)

- Divorced parents must provide a complete custody order or decree which indicates that the parent/guardian is the residential custodian of the child for school purposes

#### Proof of All Income

- 2025 Tax Return of all working adults in the household *OR*
- Four consecutive weeks of pay stubs for all working adults in the household *OR*
- Schedule C Form for self-employed individuals

*AND (if applicable)*

- Child Support *and/or* Disability Documents



**Section I – Student & Family Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Call Order \_\_\_\_

Home Address \_\_\_\_\_ APT \_\_\_\_ Home Phone \_\_\_\_\_ Call Order \_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Call Order \_\_\_\_

Employer Name \_\_\_\_\_ Email \_\_\_\_\_

Active Military  National Guard  Reserves  Federal Employee  N/A

Parent/Guardian 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Call Order \_\_\_\_

Home Address \_\_\_\_\_ APT \_\_\_\_ Home Phone \_\_\_\_\_ Call Order \_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Call Order \_\_\_\_

Employer Name \_\_\_\_\_ Email \_\_\_\_\_

Active Military  National Guard  Reserves  Federal Employee  N/A

Child Lives With: *(please check only ONE of the following descriptions that applies to your child)*

Both Natural/Adoptive Parents  Mother & Stepfather  Father & Stepmother

Mother only  Father only  Grandparent(s)

Foster Parent(s) Caseworker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Housing Arrangement:  House  Apartment  Sharing at Residence with: \_\_\_\_\_

**LIST SIBLINGS OF STUDENT LIVING IN THE SAME HOUSEHOLD**

Last Name, First Name	Gender	Date of Birth	School Attending

## Section II – Student’s Developmental History

My child currently receives special education services:

Yes     No

My child received early intervention? (Help Me Grow, outpatient therapy, etc.)

Yes     No

If Yes, Explain:

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My child has prior childcare experience? (preschool, daycare, Sunday school, etc.)

Yes     No

If Yes, Explain:

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My child does not like tactile and/or messy activities?

Yes     No

If Yes, Explain:

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My child is sensitive to sounds and/or lights?

Yes     No

If Yes, Explain:

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## Section III – Child’s Health Information

Child's Chronic Medical/Health Needs:	
History of Hospitalizations:	Medications: (*a medication form must be completed for each medication administered while in program attendance. Forms are available in the school office.)
Allergies/Treatments:	Dietary Needs or Restrictions:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Medical Authorization

Early Childhood Education Programs  
Section 3313.712, Ohio Revised Code

*Purpose of this form: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MUST HAVE TWO CONTACTS OTHER THAN PARENTS/GUARDIANS:

Emergency Contact 1: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Complete EITHER Part I or Part II Below:**

### Part I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concur in the necessity for such surgery, and are obtained prior to the performance of such surgery.

**Facts concerning my child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:**

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

### Part II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

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Kettering, OH 45429

(937) 499-1456



## Child Medical Statement

**To be completed by a Medical Professional Only**

This form meets Ohio Administrative Code

Fax Number: 937-499-1468

Attention: Christina Tang

This Child Medical Statement is to be completed by Medical Professional and must be completed prior to your child attending the programs within the Kettering City School District. This form must be completed within 13 months from previous exam date.

### Section 1: Child Medical Information

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

#### General Physical Exam Findings:

Date of Exam \_\_\_\_\_

Height: \_\_\_\_\_ (\_\_\_\_%) Weight: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Heart \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Neck \_\_\_\_\_

Chest \_\_\_\_\_ Lymphatics \_\_\_\_\_ Back \_\_\_\_\_ Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_

\_\_\_\_\_ No significant findings were noted during the general physical exam.

\_\_\_\_\_ Limitations or health conditions were noted during the exam.

If health conditions noted, please specify: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

Medication	Dosage	Prescribed For

**Blood Lead Screening Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_ **Hematocrit Test Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_%

**Vision:** Within normal limits? Yes No (if not, specify: \_\_\_\_\_)  
Wears corrective lenses? Yes No  
Had eye surgery? Yes No (if not, specify: \_\_\_\_\_)

**Hearing:** Within normal limits? Yes No (if not, specify: \_\_\_\_\_)  
History of frequent ear infections? Yes No  
PE tubes inserted? Yes No (if yes, date: \_\_\_\_\_) other: \_\_\_\_\_



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## Status of Custody Form

This form is to be completed before a student is registered in the Kettering City Schools, and any applicable custody documents must be provided.

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Child Lives With:

- Both Natural/Adoptive Parents — *married at time of birth?*     Yes     No
- Father Only
- Mother Only
- Foster Family
- Grandparents
- Aunt *and/or* Uncle
- Other: \_\_\_\_\_

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If the child does not reside with both natural/adoptive parents, please check the parental status:

- Divorced; current custody document is on file with this school
- Legally separated; current document is on file with this school
- Separated – custody not on file, both parents have equal rights regarding custody
- Not married at time of birth
- Intent to gain custody paperwork is currently on file with this school
- Guardianship
- Temporary protection order or restraining order is currently on file with this school
- Other parent deceased

I understand the rights of my child's other parent. If a legal separation, divorce, or other custody change is initiated, I will furnish a copy of the custody document to the school.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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# Ethnicity/Race Data Collection Form

The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PART I** — Is this student of Hispanic/Latino heritage? (choose only one answer)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

**PART 2** — Race (choose only one category below that best describes your child's racial identity)

- American Indian or Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Pacific Islander
- White
- Multi-Racial / Other (please indicate which races best reflect your child's identity)

\_\_\_\_\_

City child was born in: \_\_\_\_\_ Country: \_\_\_\_\_

What language did your child speak when he/she was first learning to talk? \_\_\_\_\_

What language does your child usually speak at home now? \_\_\_\_\_

What language do you usually use with your child? \_\_\_\_\_

What language do the adults usually speak at home? \_\_\_\_\_

Does someone in your home read English?  Yes  No

Do you need help with transportation?  Yes  No

Are you a refugee?  Yes  No If yes, from which country? \_\_\_\_\_

Are you currently homeless?  Yes  No

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# Authorizations & Releases

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Class Roster &amp; Directory Authorizations</b>		<b>Annual Class Roster:</b> As required by ODEW, each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in your child's classroom.
My Child's Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Numbers:	<input type="checkbox"/> Yes <input type="checkbox"/> No    if yes, <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Signature of Parent/Guardian: _____		Date: _____

<b>Assessment, Vision, Hearing, Developmental &amp; Speech Screening Release</b>	Yes	No
I give permission to have my child participate in all learning and developmental screenings and assessments which are required by the Ohio Department of Education and Workforce. I give permission for the preschool staff and its contractors to administer vision, hearing, developmental, and speech screenings for my child.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Photography Release</b>		
I give permission for my child to be photographed for portfolio projects, classroom bulletin boards, and other uses within the school building where he/she attends.	<input type="checkbox"/>	<input type="checkbox"/>
I give my permission for my child to be photographed/video recorded that may be included in articles, publications (i.e. social media, class picture), videos, et cetera, and placed on school-sponsored websites.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Technology Access</b>		
I have access to a reliable internet connection.	<input type="checkbox"/>	<input type="checkbox"/>
I have access to a phone and/or computer.	<input type="checkbox"/>	<input type="checkbox"/>

I have read and have specified in each section, the type of permission I am granting.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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# Transportation List



Student Name: \_\_\_\_\_ School: \_\_\_\_\_

The following adults are authorized to pick up the above named child from school. Please include parents/guardians.

Name	Relationship to Child	Phone Number

The following adults are **NOT** permitted to pick up my child.

Name	Relationship to Child	Phone Number

The adults named above are authorized to pick up my child in the event I am unable to do so. I will inform them to bring a driver's license to show the teachers and aides until school staff are familiar with them. I understand that my child will NOT be released to anyone not on this list. I understand it is my responsibility to inform the school by written note or phone call, when there is an unforeseen event that would require an unlisted individual to transport my child from school. I will make every effort to keep this list updated.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Date updated: \_\_\_\_\_ Signature of Parent Guardian: \_\_\_\_\_

Date updated: \_\_\_\_\_ Signature of Parent Guardian: \_\_\_\_\_

# Kettering City Schools

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## Preschool Student Behavioral Expectations

Kettering's Pathfinder Preschool Programs serves students who are on track to attend full-day kindergarten the following school year. You may be wondering what it means to be "on track".

Kettering's Integrated Preschool Programs need typically developing students who can serve as peer mentors for our students with special needs, especially in the areas of communication and behavior. You may be wondering what it means to be a "peer mentor".

Below is a listing of age-appropriate behaviors for children between the ages of 3 and 5.

Please complete the checklist by circling 'Yes' or 'No' to describe your child's current behavior **most of the time**:

1. **Yes**    **No**    Is your child toilet trained (wears underwear, not pull-ups) and lets an adult know when she/he needs to use the restroom?
2. **Yes**    **No**    Is your child able to communicate his/her feelings (including sadness and frustration) using words that can be understood?
3. **Yes**    **No**    Is your child able to attend to a non-preferred adult-directed activity for the same number of minutes as his/her age?
4. **Yes**    **No**    Is your child able to drink from an open cup with minimal spillage?
5. **Yes**    **No**    Is your child able to play independently for at least 5 minutes (not including items with a screen)?
6. **Yes**    **No**    Is your child able to follow simple directions from adults, without protest, most of the time?
7. **Yes**    **No**    Does your child cry, scream, or have tantrums when told "no"?
8. **Yes**    **No**    Is your child independent in self-care (i.e. pull up pants or put on coat)?
9. **Yes**    **No**    Does your child interact with other children and adults appropriately, keeping hands and feet to self?
10. **Yes**    **No**    Is your child able to calm him/herself without the use of pacifiers, blankets, or bottles at school?

Please complete the form below to indicate that your responses are accurate. We reserve the right to contact you to schedule a meeting if the behavior you describe is different in the school environment.

If you have concerns about your child's development and suspect a disability, please call us for information about the referral process for a free screening:

Julia Timberlake, Parent Mentor (937) 499-1460

Tabatha Class, Preschool Special Education Coordinator (937) 499-1536

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Reviewed at Registration Initials: _____ Date: _____
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Staff Reviewed in Fall Initials: _____ Date: _____
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## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), CASH, MEDICAL, AND/OR CHILD CARE ASSISTANCE APPLICATION




If you need SNAP Assistance right away, answer the questions in Step 6 of the application. You may qualify to receive SNAP more quickly. You have a right to apply for SNAP Assistance the same day that you contact your local county JFS office.



### Contact Your County JFS Office If:

- You need help completing the application process, want an in-person interview, or you need a home visit to complete the interview.
- Any of the information provided on this form changes after you turn it in.

### Other Resources to Contact If:

- English is not your main language, call your county JFS office to have an interpreter help you understand the questions on this form.
- You are hard of hearing and/or low vision, call 7-1-1 for help completing this form or your interview. 

## Need Help Completing This Application?

You may have an Authorized Representative help you complete your interviews and/or forms.

- Your Authorized Representative does not have to live with you, but they must be a responsible adult. You must tell your county JFS office in writing the name of your Authorized Representative.
- If you are an Authorized Representative, complete the steps on this application using the applicant's information.
- Other community agencies, such as foodbanks, may also help with completing this application.

## Follow These Four Steps to Apply For Assistance:

- 1 Complete this Application - APPLICATION STARTS ON PAGE 5**  
In Step 1 of this application, select which program(s) you want to apply for. **Answer as many questions on the application as you can. However, you must at least fill out your name, address and signature** and turn it in to your county JFS office to start the application process. **Note:** you may ask for a copy of your completed application.
- 2 Turn in this Application**  
You can also apply online at <https://ssp.benefits.ohio.gov> or continue to fill out this paper application. Submit this paper application to your local county JFS office. To search for your county JFS office, go to <https://jfs.ohio.gov/about/local-agencies-directory> or find it listed under the attached county contact list contained towards the end of this form.
- 3 Complete an Interview - SNAP and/or Cash Assistance ONLY**  
Your county JFS office will send you a letter with your phone interview date and time. The letter will tell you if you need to call your county JFS office or if they will call you.
- 4 Turn in Verification Documents - ALL Programs**  
Your county JFS office will tell you what verifications they need from you. You may submit verification documents with this application. See the next page for a list of the types of documents that may be requested.

## Verification Document Information

- Review the chart below for more information about verification documents needed by each program.
- Your county JFS office may ask you to provide pay stubs, utility bills, bank statements, or more.
- Your county JFS office will provide you the **Verification Checklist** (JFS Form 07105). Be sure to turn in all required information by the due date listed on the form.
- Your county JFS office may deny your application if there are missing verification documents.

**Need Help?** If you need help accessing the required documents, ask your county JFS office for help.

**Qualified Non-U.S. Citizens:** If you are NOT a U.S. Citizen and are ONLY applying for an assistance program for a U.S. Citizen OR Qualified Non-Citizen, or you are applying for time-limited emergency medical assistance, you do NOT have to verify your citizenship status, immigration status, or provide a SSN.

Verification Document Examples + Your county JFS office only verifies the citizenship of the child needing care when applying for Child Care Assistance. * Your SNAP amount may increase if you verify these costs.	Assistance Programs				
	SNAP	Medical (Families & Children)	Medical (Aged, Blind, or Disabled)	★ Child Care	Cash/ Refugee Cash Assistance (RCA)
<b>Your Social Security Number</b> or proof that you have applied for one	✓	✓	✓		✓
<b>Permanent Resident Card (“Green Card”)</b> or other immigration documents if not a U.S. Citizen	✓	✓	✓		✓
<b>Proof of U.S. Citizenship+</b>		✓	✓	✓	✓
<b>Proof of Income</b> or any other money coming into your household (such as pay statements, tax records, award letters, child support)	✓	✓	✓	✓	✓
<b>Most Recent Bank Statements</b> (such as a checking or savings account)			✓		✓
<b>Proof of Ownership of Vehicles</b> (such as a car, truck, motorcycle, boat, or RV)			✓		
<b>Proof of Current Value of Stocks/Bonds, Certificates of Deposit, Life Insurance Policies, Trusts, Annuities</b>			✓		✓
<b>Proof of Identity</b> (such as a driver’s license, state ID card or passport)	✓				✓
<b>Proof of Any Child/Dependent Care Costs</b>	*	✓			✓
<b>Proof of Any Child Support</b> paid for children not living with you	*	✓	✓	✓	✓
<b>Proof of Any Housing and Utility Costs</b>	*		✓		
<b>Proof of Any Medical Costs for People with Disabilities or for People Who Are Over Age 60</b> (including prescriptions)	*		✓		
<b>Proof of Health Insurance</b>		✓	✓		
<b>Verification of a Qualifying Activity for All Caretakers in the Household</b> (such as a school or work schedule, or self-sufficiency contract)				✓	
<b>Name and Address of an Eligible Child Care Provider for Each Child in Need of Care</b>				✓	

# Frequently Asked Questions

## Program Eligibility:

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### 1. When will I find out if I am eligible for assistance?

**SNAP, Cash, and Child Care Assistance:** Your county JFS office will determine your eligibility for these programs **within 30 days** of the date you turned in your application.

- If you are eligible, your benefits may be approved back to the date you turned in your application.
- **Child Care ONLY:** If your application is denied, you may be responsible to pay any Child Care provider who you have employed since you turned in your application.

**Medical Assistance:** Your county JFS office will determine your eligibility for Medical Assistance **within 45 days** of the date you turned in your application.

- They may have to conduct a Disability Determination if you are claiming a disability, which may take up to 90 days.
- If you are eligible, they may approve your Medical Assistance back to the date you turned in your application. If you have medical bills from the 3 months before you applied, tell your county JFS office. They may approve you for Medical Assistance for those 3 months.

### 2. Which programs require an interview?

- SNAP and Cash Assistance REQUIRE an interview
- Child Care Assistance and Medical Assistance DO NOT REQUIRE an interview

### 3. What if I miss my interview for SNAP or Cash Assistance?

If you miss your interview, contact your county JFS office right away. If you do not complete your interview with your county JFS office **within 30 days** from the date that you turned in your application, your application may be denied and you will have to reapply.

### 4. Do I have to be U.S. Citizen to get assistance?

Many non-U.S. Citizens can receive assistance benefits. Non-Citizen Emergency Medical Assistance (NCEMA) may also be available regardless of your U.S. Citizenship status.

### 5. What other services may be available?

You may be eligible to receive other services such as:

- Prevention, Retention, and Contingency (PRC) services
- Early Intervention services
- Work skills
- Help getting a job

**Note:** You may have to apply using a separate application for these services. Contact your county JFS office if you are interested.

**For more information about community organizations that can help, go to**

<https://benefits.ohio.gov/home/resources/assistance-programs>.

# Frequently Asked Questions

## Child Care Assistance:

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### 1. How do I choose a Child Care Provider?

Caretakers may select any program approved to offer Publicly Funded Child Care (PFCC). These programs include centers, family child care homes, approved day camps, and in-home aides located throughout the State of Ohio.

- If you would like help with selecting a provider, you may contact your local Child Care Resource and Referral Agency. Visit <https://ocrra.org/ccrr-membership/> for contact information.
- Use the Child Care Directory at <https://childcaresearch.ohio.gov> to look for programs that fit your child care needs. The directory allows you to search by location, type of program, and Step Up To Quality rating. Licensing inspections and substantiated complaints are also available for review.
- **Note:** Having a child care provider selected at the time you apply will make the process faster.

### 2. What if my child has a disability or I suspect my child may be developmentally delayed?

More information on special needs child care assistance is available on the ODJFS Child Care website at <https://jfs.ohio.gov/child-care/resources/02-special-needs-child-care>.

- If your child in need of care has special needs, they may be eligible for child care up to age 18.
- Your child care provider may apply to receive an increased payment rate if they adjust their program/services for your child.
- Please ask your county JFS office for more information.

### 3. How do I make a complaint about a Child Care Provider?

If you would like to make a complaint about a suspected violation of licensing rules, you may call the Child Care Policy Help Desk at **877-302-2347**, Option 4.

### 4. What is Step Up To Quality?

Step Up To Quality is Ohio's quality-rating system for child care programs. Ratings are awarded based on the program's implementation of standards that go beyond the minimum health and safety standards. For more information, visit the ODJFS Child Care website at

<https://childrenandyouth.ohio.gov/for-providers/step-up-to-quality> and click on "Step Up To Quality."

**-- Please keep this page for your records. --**

# SNAP, CASH, MEDICAL, AND/OR CHILD CARE ASSISTANCE APPLICATION

## Vote 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. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

### 1: Check the box for each program the applicant wants to apply for

*You can apply for any and all of the programs listed below. If you do not check any boxes, we will only review your eligibility for SNAP.*

SNAP

Child Care Assistance

Medical Assistance

Cash Assistance - For families with a minor child(ren) or women who are pregnant

Refugee Cash Assistance (RCA) - For refugees within 12 months of arrival

**Early Childhood Education Grant ONLY**

### Step 2: Tell us about the applicant

*If you are an Authorized Representative, enter information about the person you are applying for.*

First Name

Middle Initial

Last Name

#### Do you need any of the following services?

Large Print Notices

Sign Language Interpreter

Translator

Other \_\_\_\_\_

#### What is your preferred language?

Spoken: \_\_\_\_\_

Written: \_\_\_\_\_

#### Have you, or anyone living with you, ever received SNAP, Cash, Medical, or Child Care Assistance?

**No**

Location (City/County/State): \_\_\_\_\_

**Yes** - If yes, who: \_\_\_\_\_

### Step 3: Tell us how to reach the applicant

*If you are an Authorized Representative, enter information about the person you are applying for.*

Home Address

Check here if you do not have a permanent address - please provide a mailing address

City

State

Zip Code

Phone (Cell)

Phone (Home)

Email Address

#### Address where you get mail (if different)

City

County

State

Zip Code



**Reminder:** Did you tell us which program(s) the applicant is applying for?  
Make sure to check the appropriate box(es) in Step 1.

### Step 4: Tell us if you are an Authorized Representative


An Authorized Representative is someone who helps the applicant with the application process and can act on the applicant's behalf. **If you are filling out this form as an Authorized Representative, please give us the following information about yourself. You may be asked to give an authorization document. You will not be listed as an Authorized Representative until the document is provided.**

First Name	Middle Initial	Last Name
Street Address		
City	State	Zip Code
Phone (Cell)	Phone (Home)	
Email Address		
<b>Do you need any of the following services?</b> <input type="checkbox"/> Large Print Notices <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Translator <input type="checkbox"/> Other _____		<b>What is your preferred language?</b> Spoken: _____ Written: _____

### Step 5. For SNAP Applicants and SNAP Authorized Representatives ONLY

By signing below, you agree that you have **reviewed and agree to the terms in Step 14** and you certify, under penalty of perjury, the truth of the information contained in this application, including information provided below concerning citizenship and alien status of the members applying for benefits.

**While you may submit your application with only the information provided above, your application may be processed more quickly if you continue to provide responses to the questions below.**

 Signature of Applicant OR Authorized Representative	Date
Print Name of Applicant OR Authorized Representative	Date

### Step 6: Answer the following ONLY if applying for SNAP benefits

How many people live with you and buy, fix, and eat meals with you? \_\_\_\_\_  
This number is considered your "household", keep this in mind when answering the next two questions.

**Note:** Your responses will help us decide if you can get SNAP more quickly. If someone else you live with is already receiving SNAP benefits, you may still be eligible for SNAP benefits.

Is your household's total gross income before taxes for the current month less than \$150?  Yes  No

Is your household's total net income for the current month zero after taxes and paying for such things as housing costs, child/dependent care costs, or child support payments?  Yes  No

Are your total resources in cash, checking, and savings accounts \$100 or less?  Yes  No

Are your monthly rent or mortgage and utilities (such as gas, electric, water, and phone) more than your total monthly gross income before taxes?  Yes  No

Are you a migrant or seasonal farm worker?  Yes  No

**Step 7: Tell us the applicant's information**

**You must list everyone who lives with you even if they are not applying.** Please be sure to list your name first. If you need more space, write your answers on an extra piece of paper and attach it to this form. **Please use the following to assist with completing the section below:**

- **Social Security Number (SSN):** If you, or anyone else in your household, is NOT a U.S. citizen, or a Qualified Non-Citizen, you do not have to give us an SSN. If there are other reasons that you, or someone in your household does not have an SSN, please write that below. (ex: pending SSA application)
- **U.S. Citizen:** You only have to tell us if someone is a U.S. citizen if they are for SNAP, Cash, Medical, or Child Care Assistance.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. Providing this information is voluntary and is used for informational purposes only. If you do not want to give us this information, it will have no effect on your case.

Name	Relationship to You <i>(spouse, friend, etc.)</i>	SSN <i>(See instructions above)</i>	Date of Birth	Sex	U.S. Citizen	Hispanic or Latino	Race
	Self			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

**Are you married?**  No  Yes - If yes, spouse's name: \_\_\_\_\_

**Are you, or anyone you are applying for, pregnant?**  
 No  Yes - If yes, who and when is the due date? \_\_\_\_\_

**Do you, or anyone you are applying for need in-home care or nursing home services?**  
 No  Yes- If yes, who? \_\_\_\_\_

**Are you or anyone in your household caring for a disabled person in or outside of the home?**  
 No  Yes - If yes, who? \_\_\_\_\_

**Are you or anyone in your household in the military?**  
 No  Yes - If yes, please select all that apply:  Active Duty  National Guard/Reserves

**Have you ever been found guilty of Child Care fraud?**  No  Yes

OPTIONAL

## Step 8: Household members 60 years of age or older

Is anyone 60 years of age or older?

No - If no, please skip to Step 9.  Yes - If yes, answer the following questions in Step 8.

Is this person(s) receiving disability benefits?

No  Yes - If yes, from what source? \_\_\_\_\_

Is this person(s) unable to prepare meals due to a disability?

No  Yes

If you answered "Yes" to all three questions in Step 8, does this person(s) want to receive SNAP separately from the other people you live with?

No  Yes

## Step 9: Tell us about the household's finances

Have you or the people in your household received, or expect to receive, income\* this month?

No  Yes - If yes, please complete the table below.

\*Income refers to all the money that you and the people in your home receive. This includes earnings from employment or self-employment, child or spousal support, disability benefits, retirement benefits, Workers' Compensation, Unemployment Compensation, Social Security, SSI, Veterans' Benefits, Ohio Works First (OWF), gifts of money from individuals, etc.

Name	Type of Income or Name of Employer	How Often Received (weekly, bi-weekly, etc.)	Income Amount (before taxes)	Date Last Received

How much do you and the people in your household have in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

Give your best estimate of the total amount: \$ \_\_\_\_\_

Do you and the people in your household have more than one million total dollars in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

No  Yes

Did anyone in your household leave a job or lose a job within the last 60 days?

No  Yes - If yes, who? \_\_\_\_\_

When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Is anyone in your household on strike from a job?

No  Yes - If yes, who? \_\_\_\_\_

This Form Continues on the Next Page



## Step 10: Tell us about the applicant's household expenses

Check all that apply. List the amount for each expense.

**Child/Dependent Care Costs:**  
Estimated Amount Paid per Month: \$ \_\_\_\_\_

**Child or Spousal Support Payments Made to Someone Outside Your Household**  
Estimated Amount Paid per Month: \$ \_\_\_\_\_

**Medical Expenses for Anyone Who is Disabled or Age 60 or Older.** These include expenses such as medical bills, prescriptions, health insurance premiums, transportation to medical appointments, or other medical services.  
Estimated Amount Paid per Month: \$ \_\_\_\_\_

**Rent, Mortgage Payments, Lot Rent, Property Taxes, Homeowners' Insurance, etc.**  
Estimated Amount Paid per Month: \$ \_\_\_\_\_

Do you pay for heat or air conditioning?  Yes  No

I pay for the following utilities (check all that apply):

Telephone  Trash  Sewage  Water  Electric  Gas

## Step 11: If applying for Child Care Assistance, please tell us why the applicant needs child care

If you or the people in your home are working, attending school, or participating in a training program, **please complete the table below with all qualifying activities.** If employed, please list your current employer. This includes self-employment and odd jobs. **If you need more space, write your answers on an extra piece of paper and attach it to this form.**

Household Member 1 Name	Employer / School / Training Information Name
-------------------------	-----------------------------------------------

Activity Phone Number	Start Date / End Date
-----------------------	-----------------------

Address

### Household Member Work / School / Training Schedule

Sun From \_\_\_\_\_ to \_\_\_\_\_  Thurs From \_\_\_\_\_ to \_\_\_\_\_  
 Mon From \_\_\_\_\_ to \_\_\_\_\_  Fri From \_\_\_\_\_ to \_\_\_\_\_  
 Tues From \_\_\_\_\_ to \_\_\_\_\_  Sat From \_\_\_\_\_ to \_\_\_\_\_  
 Wed From \_\_\_\_\_ to \_\_\_\_\_  Varies week to week \_\_\_\_\_

Household Member 2 Name	Employer / School / Training Information Name
-------------------------	-----------------------------------------------

Activity Phone Number	Start Date / End Date
-----------------------	-----------------------

Address

**Household Member Work / School / Training Schedule**

<input type="checkbox"/> Sun From _____ to _____	<input type="checkbox"/> Thurs From _____ to _____
<input type="checkbox"/> Mon From _____ to _____	<input type="checkbox"/> Fri From _____ to _____
<input type="checkbox"/> Tues From _____ to _____	<input type="checkbox"/> Sat From _____ to _____
<input type="checkbox"/> Wed From _____ to _____	<input type="checkbox"/> Varies week to week _____

Household Member 3 Name

Employer / School / Training Information Name

Activity Phone Number

Start Date / End Date

Address

**Household Work / School / Training Schedule**

<input type="checkbox"/> Sun From _____ to _____	<input type="checkbox"/> Thurs From _____ to _____
<input type="checkbox"/> Mon From _____ to _____	<input type="checkbox"/> Fri From _____ to _____
<input type="checkbox"/> Tues From _____ to _____	<input type="checkbox"/> Sat From _____ to _____
<input type="checkbox"/> Wed From _____ to _____	<input type="checkbox"/> Varies week to week _____

**Step 12: Tell us about the child(ren) who need(s) child care**

Child 1 - Name (First, Middle, Last)

Child's Mother's Maiden Name

City of Birth

Relationship to Applicant

Child's Preferred Spoken Language

Is the child a U.S. Citizen or a Qualified Non-Citizen? **Note:** You must provide verification in order to receive Child Care Assistance.

**Yes**       **No - My child is NOT a U.S. Citizen or a Qualified Non-Citizen**

**Child's Needs:** Does the child require Protective Child Care?

**Yes**       **No - My child does NOT require Protective Child Care**

If YES, is there a case plan?

**No - My child does NOT have a case plan**

Is the child in Head Start?

**Yes - What is their schedule? From \_\_\_\_\_ to \_\_\_\_\_**       **No - My child is NOT in Head Start**

**Days/Hours Child Care is Needed**

<input type="checkbox"/> Sun From _____ to _____	<input type="checkbox"/> Wed From _____ to _____
<input type="checkbox"/> Mon From _____ to _____	<input type="checkbox"/> Thurs From _____ to _____
<input type="checkbox"/> Tues From _____ to _____	<input type="checkbox"/> F From _____ to _____
	<input type="checkbox"/> Sat From _____ to _____

Provider Name

Provider Address

City

State

Zip Code

Kettering City Schools

580 Lincoln Park Blvd.

Kettering

OH

45429

★ Only the child(ren) you are enrolling

## Child 2

Child 2 - Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth	
Relationship to Applicant		Child's Preferred Spoken Language		
Is the child a U.S. Citizen or a Qualified Non-Citizen? <b>Note:</b> You must provide verification in order to receive Child Care Assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No - My child is <b>NOT</b> a U.S. Citizen or a Qualified Non-Citizen				
Child's Needs: Does the child require Protective Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does <b>NOT</b> require Protective Child Care If <b>YES</b> , is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does <b>NOT</b> have a case plan				
Is the child in Head Start? <input type="checkbox"/> Yes - What is their schedule? From _____ to _____ <input type="checkbox"/> No - My child is <b>NOT</b> in Head Start				
<b>Days/Hours Child Care is 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 _____			
Provider Name	Provider Address	City	State	Zip Code

## Child 3

Child 3 - Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth	
Relationship to Applicant		Child's Preferred Spoken Language		
Is the child a U.S. Citizen or a Qualified Non-Citizen? <b>Note:</b> You must provide verification in order to receive Child Care Assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No - My child is <b>NOT</b> a U.S. Citizen or a Qualified Non-Citizen				
Child's Needs: Does the child require Protective Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does <b>NOT</b> require Protective Child Care If <b>YES</b> , is there a case plan? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does <b>NOT</b> have a case plan				
Is the child in Head Start? <input type="checkbox"/> Yes - What is their schedule? From _____ to _____ <input type="checkbox"/> No - My child is <b>NOT</b> in Head Start				
<b>Days/Hours Child Care is 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 _____			
Provider Name	Provider Address	City	State	Zip Code

## Child 4

Child 4 - Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth	
Relationship to Applicant		Child's Preferred Spoken Language		
Is the child a U.S. Citizen or a Qualified Non-Citizen? <b>Note:</b> You must provide verification in order to receive Child Care Assistance. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> - My child is <b>NOT</b> a U.S. Citizen or a Qualified Non-Citizen				
Child's Needs: Does the child require Protective Child Care? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> - My child does <b>NOT</b> require Protective Child Care If <b>YES</b> , is there a case plan? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> - My child does <b>NOT</b> have a case plan				
Is the child in Head Start? <input type="checkbox"/> <b>Yes</b> - What is their schedule? From _____ to _____ <input type="checkbox"/> <b>No</b> - My child is <b>NOT</b> in Head Start				
<b>Days/Hours Child Care is needed</b>				
<input type="checkbox"/> Sun	From _____ to _____	<input type="checkbox"/> Wed	From _____ to _____	
<input type="checkbox"/> Mon	From _____ to _____	<input type="checkbox"/> Thurs	From _____ to _____	
<input type="checkbox"/> Tues	From _____ to _____	<input type="checkbox"/> Fri	From _____ to _____	
		<input type="checkbox"/> Sat	From _____ to _____	
Provider Name	Provider Address	City	State	Zip Code
Does your child(ren) have a chronic health condition, developmental disability, or special need? <input type="checkbox"/> <b>No</b> - My child does <b>NOT</b> have a chronic health condition, developmental disability, or special need <input type="checkbox"/> <b>Yes</b> - Please fill out the chart below:				
<b>Name (First, Middle, Last)</b>		<b>Describe Child's Specific Needs</b>		

This Form Continues on the Next Page



### Step 13: Tell us about the school attendance of the child(ren) who need(s) care

**Note:** Complete this section if any child(ren) is attending or will be attending Kindergarten or higher grade school.

Child's Name (First, Middle, Last)	Current Grade Level	School Name and Address	School Hours (ex: 8am - 3pm)	Kindergarten Schedule	School Year Start End Date
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	

### Step 14: Please review the following information carefully and sign on the last page

BY SIGNING THIS APPLICATION:

► **For all programs (SNAP, Cash, Child Care, and/or Medical Assistance), I acknowledge and agree:**

- To the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or immigration status of each household member applying for assistance.
- The county Job and Family Services (JFS) office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance and/or in some instances, I may be asked to give consent to the county JFS office to make those contacts.
- I may be required to cooperate with the child support enforcement agency (CSEA) in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the CSEA, a referral will be submitted to the agency on my behalf. I also understand that if I am not required to cooperate with the CSEA, I may request child support services by completing the Application for Child Support Services (JFS Form 07076).
- The county JFS office can assist me with getting required verifications as long as I cooperate.
- The law provides a penalty of fine or imprisonment, or both, for anyone convicted of fraudulently receiving assistance for which he or she is not eligible.
- My signature below gives the county JFS office permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child/spousal/medical support income.
- The status of non-citizen household members may be subject to verification by the United States Citizenship and Immigration Services (USCIS) through the submission of information from the application to USCIS through the Systematic Alien Verification and Eligibility (SAVE) System. The submitted information received from USCIS may affect the household's eligibility and level of benefits.
- My signature below gives my consent and authorizes the county JFS office to access 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 JFS office in writing.
- You have the right to request a county conference and a state hearing if you disagree with the action taken on your case. To request a county conference you should contact your county JFS office or review your notices received in the mail.

## Step 14: Please review the following information and sign (Continued)

► **If I applied for SNAP benefits, I acknowledge and agree:**

- By signing this application, that information will be requested from the Income and Eligibility Verification System (IEVS) and information may be verified through whatever contacts are necessary to determine my eligibility.
- Social Security Numbers (SSNs) will be used to check the identity of household members, prevent duplicate participation, and make changes to my case. If any household member does not provide their SSN, they will be designated as a non-applicant. This means they will NOT be considered as an applicant and will not be eligible for SNAP. Providing any requested information, including the SSN of each household member, is voluntary. However, failure to provide requested information to establish my eligibility for assistance will result in the denial or reduction of SNAP benefits to my household. Information collected on the application may be disclosed to law enforcement officials for the purpose of apprehending individuals fleeing to avoid the law.
- If a court of law finds me guilty of using or receiving benefits in a transaction involving the sale of a controlled substance, I will not be eligible for benefits for two years for the first offense, and permanently for the second offense.
- If a court of law finds me guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, I will be permanently ineligible to participate in SNAP upon the first offense of such violation.
- SNAP benefits are issued on the Ohio Direction Card and I am prohibited from using my SNAP benefits to purchase or sell firearms or controlled substances. I understand that I can use SNAP benefits to only buy eligible items. I cannot use SNAP benefits to buy non-food items such as alcoholic drinks, tobacco, etc.
- Any member of my household who intentionally breaks the rules may not get SNAP for one year for the first offense, two years for the second offense, and permanently for the third offense.
- If a court of law finds me guilty of having trafficked benefits for a total amount of \$500 or more, I will be permanently ineligible to participate in SNAP upon the first offense of such violation.
- I am prohibited from selling, trading or purchasing SNAP benefits and cannot use someone else's SNAP benefits for my household. I can be disqualified from the SNAP program for any of these violations.
- I cannot use benefits to buy food for someone who is not a member of my household.
- If I am found to have made a fraudulent statement or representation with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously, I will be ineligible to participate in the SNAP for a period of 10 years.
- The information provided with my application for SNAP benefits will be subject to verification by Federal, State and local officials to determine if the information is factual and if any information is incorrect, my SNAP benefits may be denied. I may be subject to criminal prosecution for knowingly providing incorrect information.
- If I receive SNAP benefits that I should not have gotten:
  - I may be ordered to repay the benefits
  - I may be charged with fraud
  - I may be fined (up to \$250,000) or sent to prison (up to 20 years) or both
  - I may be prohibited from receiving benefits in the future.
- I will be held liable for any SNAP benefits that I receive that I should not have gotten if my authorized representative gives incorrect information.
- If I do not agree with an action taken on my case, I can file for a county conference or a state hearing. I can ask for a county conference or state hearing online, be email or mail, or by contacting my county JFS office. I can ask someone to attend the hearing in my place with my signed authorization.
- If my case is chosen at random to make sure that I am eligible for the assistance I receive and that I am receiving the correct amount, I must cooperate if my case is reviewed. If I refuse to cooperate with a review, my benefits may be terminated.
- Within 60 days of applying and at any time while receiving benefits, an employed or self-employed person is not to voluntarily and without good cause, quit the job or reduce work hours to less than 30 hours per week or to earning less than the federal minimum wage x 30 hours to remain eligible to participate in SNAP.

► **If I applied for Cash Assistance benefits, I acknowledge and agree:**

- By signing this application and receiving OWF Cash Assistance, I may be required to cooperate with the local Child Support Enforcement Agency (CSEA) in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the local Child Support Enforcement Agency (CSEA), a referral will be submitted to the agency on my behalf and any rights to all support

## Step 14: Please review the following information and sign (Continued)

owed to me and the minor children in the assistance group will be assigned to the State of Ohio.

- By signing this application and receiving OWF Cash Assistance, I am assigning to the State of Ohio any rights to child or spousal support that is owed to me and/or the minor children in the assistance group during the Ohio Works First eligibility period.
- Cash benefits are issued on the EPPICard™. The EPPICard™ can be used at MasterCard member banks, ATMs and most retailers that accept MasterCard. I cannot use my EPPICard at liquor stores, casinos, gaming establishments, or any retail establishments that provide adult entertainment in which performers disrobe or perform in an unclothed state for entertainment purposes.
- I must activate my EPPICard™ within 90 days from when benefits and my first card is issued and that if my EPPICard™ is not activated within 90 days, my benefits will be removed from my account.

▶ **If I applied for Child Care benefits, I acknowledge and agree:**

- My county JFS office or ODJFS may share approval, denial, and submission status of my child care application to the provider(s) listed on this application or to any provider named as a result of a change to my application. I understand that the sharing of this information to any provider not listed on this application shall require the signing of a separate release per Ohio Revised Code.
- I will be able to use Publicly Funded Child Care (PFCC) benefits only for children who are eligible and only up to the maximum hours authorized by the county JFS office. To remain eligible for PFCC benefits, the required copayment (if applicable) must be paid by me to the provider. Failure to pay the required copayment may result in termination of PFCC benefits.
- If I am approved for child care assistance, 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 in the system 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 at the program.
- 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 child care eligibility, the reasons why I may not be eligible, my right to a state hearing, and my responsibility for reporting changes to the county JFS office 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 automated child care attendance tracking system.
- I must report any changes which affect my eligibility to the county JFS office, 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.
- My signature also gives consent to issue a system generated statewide student identifier (SSID) for each child listed on this application.
- Information About Child Care Providers:
  - Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes, in-home aides and child day camps located throughout the state of Ohio.
  - If you would like assistance with selecting a provider, you may contact your local Child Care Resource and Referral Agency.
  - You may use our Child Care Directory to look for programs that fit your child care needs at <https://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.
  - Step Up To Quality helps families choose child care programs that go beyond the minimum standards of licensing. Rated programs demonstrate higher levels of quality in a variety of ways. If you would like more information about the Step Up To Quality program, visit the DCY child care website at <https://jfs.ohio.gov/child-care/step-up-to-quality/for-families>.
  - You may also visit our website to learn more about Medicaid health screenings and early intervention services for your child. For this information, go to <https://jfs.ohio.gov/child-care/resources/02-special-needs-child-care>.
- If you would like to make a complaint about a Provider regarding suspected violations of licensing rules, you may contact the Child Care Policy Help Desk at 1-877-302-2347, option 4.

▶ **If I applied for Medical Assistance benefits, I acknowledge and agree:**

- Under penalty of perjury, I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.
- By signing this application and receiving Medicaid, I am assigning to the State of Ohio any rights to medical support and any rights to payments by a liable third party for medical assistance owed to me and/or to the minor child(ren) in my assistance group. I understand that I must tell the Ohio Department of Medicaid about any health insurance I have or about any third party responsible for my medical expenses. I give the Department the right to pursue medical support from an ex-spouse or parent. If I think that cooperating to collect medical support will harm my child(ren) or myself, I understand that I can tell the Department and I may not have to cooperate.
- That the Ohio Department of Medicaid will check my answers using Social Security numbers and information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration (SSA), the Department of Homeland Security (DHS), and others. If the information does not match, the Ohio Department of Medicaid may ask me to send more information.
- The Ohio Department of Medicaid will get information about my financial resources from banks, credit unions, or other financial institutions to determine my eligibility for medical assistance. Authorization to get this information remains in effect until:
  - My application for medical assistance is denied; or
  - My eligibility for medical assistance ends; or
  - I inform the Ohio Department of Medicaid in writing that I wish to end my authorization.
- If I refuse to authorize the Ohio Department of Medicaid to get information about me from financial institutions, or I decide to end my authorization, I understand that my medical assistance may be denied or discontinued.
- If I am permanently institutionalized or age 55 or older when I receive Medicaid benefits, after my death the Estate Recovery Program may recover payments for the cost of my care paid by Medicaid from my estate. The cost of my care may include the capitation payment that Medicaid pays to my managed care plan, even if the capitation payment is greater than the cost of the services I actually received.
- I authorize any person who furnishes health care, medical supplies, or services to give the Ohio Department of Medicaid, the Ohio Department of Job and Family Services, or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Medicaid program, WIC, and other medical assistance programs. I understand that I authorize the previously mentioned departments to exchange any information I have provided to enable the departments to determine my eligibility for medical assistance benefits.
- The Medicaid Program requires enrollment for most recipients into a Managed Care Plan. You will receive information in the mail about this if you are determined eligible for Medicaid.
- The Healthchek program offers preventative healthcare services to all Medicaid eligible children under age 21 and pregnant women. A Medicaid eligible child may receive free Healthchek screenings for vision and hearing.


I authorize \_\_\_\_\_ to be my representative for \_\_\_\_\_ program.

(Name of Auth Rep)

(Ex. SNAP, OWF)

- i. For Medicaid: You may be asked to provide further documentation of the authorization in order to comply with OAC 5160-1-33.

- If you need more than one authorized representative, please contact your county JFS office.

 <b>Signature of Applicant OR Authorized Representative</b>	<b>Date</b>
<b>Print Name of Applicant OR Authorized Representative</b>	<b>Date</b>

**- END OF APPLICATION -**

**Turn this application in to your local County JFS Office**

**Please refer to the insert for the address for your local County Department of Job and Family Services.**

Ohio Department of Children and Youth  
**EARLY CARE AND EDUCATION SERVICES**  
**RELEASE OF INFORMATION**

Caretaker Name	Phone Number		
Street Address	City	State	Zip
Caretaker Email <i>(must be email you used in the SSP, if you have an SSP account)</i>		Last four digits of Caretaker SSN	

**REASON FOR THE CONSENT TO RELEASE INFORMATION**

This consent gives permission for the county department of job and family services (CDJFS)/Ohio Department of Children and Youth (DCY) to release publicly funded child care, early childhood education grant or special projects application information to the identified early care and education provider.

You are not required to complete this form to be eligible for publicly funded child care, early childhood education grant or special projects.

An early care and education provider cannot require you to complete this form as part of their enrollment process and/or to receive child care.

**CONSENT TO RELEASE INFORMATION**

Reason for Consent

I \_\_\_\_\_ understand that by signing this that the provider(s) has access to my information until the access is revoked by me or my authorized representative even if I'm no longer attending that program.

- Primary caretaker first and last name, address and phone number
- First and last name and date of birth of children needing care.
- Application information:
  - Application status, including denied without PAD (payment after denial) and pending application.
  - Verification documents needed.
  - Eligibility begin and end date.
  - Authorization information.

This information may be released to:

Provider 1 Name: Kettering City School District

Program License Number: IRN 044180

Provider Address: 2600 Holman Street, Moraine OH 45439

Provider 2 Name: Kettering Early Childhood Center

Program License Number: 1000020261

Provider Address: 2600 Holman Street, Moraine OH 45439

• This document can be submitted using one of the following methods:

1. Uploaded into the Self-Service Portal (SSP) by accessing your benefit <https://ssp.benefits.ohio.gov/>
2. Submitted to the caretakers' county agency.

• This consent will remain in effect for eighteen months from the date of application for pending and denied child care applications or may be revoked by the Caretaker or Caretaker's Authorized Representative at any time by providing notice in writing, which must include your name and case number using one of the following:

- Uploaded into the Self-Service Portal (SSP) by accessing your benefit <https://ssp.benefits.ohio.gov/> •Submitted to the caretakers' county agency.

• By signing this form, I am responsible for terminating the listed provider(s) access to the information listed on this form.

• Be aware that the information used or disclosed pursuant to this authorization may be disclosed by the recipient of the information and may no longer be protected from disclosure.

• Treatment, payment, enrollment, or eligibility for public assistance cannot be conditioned on signing this authorization unless the authorization is necessary for determining eligibility for the public assistance program.

• Pursuant to federal and state law, and applicable policies the DCY may access and disclose information contained in systems controlled or maintained by the DCY or controlled and maintained for the benefit of the DCY.

Signature of Caretaker or Caretaker's Authorized Representative listed in Ohio Benefits	Date
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## Early Care and Education Services Selection

I \_\_\_\_\_ am applying **ONLY** for the Ohio  
(Print First and Last Name)

Preschool Program (OPP) for the following children:

NAME	DATE OF BIRTH	PROGRAM LICENSE NUMBER

**Acknowledgment:** By signing below, I confirm that:

- I am requesting eligibility for OPP-only be explored.
- I understand that this application does **not** serve as an application for Publicly Funded Child Care (PFCC).
- If I later choose to apply for PFCC, I will submit a new application.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Kettering City School District Preschool Options

Kettering City School District offers two preschool options for children ages 3-5 years old with priority given to 4 year olds:

## **Pathfinder Mentor Program**

8:00am-1:35pm

Monday-Friday

## **Integrated Mentor Program**

8:00am-10:30am OR 11:45am-2:15pm

Monday-Friday

The Pathfinders and Integrated Programs are taught by licensed Early Childhood Educators with a low student to teacher ratio. The programs offer a high-quality preschool education that focuses on academic and social preparation for entry into Kindergarten.

**BVT**

### **Beavertown Elementary School**

**2700 Wilmington Pike  
Kettering OH, 45419**

2 Integrated Classrooms

8:00am-10:30am

OR

11:45am-2:15pm



**GMT**

### **Greenmont Elementary School**

**1 E. Wren Circle  
Kettering OH, 45420**

1 Integrated Classroom

8:00am-10:30am

OR

11:45am-2:15pm



**IR**

### **Indian Riffle Elementary School**

**3090 Glengarry Drive  
Kettering OH, 45420**

3 Integrated Classrooms

8:00am-10:30am OR 11:45am-2:15pm

1 Pathfinders Classroom

8:00am-1:35pm



**JFK**

### **John F. Kennedy Elementary School**

**5030 Polen Drive  
Kettering OH, 45440**

1 Integrated Classroom

8:00am-10:30am OR 11:45am-2:15pm

1 Pathfinders Classroom

8:00am-1:35pm



**KECEC**

### **Kettering Early Childhood Education Center**

**2600 Holman Street  
Moraine, OH 45439**

3 Integrated Classrooms

8:00am-10:30am OR 11:45am-2:15pm

2 Pathfinders Classrooms

8:00am-1:35pm

\*Extended Day Option Available for An Additional Cost



**OV**

### **Oakview Elementary School**

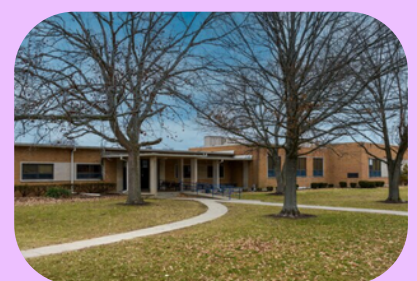
**4001 Ackerman Blvd  
Kettering, OH 45429**

1 Integrated Classroom

8:00am-10:30am

OR

11:45am-2:15pm



# PUTTING CHILDREN ON THE PATH TO SUCCESS

## 3 REASONS to join Preschool Promise!

1

### FREE RESOURCES TO SUPPORT LEARNING AT HOME

- Books-of-the-Month
- Play Kits supporting Kindergarten Readiness Skills
- Birthday card with a one-time free admission to Boonshoft Museum of Discovery

### FINANCIAL BENEFITS AT STAR-RATED PRESCHOOLS

- Tuition assistance may be available if your family is not eligible for FREE Preschool

2

### SERVING KETTERING FAMILIES SINCE 2014!



Apply Today!

3