

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<br>(    )            | Additional Phone Number<br>(    ) | E-mail Address |              |

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

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

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

## 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<br><i>(before taxes)</i> | How Often Received<br><i>(weekly, bi-weekly, etc)</i> | Date Last Received | Work or School Schedule<br><i>(please list times)</i>  |
|------|----------------|---|---|--------------------|--|
|      |                |   |   |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |   |   |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |   |   |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |   |   |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |   |   |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |

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

How Much?

Signature of Applicant

Date