

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 person completing the form):				
Relationship to child:				
First Name	Middle Initial	Last Name		
Address				Today's Date
City	State	Zip Code	County	
Phone Number	Additional Phone Number		E-mail Address	

Tell us about the people in your home:							
Name (First, Middle Initial, 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
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native /American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian / Pacific Islander					

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

Child 1		
What is the child's Home school district? _____		
Name _____		
(First)	Middle	Last
Child's Mother's Maiden Name	Child's City of Birth	Child's Social Security Number _____/_____/_____
Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Claymont Preschool 200 Jewett Ave Dennison, OH 44621	Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<ul style="list-style-type: none"> ● Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs ● Fri ● Sat <input checked="" type="checkbox"/> Mornings Drop off 7:35 am – 8:00 am <input checked="" type="checkbox"/> Afternoons ● Evenings Preschool day will begin at 8:00 am ● Weekends Pick up 2:15 pm – 2:40 pm

Child 2		
What is the child's Home school district? _____		
Name _____		
(First)	Middle	Last
Child's Mother's Maiden Name	Child's City of Birth	Child's Social Security Number _____/_____/_____
Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Claymont Preschool 200 Jewett Ave Dennison, OH 44621	Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<ul style="list-style-type: none"> ● Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs ● Fri ● Sat <input checked="" type="checkbox"/> Mornings Drop off 7:35 am – 8:00 am <input checked="" type="checkbox"/> Afternoons ● Evenings Preschool day will begin at 8:00 am ● Weekends Pick up 2:15 pm – 2:40 pm

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 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 or supply 2 consecutive paystubs of any income coming into the household.

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)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
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					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

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

How Much?

Signature of Parent/ Guardian completing form:

Date

***** By not completing this Application Form in its entirety, will result in a delay of processing your application.**

Office Use Only	
Child's Name:	
Application received on:	
Income verification provided on:	
Observation scheduled:	
Date called:	
Parent/ Guardian Name:	Phone #
Additional Notes:	

