

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 **(School Year 2021-2022) CLAYMONT CITY SCHOOL DISTRICT**

Tell us about you (the person completing the form):				
Relationship to child: <input type="checkbox"/> Mother/ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father / <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian _____				
First Name	Middle Initial	Last Name		
Address				Today's Date
City	State	Zip Code	County	
Phone Number	Spouse's Phone Number		E-mail Address	

Tell us about the people in your home:							
Name (First, Middle Initial, Last)	Relationship to You <i>(Spouse, son, friend, etc)</i>	Race	Hispanic Or Latino Y or N	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen Y or N
	SELF	<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					
	CHILD APPLYING FOR PRESCHOOL	<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					

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					
		<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					

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 Claymont Preschool/Primary 320 Trenton Avenue Uhrichville, OH 44683	Child's Needs Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	What hours/days do you need services? (i.e. child care or preschool) Check all that apply ● 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 2:30 pm – 2:50 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 Claymont Preschool/Primary 320 Trenton Avenue Uhrichville, OH 44683	Child's Needs Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	What hours/days do you need services? (i.e. child care or preschool) Check all that apply ● 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 2:30 pm – 2:50 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.

You must supply 2 consecutive paystubs of any income coming into the household dated February 1, 2021 or after.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, biweekly, 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 ____
					<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 ____
					<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

***** Required paperwork: Office Use Only**

- Birth Certificate Social Security
 Income Verification (provided on ___/___/___)

Application Received on
 ___/___/___

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