

Lake County Department of Job and Family Services

Application for Employment Related Child Care for Licensed Foster Parents and Approved Relative Placements.

In accordance with OAC 5101:2-47-17 (B) foster homes are eligible for assistance for employment related daycare assistance.

CARETAKER INFORMATION: (Complete each section)

Caregiver(s) Name: _____

Complete Address: _____

Telephone Numbers: _____ Home
_____ Work
_____ Cell

Childs Name: _____

Childs DOB: _____

Social Security #: _____

Childs Name: _____

Childs DOB: _____

Social Security #: _____

Childs Name: _____

Childs DOB: _____

Social Security #: _____

Employer Information for Parent #1

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Employer Information for Parent #2

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Parent #1

Parent #2

Days of Work	Hours of Work	Days of Work	Hours of Work
Monday	Begin _____ End _____	Monday	Begin _____ End _____
Tuesday	Begin _____ End _____	Tuesday	Begin _____ End _____
Wednesday	Begin _____ End _____	Wednesday	Begin _____ End _____
Thursday	Begin _____ End _____	Thursday	Begin _____ End _____
Friday	Begin _____ End _____	Friday	Begin _____ End _____
Saturday	Begin _____ End _____	Saturday	Begin _____ End _____
Sunday	Begin _____ End _____	Sunday	Begin _____ End _____

Child Care Provider:

The child care provider must be a licensed day care center or a licensed Type B in home provider.

Center Type B Home

Start Date: _____

Name : _____

Address: _____

Phone Number: _____

Director's Name: _____

Rights and Responsibilities:

You are responsible for giving complete and accurate information about yourself and family members. You must use child care only for those children who are eligible for services and only during the hours and days that are authorized with allowance for travel time. You must report to LCDJFS any change in employment hours which would affect this benefit. You must sign your child care provider's attendance roster verifying the hours and days that care was provided during the billing cycle. If the child leaves your care before the end of the billing cycle (usually the end of the month), contact the child care provider to arrange to sign the roster.

I/we give permission to the agency to contact my place of employment to verify my work schedule.

Signature of Caretaker #1

Date

Signature of Caretaker #2

Date

The above days and times of work have been documented in the family record.

Signature of Sub Care Worker

Date