Ohio Department of Job and Family Services
Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBLITY SCREENING TOOL

Tell us about you (the applicant)

First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ( )	Additional Phone Number ( )	E-mail Address	

Tell us about the people in your home

Name *(First, Middle, 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*
	Self	☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					
		☐ African American ☐ Alaska Native/American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander					

Child 1	Provider Name and Address	What hours/days do you need services? (i.e. child care or preschool) *Check all that apply*
Name		☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name		**What is the child's home school district?**
Child's City of Birth		

Special Needs

Is your child in need of special needs child care based on this definition?
"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

☐ Yes ☐ No

Child 2	Provider Name and Address	What hours/days do you need services? (child care or preschool) *Check all that apply*
Name		☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name		**What is the child's home school district?**
Child's City of Birth		

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☐ Yes ☐ No

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) *Check all that apply*
Name		☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends
Child's Mother's Maiden Name		**What is the child's home school district?**
Child's City of Birth		

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☐ Yes ☐ No

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** *(before taxes)*	**How Often Received** *(weekly, bi-weekly, etc)*	**Date Last Received**	**Work or School Schedule** *(please list times)*
					☐ Sun ____ ☐ Mon ____ ☐ Tues ____ ☐ Wed ____ ☐ Thurs ____ ☐ Fri ____ ☐ Sat ____
					☐ Sun ____ ☐ Mon ____ ☐ Tues ____ ☐ Wed ____ ☐ Thurs ____ ☐ Fri ____ ☐ Sat ____
					☐ Sun ____ ☐ Mon ____ ☐ Tues ____ ☐ Wed ____ ☐ Thurs ____ ☐ Fri ____ ☐ Sat ____
					☐ Sun ____ ☐ Mon ____ ☐ Tues ____ ☐ Wed ____ ☐ Thurs ____ ☐ Fri ____ ☐ Sat ____
					☐ Sun ____ ☐ Mon ____ ☐ Tues ____ ☐ Wed ____ ☐ Thurs ____ ☐ Fri ____ ☐ Sat ____

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

How Much?

Signature of Applicant	**Date**