

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
CHILD CARE APPLICATION FOR FOSTER CHILD**

Child's Name

Child's DOB

Child Care Provider to be Used: _____

Address: _____ Phone: _____ Email: _____

Foster Parent(s): _____

Address: _____ Home Phone: _____

Cell Phone(s): _____

Foster Mother's Place of Employment

Phone Number

Foster Father's Place of Employment

Phone Number

NOTE: The only hours billable to this program are when both foster parents are at work or are engaged in a required activity.

HOURS CHILD CARE IS NEEDED

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

VARIABLE HOURS? ☐ Yes ☐ No

RIGHTS AND RESPONSIBILITIES

- ☐ You must report to Tuscarawas County Job & Family Services any change in your work or any other change that would result in a change in your child care arrangements.
- ☐ You have the right to a state hearing before the Ohio Department of Job and Family Services if:
 - your application is denied but you believe you are eligible;
 - you are not told in writing within 30 days of the date you hand in your application whether or not you are eligible for child care assistance;
 - you do not agree with the type or amount of your benefits;
 - you are not told in writing the reason your benefits are to change.

Applicant's Signature (Foster Parent)

Date

Applicant's Signature (Foster Parent)

Date

AGENCY USE ONLY

Authorized Hours/Week: ☐ Part Time ☐ Full Time

Approval Period: _____

Approximate Cost: _____

☐ Part-Time ☐ Full-Time

Original Business Office
cc: Legal Department

Date