CHILD CARE VOUCHER APPLICATION

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Section A. This is to be completed by the employee. Please print or type

DAS use only
Returned
Reviewed by
Approved by
AGI
Benefit amt
Date paid

section A. This is to be <u>cc</u>		<u>oyee</u> . i lease print (1	Benefit amt
Print your employee ID number	in box:		I	Date paid
Print your last name in box:				
Print your first name in box:				
Print your street address:				
City		State		Zip
Home or cell phone ()	work phone	e (<u>)</u>	extension	on
In this area list up to four of you (the child must be under age		vork-related child care in	2011.	Fill in child's Date of Birth month / day / year
Full name of your 1 st child				
Full name of your 2 nd child				
Full name of your 3 rd child				
Full name of your 4 th child				
Fill in the box the total amount you paid for work-related child care expenses in 2011:				\$
By signing below, I certify upon RS tax return is true and accura				
Employee signature (above) 🛕	Date	of Signature	A
Section B – You must give	this form to your ag	ency payroll or per	sonnel offic	cer to complete
. Indicate the bargaining unit. If the these bargaining units, do not pro- applicant is not eligible.		This employee was in a bargaining unit represented by: ○ AFSCME ○ District 1199 ○ This employee is exempt ○ Works for AGO		
 If the employee is not full-time or pare usually not eligible. 	part-time permanent, they	Appointment Type: O Full-time O Part-time O Other		
Did the employee have a spouse as of Dec. 31, 2011? Please check in OAKS to see if a spouse was/is listed as a dependent. Was the employee married as of December 31, 2011? Yes ONO				
 Fill in the OAKS COMBO CODE to from which your agency will pay the voucher. Caution: some federal for paying the voucher. Please check 	ne employee's child care unds cannot be used for	care d for		
5. Sign and date the form below, whi	ch indicates your approval.			
certify the above information i	s accurate and that I have	e verified it.		
(
Signature of Payroll or Person	<u>nnel Officer</u>	Date of signature	Phone nur	mber & ext

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Section C. This section is to be <u>completed by the childcare provider</u>(s) or you may submit a copy of a form 1099 or a receipt from the provider, which shows the following information:

Instructions to the provider(s).

- 1. Please print clearly the address where you provided care.
- 2. Only include dates when you provided care in 2011.
- 3. Sign this form only if the state employee named in Section A paid you.

Provider 1: Print your	name or the name of the day care center who provided care:	rederal Tax I.D.		
Street address		Telephone number ()		
City	State Zip	Dates care provided in 2011		
		From through		
Child's name:				
I certify the above informa	ation is accurate and that I have complied with all laws	s and regulations regarding childcare in my state.		
X				
Provider 1 signatu	re (above) ▲	Date of signature ▲		
Provider 2: Print your	name or the name of the day care center who provided care:	Federal Tax I.D.		
Street address		Telephone number		
City	State Zip	Dates care provided in 2011		
		From through		
Child's name:				
I certify the above information is accurate and that I have complied with all laws and regulations regarding childcare in my state.				
Provider 2 signatur	re (above) 🛕	Date of signature ▲		

To the state employee: Attach a copy of your Federal IRS tax return.

Note: If you were married as of December 31, 2011 you <u>must</u> submit either a joint tax return or a tax return for each of you if filed separately. Be sure to include your spouse's occupation or write unemployed, disabled or fulltime student with your spouse's signature. If your spouse did not earn enough to be required to complete an IRS tax return, you may submit a copy of all W-2 forms, showing wages earned.

By April 17, 2012, mail or deliver the completed application form with both pages and your US income tax return attached (Federal Form 1040 or Form 1040A) to:

Department of Administrative Services Human Resources Division HR Operations – Benefits Support Team ATTN: Child Care Voucher Program 30 E. Broad St., 28th Floor Columbus, OH 43215

Note: Any applicant submitting fraudulent information may be subject to discipline and/or criminal prosecution.