CHILD CARE VOUCHER APPLICATION

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

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

Print your State of Ohio user ID number in box: | | | | | | | | |

Print your last name in box: | | | | | | | | | | | | | | | | | | | | | |

Print your first name in box: | | | | | | | | | | | | | | | | | | | | | |

Print your mailing address: _____

City _____ State _____ Zip _____

Phone no. (_____) _____

In this area, list up to four of your children who received work-related child care in 2014. (the child must be under age 13 in 2014)	Fill in child's Date of Birth month / day / year
Full name of your 1st child	___/___/___.
Full name of your 2nd child	___/___/___.
Full name of your 3rd child	___/___/___.
Full name of your 4th child	___/___/___.
Enter the total amount you paid for work-related child care expenses in 2014:	$ _____

By signing below, I certify upon penalty of perjury that the information on this application and the attached federal IRS tax return is true and accurate and that I understand the requirements of the Child Care Voucher Plan.

X_____

Employee signature (above) ▲ **Date of Signature ▲**

Section B – You must give this form to your agency payroll representative to complete

1. *Indicate the bargaining unit. If the employee is not in one of these bargaining units or exempt, do not process any further. The applicant is **not** eligible.*	This employee was in a bargaining unit represented by: ○ AFSCME/OCSEA ○ SEIU/District 1199 ○ AGO BU45 ○ This employee is exempt
2. *If the employee is not full-time or part-time permanent, do not process any further. The applicant is **not** eligible.*	Appointment Type: ○ Full-time ○ Part-time ○ Other
3. *Did the employee have a spouse as of Dec. 31, 2014?*	Was the employee married as of December 31, 2014? ○ Yes ○ No
4. *Fill in the OAKS COMBO CODE to indicate the account from which your agency will pay the employee's child care voucher. Caution: some federal funds cannot be used for paying the voucher. Please check with your fiscal office.*	COMBO CODE: _____

5. *Sign and date the form below, which indicates your approval.*

I certify the above information is accurate and that I have verified it.

X_____

Signature of agency HR – Payroll representative **Date of signature** **Phone number & ext**

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Section C. This section is to be completed by the childcare provider(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 the care was provided.
2. Only include dates when care was provided in 2014.
3. Sign this form; the state employee named in Section A cannot sign in place of the provider.

Provider 1: Print the name of the day care provider (individual or business):			Federal Tax I.D.
Street address			Telephone number ( )
City	State	Zip	Dates care provided in **2014** 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. X_____ **Provider 1 signature (above)** ▲ **Date of signature** ▲			

Provider 2: Print the name of the day care provider (individual or business):			Federal Tax I.D. - -
Street address			Telephone number
City	State	Zip	Dates care provided in **2014** 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. X_____ **Provider 2 signature (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, 2014 you must submit either a joint tax return or a tax return for each individual filing separately. Be sure to include your spouse's occupation or write unemployed or disabled beside 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.

Mail or deliver the completed application form with both pages and your US income tax return attached (Federal Form 1040 or Form 1040A) by April 15, 2015 to:

Department of Administrative Services
Human Resources Division
HR Operations – HCM Benefits
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.

Note: faxed forms will not be accepted – original signatures of all parties are required