

Ohio Department of Job and Family Services
APPLICATION FOR LICENSED TYPE B HOME

Section I - To Be Completed by County Department of Job and Family Services (CDJFS)		
Home Telephone Number	Mobile Telephone Number	Submit this Application to (<i>CDJFS name and address</i>):
Name of CDJFS staff		
Status of Application:		
<input type="checkbox"/> Date Application Submitted	<input type="checkbox"/> Date BCII/FBI Checks Submitted <input type="checkbox"/> Date BCII Results Received <input type="checkbox"/> Date FBI Results Received	<input type="checkbox"/> Date Provider Agreement Completed
<input type="checkbox"/> Date PCSA Request Submitted	<input type="checkbox"/> Date PCSA Results Received	
<input type="checkbox"/> Date Initial Inspection Completed	<input type="checkbox"/> Date Certificate Issued <input type="checkbox"/> Date License Recommended <input type="checkbox"/> Date License Issued	<input type="checkbox"/> Date Application Denied

The information in Section II through Section V will give us an idea of the types of services you may be able to provide. However, your answers to these questions will not be taken as a final commitment. The CDJFS staff will discuss this information with you.

Section II - General Information			
Name of Applicant	Birth Date	Social Security Number	E-Mail Address (<i>required</i>)
Address	Previous Last Names of Applicant		Telephone Number
City, State, and Zip Code	What is your educational level?		
Which children are you willing to care for?	<input type="checkbox"/> High School Graduate Date _____ <input type="checkbox"/> GED Diploma Date _____ <input type="checkbox"/> College Graduate Date _____ Degree _____		
<input type="checkbox"/> Infants (0-18 months) <input type="checkbox"/> Toddlers (18-36 months) <input type="checkbox"/> Preschool children <input type="checkbox"/> School children <input type="checkbox"/> Children with special needs	How many of your own children are under the age of six?		
When do you prefer to care for children?	Name: Age:		
<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight	How many children other than your own are you caring for at this time?		
	List their names and ages:		

Are you presently employed inside or outside your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the chart below.		
Name of Employer	City	
Address	State	Zip Code

Position	Day Working	Time of Work	Hours Worked Per Day
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
Are you currently receiving OWF benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a specialized care foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you caring for foster children at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list their name and age	
Name of foster care worker(s) and agency(ies)			
Have you previously been certified or licensed or are you currently certified or licensed as a child care provider by the Ohio Department of Job and Family Services (ODJFS) or any CDJFS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list			
Do you have a swimming pool or open body of water 18 inches or deeper at your residence? If yes, it shall be inaccessible to children. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section III - Training and Experience			
Have you had any formal training in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete this chart			
Year Completed	Name of Course	Certificate, Diploma or Credential Received	
Summarize your previous experience in caring for children and/or in child care related employment and indicate the length of the experience.			

Section IV - List the people living in your home, including children, foster children, relatives and boarders

First and Last Name	Social Security Number	Birth Date	Relationship to Applicant

Please show that you have or are willing to provide the following:

- Evidence of physical examination as required by certification rule 5101:2-14-02 Yes No
- A working telephone Yes No
- A complete first aid kit Yes No
- A working smoke detector and carbon monoxide detector in the basement and on each level Yes No
- A stove or microwave and refrigerator in working order Yes No
- Meals and snacks for the children receiving care Yes No
- A separate crib or playpen for each infant receiving care Yes No
- A bed, sofa, cot, pad or mat for each toddler, preschooler or school age child who rests Yes No
- Evidence of laboratory approval of your water supply (for nonpublic water systems only) Yes No
- DATE _____
- An approved, portable fire extinguisher Yes No
- Childproof protective covers for electrical outlets Yes No
- A smoke-free environment Yes No
- Information necessary to perform a BCII and an FBI criminal records check on you, other adult residents in your home, emergency/substitute caregivers and employees Yes No
- Information necessary for the PCSA to conduct an abuse and neglect registry search on you and other adult residents in your home Yes No

Section VI - Signature

- I am physically, intellectually and emotionally capable of complying with Chapter 5101:2-14 of the Ohio Administrative Code and can perform all activities related to child care.
- I agree to complete the required documents by logging onto the ODJFS Provider Portal at: <http://jfs.ohio.gov/cdc/childcare.stm>
- I understand that the submission of these documents through the Provider Portal must be completed before I provide any publicly funded child care services and that these forms are necessary in order for ODJFS to reimburse me for providing publicly funded child care services in my home.
- I understand that approval of this application is based on the information I have provided and information obtained during a home inspection. Any false or misleading statements made on this application may be grounds for denial of my application or revocation of my license. To the best of my knowledge the information I have given is true and correct.

My signature below means that I have read and agree to the terms of this application.

Signature of Applicant

Date

This form is used to meet the requirements of chapter 5101:2-14 of the Administrative Code.