CHILD CARE VOUCHER APPLICATION

(PAGE 1 OF 2)

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

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

Print your employee ID number in box: | | | | | | | | |

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 (_____)_____ extension _____

In this area list up to four of your children who received work-related child care in 2010. (the child must be under age 13 in 2010)	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	___/___/___.
Fill in the box the total amount you paid for work-related child care expenses in 2010:	$ _____

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 or personnel officer to complete

1. *Indicate the bargaining unit. If the employee is not in one of these bargaining units, do not process any further. The applicant is **not** eligible.*	This employee was in a bargaining unit represented by: ○ AFSCME ○ District 1199 ○ This employee is exempt ○ Works for AGO
2. *If the employee is not full-time or part-time permanent, they are **usually not** eligible.*	Appointment Type: ○ Full-time ○ Part-time ○ Other
3. *Did the employee have a spouse as of Dec. 31, 2010? Please check in OAKS to see if a spouse was/is listed as a dependent.*	Was the employee married as of December 31, 2010? ○ 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 Payroll or Personnel Officer **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 you provided care.
2. Only include dates when you provided care in 2010.
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:	Federal Tax I.D.
Street address	Telephone number ( )
City State Zip	Dates care provided in **2010** 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 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 **2010** 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, 2010 you must 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 15, 2011, 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.

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