



CHILD CARE CRED PROGRAM: APPLICATION

This Child Care Cred Program Application outlines the terms of participation between the employer, employee, and child care program in the Child Care Cred Program, established by House Bill 96, passed by Ohio's 136th General Assembly and administered by the Department of Children and Youth (DCY). The program is designed to make child care more affordable for working families by sharing costs among employees, employers, and—when funding allows—the state. The program advances three key goals:

- Supporting employers in attracting and retaining a skilled workforce
- Assisting employees with the financial burden of child care
- Sustaining the operations of child care programs across Ohio

Eligible families must have household incomes between 200% and 400% of the federal poverty level, adjusted for household size. Eligibility is subject to verification and continued compliance with program guidelines. Under the cost-sharing model, employees contribute 40% of monthly child care expenses, employers contribute another 40%, and DCY covers the remaining 20%, as funding allows through June 30, 2026. Below outlines income guidelines by family size:

Family Size	Monthly Income must be above (200% FPL)	Monthly Income must be below (400% FPL)
2	\$3,525	\$7,050
3	\$4,442	\$8,884
4	\$5,359	\$10,717
5	\$6,275	\$12,550
6	\$7,192	\$14,384
7	\$8,109	\$16,217
8	\$9,025	\$18,050

1. Employer [Please enter the following information.]

Employer Name	
Street Address	
City	
State	
Zip Code	
Federal Tax Identification Number	
Contact First & Last Name	
Contact Telephone Number	
Contact Email Address	

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2. Employee [Please enter the following information.]

Employee First & Last Name	
Street Address	
City	
State	
Zip Code	
Contact Telephone Number	
Contact Email Address	
Child(ren) First, Last Name & Date of Birth	
Household Monthly Income	

3. Child Care Program [Please enter the following information.]

Child Care Program Name	
Street Address	
City	
State	
Zip Code	
Child Care Program License Number	
Contact First & Last Name	
Contact Telephone Number	
Contact Email Address	
Child Care Monthly Tuition Cost by Child	

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ACKNOWLEDGEMENT & COMMITMENT

1. Employer [Please attest and check the following information.]

<input type="checkbox"/>	Employer is based in Ohio.
<input type="checkbox"/>	Employer agrees to pay 40% of the monthly child care costs for the abovementioned employee and employee's child(ren) as listed in this application through June 30, 2026.
<input type="checkbox"/>	Employer agrees to report any employee status changes (income, employment status, etc. to the Department of Children and Youth).
<input type="checkbox"/>	By signing, employer represents and warrants the information provided on this application is true and accurate. Employer acknowledges and agrees that if the Department finds the employer, employee, or child care program has committed fraud, misrepresentation, or deception in applying to participate in the Child Care Cred Program, including but not limited to the employee's household income eligibility, the Department may immediately terminate the employer, employee, or child care program from participating in the Program and may pursue any other penalties and remedies permitted by law, including but not limited to repayment of funds.
Employer Contact First & Last Name	
Employer Contact Title	
Employer Contact Signature	
Date Signed	

2. Employee [Please attest and check the following information.]

<input type="checkbox"/>	Employee lives in Ohio and has a household income between 200% and 400% of the federal poverty level, based on family size.
<input type="checkbox"/>	Employee agrees to pay 40% of the monthly child care costs for the abovementioned employee and employee's child(ren) as listed in this application through June 30, 2026.
<input type="checkbox"/>	Employee agrees to report any employee status changes (income, employment status, child care monthly tuition cost etc. to the Department of Children and Youth).
<input type="checkbox"/>	By signing, employee represents and warrants the information provided on this application is true and accurate. Employee acknowledges and agrees that if the Department finds the employee, employer, or child care program has committed fraud, misrepresentation, or deception in applying to participate in the Child Care Cred Program, including but not limited to the employee's household income eligibility, the Department may immediately terminate the employee, employer, or child care program from participating in the Program and may pursue any other penalties and remedies permitted by law, including but not limited to repayment of funds.
Employee Contact First & Last Name	
Employee Contact Title	
Employee Contact Signature	
Date Signed	

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3. Child Care Program [Please attest and check the following information.]

<input type="checkbox"/>	Child Care Program is a child care center, preschool, school age child program, licensed under Chapter 5104 of the Ohio Revised Code or certified by a county department of job and family services under section 5104.12 of the Ohio Revised Code.
<input type="checkbox"/>	Child Care Program has confirmed the monthly child care costs for the abovementioned employee and employee's child(ren) as listed in this application through June 30, 2026.
<input type="checkbox"/>	Child Care Program agrees to report any employee status changes (income, employment status, child care monthly tuition cost etc. to the Department of Children and Youth).
<input type="checkbox"/>	By signing, the child care program represents and warrants the information provided on this application is true and accurate. The child care program acknowledges and agrees that if the Department finds the child care program, employee, or employer has committed fraud, misrepresentation, or deception in applying to participate in the Child Care Program, including but not limited to the employee's household income eligibility and the actual Child Care Monthly Tuition Cost, the Department may immediately terminate the child care program, employee, or employer program from participating in the Program and pursue any other penalties and remedies permitted by law, including but not limited to repayment of funds.
Child Care Program Contact First & Last Name	
Child Care Program Contact Title	
Child Care Program Contact Signature	
Date Signed	

The Department of Children and Youth's share of the child care cost for eligible participants under the Child Care Cred Program is subject to available funds. If funding for the Program becomes unavailable, the Department's obligations immediately terminate.

Please email completed application with signatures of employer, employee, and child care program to direct to the Child Care Cred Program to childcarecred@childrenandyouth.ohio.gov.

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