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	
Reviewed by	
Returned	
Approved	
AGI	
Benefit amt	
Date paid	

Print your State of Ohio user ID number in box:	Be	nefit amt te paid		
Print your last name in box:				
Print your first name in box:				
Print your mailing address:				
Phone no. ()		γ		
In this area, list up to four of your children who received work-related childcare in 2022. (the child must be under age 13 in 2022) Fill in Date month				
Full name of your 1 st child	<u> </u>			
Full name of your 2 nd child	<u> </u>			
Full name of your 3 rd child	<u> </u>			
Full name of your 4 th child				
Enter the total amount you paid for work-related child care expe	\$			
By signing below, I certify upon penalty of perjury that the ir RS tax return is true and accurate and that I understand the	nformation on this application and the requirements of the Child Care Vouch	attached federal er Plan.		
X				
Section B – You must give this form to your agency payroll representative to complete				
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 <u>not</u> eligible.	This employee was in a bargaining u O AFSCME/OCSEA O SEIU/Dis O OSTA 1 & 15 O AGO BU45 O This emp			
2. If the employee is not full-time or part-time permanent, do not process any further. The applicant is not eligible.	Appointment Type: O Full-time O Part-time	noyee to exempt		
3. Did the employee have a spouse as of Dec. 31, 2022?	Was the employee married as of Dec	ember 31, 2022?		
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

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

Federal Tax I.D

Telephone number

Dates care provided in 2022

Date of signature

Instructions to the provider(s).

Street address

City

1. Please print clearly the address where the care was provided.

State

2. Only include dates when care was provided in 2022.

Provider 1: Print the name of the day care provider (individual or business):

Sign this form; the state employee named in Section A cannot sign in place of the provider.

Zip

		From through
Child's name:		
certify the above informa	tion is accurate and that I have complied wit	h all laws and regulations regarding childcare in my state.
Provider 1 signature (above) ▲		Date of signature ▲
Provider 2: Print the na	me of the day care provider (individual or busines	s): Federal Tax I.D.
Street address		Telephone number
City	State Zip	Dates care provided in 2022
		Fromthrough
Child's name :		

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

Provider 2 signature (above)

Note: If you were married as of December 31, 2022 you <u>must</u> 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 the completed application form with both pages and your US income tax return attached (Federal Form 1040 or Form 1040A) by April 17, 2023 to:

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

Department of Administrative Services State Human Resources Division ATTN: Child Care Voucher Program 30 E. Broad St., 40th Floor Columbus, OH 43215

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