

CHILD CARE VOUCHER APPLICATION

(PAGE 1 OF 2)

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:

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Print your last name in box:

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Print your first name in box:

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Print your mailing address: _____

City _____ State _____ Zip _____

Phone no. () _____

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 child's Date of Birth month / day / year
Full name of your 1 st child	____ / ____ / ____
Full name of your 2 nd child	____ / ____ / ____
Full name of your 3 rd child	____ / ____ / ____
Full name of your 4 th child	____ / ____ / ____
Enter the total amount you paid for work-related child care expenses in 2022:	\$ _____

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: <input type="radio"/> AFSCME/OCSEA <input type="radio"/> SEIU/District 1199 <input type="radio"/> OSTA 1 & 15 <input type="radio"/> AGO BU45 <input type="radio"/> 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: <input type="radio"/> Full-time <input type="radio"/> Part-time
3. Did the employee have a spouse as of Dec. 31, 2022?	Was the employee married as of December 31, 2022? <input type="radio"/> Yes <input type="radio"/> 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

