

**WASHINGTON COUNTY
DEPARTMENT OF JOB AND FAMILY SERVICES**

**P. O. BOX 2005
1115 GILMAN AVENUE
MARIETTA, OHIO 45750**

Phone: (740) 373-5513
Fax: (740) 373-9790

**CLIENTS RIGHTS AND RESPONSIBILITIES
(CHILD CARE)**

1. Right to apply for child care services and have eligibility determined within thirty days.
2. Right to request a fair hearing if the consumer is not in agreement with any action or lack of action on the part of the county Department of Job and Family Services.
3. Responsibility to report to the Department of Job and Family Services within ten days any information that may affect eligibility for child care, including but not limited to household composition changes, employment day/hour/wage changes, changes in school, schedules, income changes such as worker's compensation, unemployment compensation, social security, inheritances, lottery or bingo winnings.
4. Responsibility to provide documentation to substantiate eligibility.
5. Responsibility to pay to the child care provider all fees assessed by the agency.
6. Right to be advised of the eligibility requirements for child care services.
7. Right to safeguarding of information reported by or about the consumer.

PLEASE BE ADVISED THAT FAILURE TO MEET RESPONSIBILITIES ADDRESSED ABOVE COULD CONSTITUTE "RECIPIENT FRAUD".

Recipient fraud may result in:

- a. Repayment of child care benefits which the caretaker parent received but for which the caretaker was not eligible; or
- b. Penalty of fine, imprisonment, and or court-ordered restitution if convicted of fraudulently receiving child care benefits for which the caretaker parent was not eligible.

CHILD CARE RECIPIENT FRAUD IS THE WILLFUL WITHHOLDING OR FALSIFICATION OF INFORMATION OR THE WILFUL MISUSE OF CHILD CARE SERVICES, AND AS A RESULT THE CARETAKER PARENT RECEIVED CHILD CARE BENEFITS FOR WHICH THE CARETAKER PARENT WAS NOT ELIGIBLE.

"Recipient Fraud" may include any or all of the following:

- a. Providing false information.
- b. Failing to report changes affecting eligibility.
- c. Using child care services for hours when the caretaker parent is not employed, or in training.
- d. Using with the intent to defraud child care services during hours and/or for purposes not authorized by the agency.
- e. Knowing and with intent to defraud using child care services for an ineligible child.

I HAVE READ AND UNDERSTAND THE ABOVE:

Recipient/Consumer: _____

Date: _____

Witness: _____

Date: _____

Income Sources

Name: _____

SSN# _____

Date: _____

Please list all income and payments received by your family:

<u>Type of Income</u>	<u>Amount</u>	<u>How often you are paid</u>
Gross Salaries or wages	_____	_____
Self Employment Income	_____	_____
Net Farm Income	_____	_____
Stipends	_____	_____
Training Allowances	_____	_____
Unemployment	_____	_____
Workers Compensation	_____	_____
Alimony	_____	_____
Child Support	_____	_____
OWF	_____	_____
DA Benefits	_____	_____
Food Stamps	_____	_____
Emergency/Assistance	_____	_____
Dividends/Interest	_____	_____
Estate/Trust Fund	_____	_____
Grants/Scholarship	_____	_____
Union Funds/Pensions	_____	_____
Disability/Sick Benefits	_____	_____
Retirement Benefit	_____	_____
Social Security	_____	_____
SSI	_____	_____
Black Lung Disability	_____	_____
Railroad Retirement	_____	_____
VA Benefits	_____	_____
HEAP Payment	_____	_____
HUD Payment	_____	_____
Other cash/non-cash	_____	_____
Other help (please list below)	_____	_____

Washington County Dept. Of Job & Family Services

1115 Gilman Ave. , P.O. Box 2005

Marietta, Ohio 45750

Ph. (740) 373-5513

Fax (740) 373-9790

Complete the information below for **each** child living in your household

Child's Name: _____

Name of absent parent: _____

Is absent parent paying support? YES NO (if yes, we will need verification)

Child's Name: _____

Name of absent parent: _____

Is absent parent paying support? YES NO (if yes, we will need verification)

Child's Name: _____

Name of absent parent: _____

Is absent parent paying support? YES NO (if yes, we will need verification)

Child's Name: _____

Name of absent parent: _____

Is absent parent paying support? YES NO (if yes, we will need verification)

IMPORTANT REMINDER

Don't forget that you must report to us any changes in your support status, household composition or other changes within 10 days.

Print Name: _____

Signature: _____

Date: _____