

APPLICATION FOR PROFESSIONAL TYPE B HOME AND IN-HOME AIDE CERTIFICATION

Section I To Be Completed by County Agency		Submit this Application to (<i>County Agency Name and Address</i>):	
Telephone Number			
Name of County Child Care Contact			
Status of Application:			
<input type="checkbox"/> Date Application Submitted	<input type="checkbox"/> Date BCII/FBI Checks Submitted <input type="checkbox"/> Date BCII Results Received <input type="checkbox"/> Date FBI Results Received	<input type="checkbox"/> Date Provider Agreement Completed	
<input type="checkbox"/> Date PCSA Request Submitted	<input type="checkbox"/> Date PCSA Results Received		
<input type="checkbox"/> Date Initial Inspection Completed	<input type="checkbox"/> Date Certificate Issued	<input type="checkbox"/> Date Application Denied	

The information in Section II through Section V will give us an idea of the types of services you may be able to provide. However, your answers to these questions will not be taken as a final commitment. The county agency worker will discuss this information with you.

Section II - General Information			
Name of Applicant	Birth Date	Social Security Number	E-Mail Address (<i>required</i>)
Address	Previous Last Names of Applicant		Telephone Number
City, State, and Zip Code	What is your educational level?		
Which children are you willing to care for? <input type="checkbox"/> Infants (0-18 months) <input type="checkbox"/> Toddlers (18-36 months) <input type="checkbox"/> Preschool children <input type="checkbox"/> School children <input type="checkbox"/> Children with special needs When do you prefer to care for children? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight	<input type="checkbox"/> High School Graduate Date _____		
	<input type="checkbox"/> GED Diploma Date _____		
	<input type="checkbox"/> College Graduate Date _____		
	How many of your own children are under the age of six?		
	How many children other than your own are you caring for at this time? List their ages:		

Are you presently employed inside or outside your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the chart below.			
Name of Employer		City	
Address		State	Zip Code
Position	Day Working	Time of Work	Hours Worked Per Day
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat		

Are you currently receiving OWF benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a specialized care foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you caring for foster children at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list their names

Name of foster care worker(s) and agency(ies)

Have you previously been certified or are you currently certified as a child care provider by any county Department of Job and Family Services? Yes No If yes, please list

Do you have a swimming pool or open body of water 2 feet or deeper at your residence?
 Yes No

Section III - Training and Experience

Have you had any formal training in child care? Yes No If yes, complete this chart

Year Completed	Name of Course	Certificate, Diploma or Credential Received

Summarize your previous experience in caring for children and/or in child care-related employment and indicate the length of the experience.

Section IV - List the people living in your home, including children, foster children, relatives and boarders.

First and Last Name	Social Security Number	Birth Date	Relationship to Applicant

Please show that you have or are willing to provide the following:

Evidence of physical examination as required by certification rules	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A working land line telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A complete first aid kit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A working smoke detector and carbon monoxide detector in the basement and on each level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A stove or microwave and refrigerator in working order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meals and snacks for the children receiving care	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A separate crib for each infant receiving care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A bed, sofa, cot, pad or mat for each toddler, preschooler or school age child who rests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of laboratory approval of your water supply (for nonpublic water systems only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE _____		
An approved, portable fire extinguisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Childproof protective covers for electrical outlets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A smoke-free environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information necessary to perform a BCII and an FBI criminal records check on you, other adult residents in your home and emergency/substitute caregivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information necessary for the PCSA to conduct an abuse or neglect registry search on you and other adult residents in your home	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section VI - References

If you do not have at least three child care or employer references, list three references from persons **who are not related to you** who can speak to your ability to care for children. The county agency cannot approve your application without first contacting your references. The county agency may contact references by mail, therefore you must show complete names and addresses below.

Name of Reference		Name of Reference		Name of Reference	
Address		Address		Address	
City		City		City	
State	State	State	State	State	Zip Code
Telephone Number		Telephone Number		Telephone Number	

- I am physically, intellectually and emotionally capable of complying with Chapter 5101:2-14 of the Ohio Administrative Code and can perform all activities related to child care.
 - I agree to complete the required documents by logging onto the ODJFS Provider Portal at: <http://jfs.ohio.gov/cdc/childcare.stm>
 - I understand that the submission of these documents through the Provider Portal must be completed before I provide any publicly funded child care services and that these forms are necessary in order for ODJFS to reimburse me for providing publicly funded child care services in my home.
 - I understand that approval of this application is based on the information I have provided and information obtained during a home inspection. Any false or misleading statements made on this application may be grounds for denial of my application. To the best of my knowledge the information I have given is true and correct.
- My signature below means that I have read and agree to the terms of this application.**

Signature of Applicant	Date
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This form is used to meet the requirements of chapter 5101:2-14 of the Administrative Code.