Ohio Department of Job and Family Services

PUBLICLY FUNDED CHILD CARE RELEASE OF INFORMATION

Caretaker Name	Child's Name	Phone Number	
Street Address	City	State	Zip
Caretaker Email *(must be email you used in the SSP, if you have an SSP account)*		Last four digits of Caretaker SSN	

REASON FOR THE CONSENT TO RELEASE INFORMATION

This consent gives permission for the county department of job and family services (CDJFS)/Ohio Department of Job and Family Services (ODJFS) to release publicly funded child care application information to the identified child care provider.

You are not required to complete this form to be eligible for publicly funded child care.

A child care provider cannot require you to complete this form as part of their enrollment process and/or to receive child care.

CONSENT TO RELEASE INFORMATION

Reason for Consent

I _____ understand that by signing this that the provider(s) has access to my information until the access is revoked by me or my authorized representative even if I'm no longer attending that program.

- Primary caretaker first and last name, address and phone number
- First and last name and date of birth of children needing care.
- Application information:
  - Application status, including denied without PAD (payment after denial) and pending application.
  - Verification documents needed.
  - Eligibility begin and end date.
  - Authorization information

This information may be released to:

Provider 1 Name	ESC of Lake Erie West Early Childhood Program at Monclova	Provider 2 Name	
Program License Number	1170015849	Program License Number	
Provider Address	8035 Monclova Rd. Monclova, OH 43542	Provider Address	

- This document can be submitted using one of the following methods:
  1. Uploaded into the Self-Service Portal (SSP) by accessing your benefit https://ssp.benefits.ohio.gov/
  2. Submitted to the caretakers' county agency.

- This consent will remain in effect for eighteen months from the date of application for pending and denied child care applications or may be revoked by the Caretaker or Caretaker's Authorized Representative at any time by providing notice in writing, which must include your name and case number using one of the following:
  - Uploaded into the Self-Service Portal (SSP) by accessing your benefit https://ssp.benefits.ohio.gov/
  - Submitted to the caretakers' county agency.

- By signing this form, I am responsible for terminating the listed provider(s) access to the information listed on this form.

- Be aware that the information used or disclosed pursuant to this authorization may be disclosed by the recipient of the information and may no longer be protected from disclosure.

- Treatment, payment, enrollment, or eligibility for public assistance cannot be conditioned on signing this authorization unless the authorization is necessary for determining eligibility for the public assistance program.

- Pursuant to federal and state law, and applicable policies the ODJFS may access and disclose information contained in systems controlled or maintained by the ODJFS or controlled and maintained for the benefit of the ODJFS.

Signature of Caretaker or Caretaker's Authorized Representative listed in Ohio Benefits	Date

Once complete, please return document to Terri Mabrey in person or via email at tmabrey@esclakeeriewest.org or call 419-473-2237 with any questions.