

## IMPORTANT NOTICE REGARDING CHILD CARE CO-PAYMENTS

- 1) As indicated in the Child Care Parent Responsibilities Sheet (Item #4), you may be required to pay a co-payment. The weekly co-payment is your share of the total weekly amount to be paid to the provider. Ohio Department of Job and Family Services pays the balance due. The co-pay is based upon the caretaker's gross income and family size.
- 2) You must pay your co-payment to the child care provider/center, not to the agency.
- 3) The co-payment is a weekly amount and does not depend on how many days during the week you use child care, nor when you first begin or stop using child care. The co-payment is based upon gross monthly income and family size.
- 4) The co-payment is due each week that child/children receive child care. The co-payment begins the day child care services begin. Caretaker owes the whole co-pay amount no matter when during the week the child/children begin care **unless** the actual cost of care is less than the co-pay amount. In that case, the cost of care is the only amount owed for the week.

Example: Co-pay is \$50. You use one day of care in the week, and the actual cost is \$21.25. You would only owe the amount of \$21.25, not the whole weekly co-pay of \$50.

Co-payments are not pro-rated based upon the number of days/hours that care is provided.

- 5) If you do not pay your co-payment, we can propose to terminate your child care benefits. If you provide a written, signed and dated statement from the provider/center that you have paid the delinquent co-payment or that arrangements have been made to pay the delinquent co-payment, we will not terminate your benefits. If you arrange to make payments, you must verify that these payments continue to be made in addition to your ongoing co-payment, until the balance is paid.

If your benefits end and you have delinquent co-payments, the Department of Job and Family Services will not be able to approve a new application in any county, until those delinquent co-payments have been paid or written arrangements made with the provider/center.

I have read and understand the above regulations regarding co-payments.

Parent/Caretaker Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_