Ohio Department of Job and Family Services

PUBLICLY FUNDED CHILD CARE
REQUEST FOR OHIO ECC PAYMENT ADJUSTMENT

☐ **COUNTY REQUEST** ☐ **PROVIDER REQUEST**

County Department of Job and Family Services: send this form to child_care_adjustment@jfs.ohio.gov . Providers: send this form to the County Department of Job and Family Services.

SECTION I. PROVIDER AND CASE INFORMATION

Provider Name	Provider ID Number	Authorization Number
Caretaker First Name	Caretaker Last Name	Case Number *(10 digits)*
Child First Name	Child Last Name	Child ID Number *(12 digits)*
Service Week/Period *(MM/DD/YYYY - MM/DD/YYYY)* -	Settlement Date (*MM/DD/YYYY*)	

SECTION II. REASON FOR REQUEST *(only submit request if payment is being changed. You must use one form for each week.)*

Reason for the request *(check one)*

☐ Swipe error (No new attendance) ☐ Authorization change ☐ Caretaker withdrew without notice (attendance record required)

☐ Manual Claim Error (County request only)

Describe the reason for this request

SECTION III. ATTENDANCE DURING SERVICE WEEK/PERIOD

Attendance *(enter in and out time, including hours and minutes with **AM** or **PM** indicator)*

Enter Sunday Begin Date: ___________ *(MM/DD/YYYY)* for the service/week period of attendance you are submitting

Day of Week	Time in *(HH:MM)* check AM/PM	Time out *(HH:MM)* check AM/PM	Time in *(HH:MM)* check AM/PM	Time out *(HH:MM)* check AM/PM
Sunday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**
Monday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**
Tuesday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**
Wednesday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**
Thursday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**
Friday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**
Saturday	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**	☐ **AM** ☐ **PM**

SECTION IV. SIGNATURES *(By signing below, I agree that my child was in care at this provider during the dates and times entered above)*

Caretaker Signature	Date Caretaker Signs *(MM/DD/YYYY)*
Caretaker Name *(please print)*	Phone Number of Caretaker

(By signing below, I agree that I provided care to this child at this provider during the dates and times entered above)

Provider/Designee Signature	Date Provider/Designee Signs *(MM/DD/YYYY)*
Provider/Designee Name *(please print)*	Phone Number of Provider/Designee

The total payment amount is subject to payment rules and procedures required by the Ohio Department of Job and Family Services. The provider must submit this completed form to the County Department of Job and Family Services to request a payment adjustment. This form must be received or post marked **no later than 7 weeks from the last day of the week of service being submitted** unless otherwise determined by the ODJFS Bureau of State Hearings.

Sunday Begin Date	**Child ID Number**

SECTION V. REVISED PAYMENT INFORMATION

Age Category of Child *(check one)*	☐ infant ☐ toddler ☐ preschool ☐ school age ☐ summer school age	
Customary Rate *(from CP)*	$	
Appendix Rate *(appendix to Rule 5101:2-16-41)*	$	
Child Special Needs *(from EA)*	$	
Child Special Needs Waiver *(from EA)*	$	
Non-traditional Care	$	
Accreditation or Star Rating *(from CP)* ☐ NAEYC ☐ NAFCC ☐ NECPA ☐ COA ☐ NAC ☐ ACSI ☐ SUTQ Star Rated ☐ SUTQ 2 Star Rated ☐ SUTQ 3 Star Rated ☐ SUTQ 4 Star Rated ☐ SUTQ 5 Star Rated	$	
Copayment Amount *(from EA)*	$	
Original Payment Amount for Week $	Revised Payment Amount for Week $	Adjustment Amount $ *Check one* ☐ overpayment ☐ underpayment

SECTION VI. IN HOME AIDE (only complete if in home aide)

Customary Rate $	Weekly Cost of Care $	Copayment Amount $	Number of Children
Original Payment Amount for Week $	Revised Payment Amount for Week $	Adjustment Amount $ *check one* ☐ overpayment ☐ underpayment	

SECTION VII. COUNTY CONTACT

County	County Worker Phone Number
County Worker First Name	County Worker Last Name

SECTION VIII. FOR COUNTY USE ONLY

☐ Check here if Adjustment is denied and list reason. Keep in County files.