

Ohio Department of Job and Family Services  
**PANDEMIC CHILD CARE PROGRAM CHILD ENROLLMENT ADDENDUM**

Child's Name	Child's Date of Birth	Parent's Name
Name and Address of Pandemic Child Care Program		
Is Your Child Receiving Publicly Funded Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: List the Provider's Name and Address	
Description of Parent's Employment Providing Health and Safety Services as defined by the Ohio Department of Job and Family Services (ODJFS). Please attach verification.		
Find Your Family Size in the Chart. Is Your Income Below These Annual or Monthly Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Family Size	Annual Income	Monthly Income
1	\$24,980	\$2,082
2	\$33,820	\$2,819
3	\$42,660	\$3,555
4	\$51,500	\$4,292
5	\$60,340	\$5,029
6	\$69,180	\$5,765
7	\$78,020	\$6,502
8	\$86,860	\$7,239
9	\$95,700	\$7,975
10	\$104,540	\$8,712
11	\$113,380	\$9,449
12	\$122,220	\$10,185

Signature of Parent	Date
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