

Ohio Department of Job and Family Services
RE-DETERMINATION APPLICATION FOR CHILD CARE BENEFITS

Why am I receiving this form?

- If you are receiving this form, your current child care eligibility period is scheduled to end within 45 days. **Your eligibility end date is listed on the enclosed application.**
 - If you would like to continue receiving child care benefits, you must complete this form and return it to your county agency as soon as possible, but **no later than 15 days prior to your eligibility end date. If you are late, your benefits may be terminated.**
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How do I complete this form?

- Please review each piece of information listed on the form for accuracy.
 - Be sure to verify that we have the correct information for your qualifying activity, including employment and income information, if applicable.
 - If anything listed on the form is inaccurate, please cross out the printed information and write in the correct information. **Be sure to sign the application.**
 - **ATTACH PROOF** will be listed next to questions where it is necessary for you to provide verifications. Verifications are described below.
 - Turn in this application with supporting documentation to the county agency listed on the application. Applications may also be mailed, faxed, or sent via e-mail.
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What verifications do I need for re-determination of publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
 - **Proof of any child support paid,** if the amount has changed.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
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What is Step Up To Quality?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS Child Care website at <http://jfs.ohio.gov/cdc/index.stm> and click on “Step Up To Quality.”

If I would like to change my provider, how do I choose a new one?

- Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.
 - If you would like assistance with selecting a provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
 - You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.
 - **If you change your provider, be sure to report the change to your county agency as soon as the change is made, before your child’s first day of attendance.**
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Continued on next page

When will I know if I am still eligible for Child Care Assistance?

- Your county agency will make a decision by the last day of your current eligibility period.
- If you still qualify for benefits, your new eligibility period will begin the day after your last eligibility end date.
- If the county agency finds you no longer qualify for benefits, you have the right to appeal the decision.
- You will receive a notice in the mail letting you know the decision, and what, if anything, you need to do next.

What if my child has a disability or I suspect my child may be developmentally delayed?

- To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <http://jfs.ohio.gov/CDC/childcare.stm> and click on "Families."
- Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.

How do I make a complaint about a Provider?

If you would like to make a complaint about a suspected violation of licensing rules, you may call the Child Care Policy Help Desk at 1-877-302-2347, option 4.

Ohio Department of Job and Family Services
RE-DETERMINATION APPLICATION FOR CHILD CARE BENEFITS

	<p>Voter's Registration Application Attached - Assistance Available</p> <p>If you are not registered to vote where you live now, would you like to apply to register to vote today?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes, I want to register <input type="checkbox"/> No, I do not want to register </p> <p>If you do not check either box, you will be considered to have decided not to register to vote at this time.</p>
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Please read the following information carefully

Your current child care eligibility is scheduled to end on ____ / ____ / _____. Please complete, sign and return this form to the county agency listed at the top of this page. We will use the information you provide to determine your eligibility for the next eligibility period. If you do not return this re-determination application and all supporting documentation by the end of your eligibility period stated above, we will stop your child care benefits.

You MUST:

- Fill out this form and return it by ____ / ____ / _____
- If a question says **ATTACH PROOF**, you MUST attach your proof to this form and submit it at the same time. Sign and date the bottom of the form.
- If you need more space for your answers, write them on extra paper and attach them to this form.
- You may return everything to the county agency by mail, fax, or drop it off in person to the address listed above.

If you have questions, call your county agency listed at the top of this form.

Section I APPLICANT INFORMATION

Please verify information and make corrections as needed.

Name of Applicant (first, middle, last)			
Household Address (street and number required)			
Household Address (line 2)	City	State	Zip Code
Mailing Address (if different from above)			
Mailing Address (line 2)	City	State	Zip Code
Email Address	Home Phone Number	Work Phone Number	Cell Phone Number

May we send text messages to your cell phone number? Yes No

SECTION II HOUSEHOLD COMPOSITION

How many people live in your house? _____ Please verify the information below pertaining to your household. Add the name of additional household members and the date they moved in or cross out those members who no longer live with you and the date they moved out.

Name (First, Middle, Last)	Last 4 of SSN	Date of Birth	Gender M/F	Relationship To Applicant	Child needing care? (Y/N)	Moved In/Out Date

SECTION III HOUSEHOLD INCOME INFORMATION (You must provide proof of your income)

Below is the earned income that the county agency has on file for you and or additional caretakers. You must **ATTACH PROOF** of income even if it has not changed.

Caretaker 1 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 2 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 3 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Caretaker 4 Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule

Has anyone's unearned income changed since your last application, including income from sources such as child support, Social Security (SSA or SSI), unemployment benefits, disability benefits, workers' compensation, retirement/pension benefits, or rental income?
 Yes No
 If yes, identify the income source, the date the income began/changed, the monthly amount, and **ATTACH PROOF**.

Has your child support obligation changed since your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your child support obligation per month? _____ ATTACH PROOF	Do you or anyone in your household have more than one million dollars in cash, checking, or savings (such as bank accounts, annuities, stocks or bonds)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is anyone in your household in the military? Yes No If Yes, Active Duty National Guard/Reserve

SECTION IV CARETAKER SCHOOL OR TRAINING (You must provide a current, official schedule and current transcripts if attending school)

Caretaker 1 Name and Address of School or Training Location	Start Date
Caretaker 2 Name and Address of School or Training Location	Start Date
Caretaker 3 Name and Address of School or Training Location	Start Date
Caretaker 4 Name and Address of School or Training Location	Start Date

SECTION V CHILDREN WHO NEED CARE (Verify for accuracy and make changes as necessary)

Child 1 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
Name and address of Provider 1	Name and address of Provider 2	

*Current grade level of child: _____ ***If child is attending or will be attending kindergarten or above, this section must be completed.**

Is child entering kindergarten? Yes No Begin date: _____

School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)

Name of school _____ School address _____

Child 2 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
Name and address of Provider 1	Name and address of Provider 2	
<p>*Current grade level of child: _____ *If child is attending or will be attending kindergarten or above, this section must be completed.</p> <p>Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____</p> <p>School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)</p> <p>Name of school _____ School address _____</p>		
Child 3 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
Name and address of Provider 1	Name and address of Provider 2	
<p>**Current grade level of child: _____ *If child is attending or will be attending kindergarten or above, this section must be completed.</p> <p>Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____</p> <p>School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)</p> <p>Name of school _____ School address _____</p>		
Child 4 Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
Name and address of Provider 1	Name and address of Provider 2	
<p>*Current grade level of child: _____ *If child is attending or will be attending kindergarten or above, this section must be completed.</p> <p>Is child entering kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Begin date: _____</p> <p>School year start date: _____ and end date: _____ Hours of school: from _____ to _____ = _____ (hrs.)</p> <p>Name of school _____ School address _____</p>		
SECTION VI Rights and Responsibilities		
<p>I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. To the best of my knowledge and belief, the answers on this application are complete and correct. I understand that the law provides penalty of fine or imprisonment, or both, for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.</p> <p>By signing and submitting the application, I acknowledge and agree that the county agency and ODJFS may share certain details about the status of my application with the child care provider listed in section 5 of this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.</p> <p>My signature below gives my consent to the agency and the ODJFS to make contacts that are necessary to determine my eligibility for assistance and to verify the information I have given in this application. I understand that my signature below gives the county agency permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child / spousal / medical support income. My signature below also gives consent to issue a system generated statewide student identifier (SSID) for each child listed in section 5 of this application.</p> <p>My signature below gives my consent and authorizes the county agency to access CRIS-E or Ohio Benefits Worker Portal for the purpose of verifying the citizenship status of the children in this case and for verification of the receipt of additional public assistance. I may revoke this authorization at any time by notifying the county agency in writing.</p> <p>I understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, any required copayment (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of publicly funded child care benefits.</p> <p>I understand that I must report any changes which affect my child care eligibility to the county agency, including changes in family income, hours of employment/training/education, family size and address. I understand that I must report changes within 10 days of the date they occur.</p> <p>I understand that if I am approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf, and may not</p>		

have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.

I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.

I have received an explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the county agency and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.

Child care fraud is the willful withholding or falsification of information or misuse of child care services as determined by a court of law. Failure to meet reporting requirements may be considered fraud and may result in the following: 1) repayment of child care benefits which you received but for which you were not eligible; 2) termination or denial of child care benefits; or 3) penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which you were not eligible.

By signing below, I verify that the information submitted is correct and complete to the best of my knowledge. I have read the above Rights and Responsibilities and the Explanation of State Hearing Rights.

Signature of Applicant

Date

Signature of Person Who Helped Complete This Application

Date

To file a discrimination complaint on the basis of race, color, national origin, sex, age, or disability, write or call the Ohio Department of Job and Family Services at: ODJFS; Bureau of Civil Rights, 30 E. Broad St., 37th Floor, Columbus, OH 43215-3414; (614) 644-2703 (voice) / 1-866-277-6353 (voice ~ toll free); (614) 995-9961 (TTY)/ 1-866-221-6700 (TTY toll free); (614) 752-6381 (fax). You may also write or call: U.S. Department of Health and Human Services Region V, Office of Civil Rights, 233 N. Michigan Ave, Suite 240, Chicago, IL 60601; (312) 886-2359 (voice); (312) 353-5693 (TDD); (312) 886-1807 (fax).

EXPLANATION OF STATE HEARING PROCEDURES

What is a state hearing?

If you think there has been a mistake or delay on your child care case, you may ask for a hearing by either the local county department of Job and Family Services (CDJFS) or the state department of Job and Family Services (ODJFS).

A state hearing is a meeting with you, someone from the CDJFS and a hearing officer from ODJFS. The person from the CDJFS will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the CDJFS and may ask questions to help bring out all the facts. The hearing officer will review the facts presented and recommend a decision based on whether or not the child care rules were correctly applied in your case.

How do I ask for a hearing?

To ask for a hearing, call or write your CDJFS or write to ODJFS, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your child care, fill out that form and mail it to the Bureau of State Hearings. You may also fax your hearing request to (614) 728-9574. ODJFS must receive your hearing request within 90 days of the mailing date of the notice of action. If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a hearing request by telephone.

How do I request a telephone hearing?

If you cannot attend the hearing at the scheduled location because you do not have transportation or child care or you have medical limitations, etc., you can call 1-866-635-3748 and participate by telephone. If you participate by telephone the hearing officer will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Will my child care benefits continue?

If you receive a notice that your child care will be reduced, stopped or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

If your child care benefits have been changed without written notice or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings to ask if you should receive continuing benefits. Call 1-866-635-3748 and choose option number 1 from the automated voice menu. If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

What is a county conference?

An informal meeting with a person from the CDJFS may settle the issue without the need for a state hearing. This is often the quickest way to solve a problem. At this meeting someone will review your case with you. If a mistake was made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results you can still have a state hearing. You do not have to have a county conference to have a state hearing and asking for a county conference will not delay your state hearing.

When will the hearing be held?

The Bureau of State Hearings will send you a notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the

hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled. Hearings are usually held at the CDJFS. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the CDJFS, be sure to state that on your hearing request.

Can a hearing be postponed?

If you cannot come to the hearing as scheduled or if you need more time to prepare, you can ask for a postponement. You must have a good reason to postpone the hearing.

What happens if I do not attend the hearing?

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The CDJFS can then take the action it was planning to take. If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

What happens before the hearing?

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local Legal Aid program to see if you qualify for free help. If you don't know how to reach your Legal Aid, call 1-800-589-5888 (toll-free). If you want notice of the hearing sent to your lawyer, you must give the lawyer's name and address to the hearing authority. You and your representative have the right to look at your case file and the written rules being applied to your case. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents. The CDJFS does not have to show you confidential records such as names of people who have given information against you, records of criminal proceedings and certain medical records. Confidential records, which you could not look at or question, cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Can I subpoena information?

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

What happens at the hearing?

You may bring witnesses, friends, relatives or your lawyer to help present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions and bring papers or other evidence to support your case. The hearing will be recorded by the hearing officer so that the facts are taken down correctly. The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority. After the hearing decision is issued you can get a free copy of the recording by contacting the Bureau of State Hearings.

What is a group hearing?

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing. You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

What happens after the hearing?

You should receive a hearing decision within 90 days of your hearing request. If you disagree with the hearing decision your written decision will tell you how to ask for an administrative appeal.

When will compliance with the hearing decision happen?

The CDJFS must take the action ordered by the decision within 15 days of the date the decision is issued but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Does another action require another hearing?

If you receive another notice that says the CDJFS wants to change your child care benefits while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? Yes No
 2. Will you be at least 18 years of age on or before the next general election? Yes No
 If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address (if necessary)	8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp.
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9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office	Previous County	Previous State
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13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature ↓ Date (MM/DD/YYYY) _____

FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit VoteOhio.gov/Boards

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: VoteOhio.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**