



SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), CASH, MEDICAL, AND/OR CHILD CARE ASSISTANCE APPLICATION




If you need SNAP Assistance right away, answer the questions in Step 6 of the application. You may qualify to receive SNAP more quickly. You have a right to apply for SNAP Assistance the same day that you contact your local county JFS office.



Contact Your County JFS Office If:

- **You need help completing the application process**, want an in-person interview, or you need a home visit to complete the interview.
- **Any of the information provided on this form changes** after you turn it in.

Other Resources to Contact If:

- **English is not your main language**, call your county JFS office to have an interpreter help you understand the questions on this form.
- **You are hard of hearing and/or low vision**, call 7-1-1 for help completing this form or your interview. 

Need Help Completing This Application?

You may have an Authorized Representative help you complete your interviews and/or forms.

- Your Authorized Representative does not have to live with you, but they must be a responsible adult. You must tell your county JFS office in writing the name of your Authorized Representative.
- If you are an Authorized Representative, complete the steps on this application using the applicant's information.
- Other community agencies, such as foodbanks, may also help with completing this application.

Follow These Four Steps to Apply For Assistance:

- 1 Complete this Application - APPLICATION STARTS ON PAGE 5**
In Step 1 of this application, select which program(s) you want to apply for. **Answer as many questions on the application as you can. However, you must at least fill out your name, address and signature** and turn it in to your county JFS office to start the application process. **Note:** you may ask for a copy of your completed application.
- 2 Turn in this Application**
You can also apply online at <https://ssp.benefits.ohio.gov> or continue to fill out this paper application. Submit this paper application to your local county JFS office. To search for your county JFS office, go to <https://jfs.ohio.gov/about/local-agencies-directory>
- 3 Complete an Interview - SNAP and/or Cash Assistance ONLY**
Your county JFS office will send you a letter with your phone interview date and time. The letter will tell you if you need to call your county JFS office or if they will call you.
- 4 Turn in Verification Documents - ALL Programs**
Your county JFS office will tell you what verifications they need from you. You may submit verification documents with this application. See the next page for a list of the types of documents that may be requested.

Verification Document Information

- Review the chart below for more information about verification documents needed by each program.
- Your county JFS office may ask you to provide pay stubs, utility bills, bank statements, or more.
- Your county JFS office will provide you the **Verification Checklist** (JFS Form 07105). Be sure to turn in all required information by the due date listed on the form.
- Your county JFS office may deny your application if there are missing verification documents.

Need Help? If you need help accessing the required documents, ask your county JFS office for help.

Qualified Non-U.S. Citizens: If you are NOT a U.S. Citizen and are ONLY applying for an assistance program for a U.S. Citizen OR Qualified Non-Citizen, or you are applying for time-limited emergency medical assistance, you do NOT have to verify your citizenship status, immigration status, or provide a SSN.

Verification Document Examples +Your county JFS office only verifies the citizenship of the child needing care when applying for Child Care Assistance. *Your SNAP amount may increase if you verify these costs.	Assistance Programs				
	SNAP	Medical (Families & Children)	Medical (Aged, Blind, or Disabled)	Child Care	Cash/ Refugee Cash Assistance (RCA)
Your Social Security Number or proof that you have applied for one	✓	✓	✓		✓
Permanent Resident Card (“Green Card”) or other immigration documents if not a U.S. Citizen	✓	✓	✓		✓
Proof of U.S. Citizenship+		✓	✓	✓	✓
Proof of Income or any other money coming into your household (such as pay statements, tax records, award letters, child support)	✓	✓	✓	✓	✓
Most Recent Bank Statements (such as a checking or savings account)			✓		✓
Proof of Ownership of Vehicles (such as a car, truck, motorcycle, boat, or RV)			✓		
Proof of Current Value of Stocks/Bonds, Certificates of Deposit, Life Insurance Policies, Trusts, Annuities			✓		✓
Proof of Identity (such as a driver’s license, state ID card or passport)	✓				✓
Proof of Any Child/Dependent Care Costs	*	✓			✓
Proof of Any Child Support paid for children not living with you	*	✓	✓	✓	✓
Proof of Any Housing and Utility Costs	*		✓		
Proof of Any Medical Costs for People with Disabilities or for People Who Are Over Age 60 (including prescriptions)	*		✓		
Proof of Health Insurance		✓	✓		
Verification of a Qualifying Activity for All Caretakers in the Household (such as a school or work schedule, or self-sufficiency contract)				✓	
Name and Address of an Eligible Child Care Provider for Each Child in Need of Care				✓	

Frequently Asked Questions

Program Eligibility:



1. When will I find out if I am eligible for assistance?

SNAP, Cash, and Child Care Assistance: Your county JFS office will determine your eligibility for these programs **within 30 days** of the date you turned in your application.

- If you are eligible, your benefits may be approved back to the date you turned in your application.
- **Child Care ONLY:** If your application is denied, you may be responsible to pay any Child Care provider who you have employed since you turned in your application.

Medical Assistance: Your county JFS office will determine your eligibility for Medical Assistance **within 45 days** of the date you turned in your application.

- They may have to conduct a Disability Determination if you are claiming a disability, which may take up to 90 days.
- If you are eligible, they may approve your Medical Assistance back to the date you turned in your application. If you have medical bills from the 3 months before you applied, tell your county JFS office. They may approve you for Medical Assistance for those 3 months.

2. Which programs require an interview?

- SNAP and Cash Assistance **REQUIRE** an interview
- Child Care Assistance and Medical Assistance **DO NOT REQUIRE** an interview

3. What if I miss my interview for SNAP or Cash Assistance?

If you miss your interview, contact your county JFS office right away. If you do not complete your interview with your county JFS office **within 30 days** from the date that you turned in your application, your application may be denied and you will have to reapply.

4. Do I have to be U.S. Citizen to get assistance?

Many non-U.S. Citizens can receive assistance benefits. Non-Citizen Emergency Medical Assistance (NCEMA) may also be available regardless of your U.S. Citizenship status.

5. What other services may be available?

You may be eligible to receive other services such as:

- Prevention, Retention, and Contingency (PRC) services
- Early Intervention services
- Work skills
- Help getting a job

Note: You may have to apply using a separate application for these services. Contact your county JFS office if you are interested.

For more information about community organizations that can help, go to

<https://benefits.ohio.gov/home/resources/assistance-programs>.

Frequently Asked Questions

Child Care Assistance:



1. How do I choose a Child Care Provider?

Caretakers may select any program approved to offer Publicly Funded Child Care (PFCC). These programs include centers, family child care homes, approved day camps, and in-home aides located throughout the State of Ohio.

- If you would like help with selecting a provider, you may contact your local Child Care Resource and Referral Agency. Visit <https://ocrra.org/ccrr-membership/> for contact information.
- Use the Child Care Directory at <https://childcaresearch.ohio.gov> to look for programs that fit your child care needs. The directory allows you to search by location, type of program, and Step Up To Quality rating. Licensing inspections and substantiated complaints are also available for review.
- **Note:** Having a child care provider selected at the time you apply will make the process faster.

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

More information on special needs child care assistance is available on the ODJFS Child Care website at <https://jfs.ohio.gov/child-care/resources/02-special-needs-child-care>.

- If your child in need of care has special needs, they may be eligible for child care up to age 18.
- Your child care provider may apply to receive an increased payment rate if they adjust their program/services for your child.
- Please ask your county JFS office for more information.

3. How do I make a complaint about a Child Care 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 **877-302-2347**, Option 4.

4. What is Step Up To Quality?

Step Up To Quality is Ohio's quality-rating system for child care programs. Ratings are awarded based on the program's implementation of standards that go beyond the minimum health and safety standards. For more information, visit the ODJFS Child Care website at

<https://childrenandyouth.ohio.gov/for-providers/step-up-to-quality> and click on "Step Up To Quality."

-- Please keep this page for your records. --

SNAP, CASH, MEDICAL, AND/OR CHILD CARE ASSISTANCE APPLICATION

Voter Registration Application Attached - Assistance Available

If you are **NOT** registered to vote where you live now, would you like to apply to register to vote here today?

Yes - I want to register to vote.

No - I do **NOT** want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Step 1: Check the box for each program the applicant wants to apply for

You can apply for any and all of the programs listed below. If you do not check any boxes, we will only review your eligibility for SNAP.

- SNAP Child Care Assistance Medical Assistance
- Cash Assistance - For families with a minor child(ren) or women who are pregnant
- Refugee Cash Assistance (RCA) - For refugees within 12 months of arrival

Step 2: Tell us about the applicant

If you are an Authorized Representative, enter information about the person you are applying for.

First Name	Middle Initial	Last Name
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Do you need any of the following services?	What is your preferred language?
<input type="checkbox"/> Large Print Notices <input type="checkbox"/> Sign Language Interpreter	Spoken: _____
<input type="checkbox"/> Translator <input type="checkbox"/> Other _____	Written: _____

Have you, or anyone living with you, ever received SNAP, Cash, Medical, or Child Care Assistance?

No Location (City/County/State): _____

Yes - If yes, who: _____

Step 3: Tell us how to reach the applicant

If you are an Authorized Representative, enter information about the person you are applying for.

Home Address Check here if you do not have a permanent address - please provide a mailing address

City	State	Zip Code
Phone (Cell)	Phone (Home)	
Email Address		



Reminder: Did you tell us which program(s) the applicant is applying for?
Make sure to check the appropriate box(es) in Step 1.

Step 4: Tell us if you are an Authorized Representative


An Authorized Representative is someone who helps the applicant with the application process and can act on the applicant's behalf. **If you are filling out this form as an Authorized Representative, please give us the following information about yourself. You may be asked to give an authorization document. You will not be listed as an Authorized Representative until the document is provided.**

First Name	Middle Initial	Last Name
Street Address		
City	State	Zip Code
Phone (Cell)	Phone (Home)	
Email Address		
Do you need any of the following services? <input type="checkbox"/> Large Print Notices <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Translator <input type="checkbox"/> Other _____		What is your preferred language? Spoken: _____ Written: _____

Step 5. For SNAP Applicants and SNAP Authorized Representatives ONLY

By signing below, you agree that you have **reviewed and agree to the terms in Step 14** and you certify, under penalty of perjury, the truth of the information contained in this application, including information provided below concerning citizenship and alien status of the members applying for benefits.

While you may submit your application with only the information provided above, your application may be processed more quickly if you continue to provide responses to the questions below.

 Signature of Applicant OR Authorized Representative	Date
Print Name of Applicant OR Authorized Representative	Date

Step 6: Answer the following ONLY if applying for SNAP benefits

How many people live with you and buy, fix, and eat meals with you? _____
This number is considered your **“household”**, keep this in mind when answering the next two questions.

Note: Your responses will help us decide if you can get SNAP more quickly. If someone else you live with is already receiving SNAP benefits, you may still be eligible for SNAP benefits.

Is your household's total gross income before taxes for the current month less than \$150? Yes No

Is your household's total net income for the current month zero after taxes and paying for such things as housing costs, child/dependent care costs, or child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your total resources in cash, checking, and savings accounts \$100 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your monthly rent or mortgage and utilities (such as gas, electric, water, and phone) more than your total monthly gross income before taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a migrant or seasonal farm worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 7: Tell us the applicant's information

You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. If you need more space, write your answers on an extra piece of paper and attach it to this form. **Please use the following to assist with completing the section below:**

- **Social Security Number (SSN):** If you, or anyone else in your household, is NOT a U.S. citizen, or a Qualified Non-Citizen, you do not have to give us an SSN. If there are other reasons that you, or someone in your household does not have an SSN, please write that below. (ex: pending SSA application)
- **U.S. Citizen:** You only have to tell us if someone is a U.S. citizen if they are for SNAP, Cash, Medical, or Child Care Assistance.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. Providing this information is voluntary and is used for informational purposes only. If you do not want to give us this information, it will have no effect on your case.

Name	Relationship to You <small>(spouse, friend, etc.)</small>	SSN <small>(See instructions above)</small>	Date of Birth	Sex	U.S. Citizen	Hispanic or Latino	Race
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Are you married? No Yes - If yes, spouse's name: _____

Are you, or anyone you are applying for, pregnant?
 No Yes - If yes, who and when is the due date? _____

Do you, or anyone you are applying for in-home care or nursing home services?
 No Yes - If yes, who? _____

Are you or anyone in your household caring for a disabled person in or outside of the home?
 No Yes - If yes, who? _____

Are you or anyone in your household in the military?
 No Yes - If yes, please select all that apply: Active Duty National Guard/Reserves

Have you ever been found guilty of Child Care fraud? No Yes

Step 8: Household members 60 years of age or older

Is anyone 60 years of age or older?

No - If no, please skip to Step 9. Yes - If yes, answer the following questions in Step 8.

Is this person(s) receiving disability benefits?

No Yes - If yes, from what source? _____

Is this person(s) unable to prepare meals due to a disability?

No Yes

If you answered "Yes" to all three questions in Step 8, does this person(s) want to receive SNAP separately from the other people you live with?

No Yes

Step 9: Tell us about the household's finances

Have you or the people in your household received, or expect to receive, income* this month?

No Yes - If yes, please complete the table below.

*Income refers to all the money that you and the people in your home receive. This includes earnings from employment or self-employment, child or spousal support, disability benefits, retirement benefits, Workers' Compensation, Unemployment Compensation, Social Security, SSI, Veterans' Benefits, Ohio Works First (OWF), gifts of money from individuals, etc.

Name	Type of Income or Name of Employer	How Often Received (weekly, bi-weekly, etc.)	Income Amount (before taxes)	Date Last Received

How much do you and the people in your household have in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

Give your best estimate of the total amount: \$ _____

Do you and the people in your household have more than one million total dollars in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

No Yes

Did anyone in your household leave a job or lose a job within the last 60 days?

No Yes - If yes, who? _____
When? _____
For what reason? _____

Is anyone in your household on strike from a job?

No Yes - If yes, who? _____

This Form Continues on the Next Page



Step 10: Tell us about the applicant's household expenses

Check all that apply. List the amount for each expense.

- Child/Dependent Care Costs:**
Estimated Amount Paid per Month: \$ _____
- Child or Spousal Support Payments Made to Someone Outside Your Household**
Estimated Amount Paid per Month: \$ _____
- Medical Expenses for Anyone Who is Disabled or Age 60 or Older.** These include expenses such as medical bills, prescriptions, health insurance premiums, transportation to medical appointments, or other medical services.
Estimated Amount Paid per Month: \$ _____
- Rent, Mortgage Payments, Lot Rent, Property Taxes, Homeowners' Insurance, etc.**
Estimated Amount Paid per Month: \$ _____

Do you pay for heat or air conditioning? Yes No

I pay for the following utilities (check all that apply):

- Telephone Trash Sewage Water Electric

Step 11: If applying for Child Care Assistance, please tell us why the applicant needs child care

If you or the people in your home are working, attending school, or participating in a training program, **please complete the table below with all qualifying activities.** If employed, please list your current employer. This includes self-employment and odd jobs. **If you need more space, write your answers on an extra piece of paper and attach it to this form.**

Household Member 1 Name		Employer / School / Training Information Name	
Activity Phone Number		Start Date / End Date	
Address			
Household Member Work / School / Training Schedule			
<input type="checkbox"/> Sun	From _____ to _____	<input type="checkbox"/> Thurs	From _____ to _____
<input type="checkbox"/> Mon	From _____ to _____	<input type="checkbox"/> Fri	From _____ to _____
<input type="checkbox"/> Tues	From _____ to _____	<input type="checkbox"/> Sat	From _____ to _____
<input type="checkbox"/> Wed	From _____ to _____	<input type="checkbox"/> Varies week to week	_____
Household Member 2 Name		Employer / School / Training Information Name	
Activity Phone Number		Start Date / End Date	
Address			

Household Member Work / School / Training Schedule

<input type="checkbox"/> Sun	From _____ to _____	<input type="checkbox"/> Thurs	From _____ to _____
<input type="checkbox"/> Mon	From _____ to _____	<input type="checkbox"/> Fri	From _____ to _____
<input type="checkbox"/> Tues	From _____ to _____	<input type="checkbox"/> Sat	From _____ to _____
<input type="checkbox"/> Wed	From _____ to _____	<input type="checkbox"/> Varies week to week	_____

Household Member 3 Name

Employer / School / Training Information Name

Activity Phone Number

Start Date / End Date

Address

Household Work / School / Training Schedule

<input type="checkbox"/> Sun	From _____ to _____	<input type="checkbox"/> Thurs	From _____ to _____
<input type="checkbox"/> Mon	From _____ to _____	<input type="checkbox"/> Fri	From _____ to _____
<input type="checkbox"/> Tues	From _____ to _____	<input type="checkbox"/> Sat	From _____ to _____
<input type="checkbox"/> Wed	From _____ to _____	<input type="checkbox"/> Varies week to week	_____

Step 12: Tell us about the child(ren) who need(s) child care

Child 1 - Name (First, Middle, Last)

Child's Mother's Maiden Name

City of Birth

Relationship to Applicant

Child's Preferred Spoken Language

Is the child a U.S. Citizen or a Qualified Non-Citizen? **Note:** You must provide verification in order to receive Child Care Assistance.

Yes No - My child is **NOT** a U.S. Citizen or a Qualified Non-Citizen

Child's Needs: Does the child require Protective Child Care?

Yes No - My child does **NOT** require Protective Child Care

If YES, is there a case plan?

No - My child does **NOT** have a case plan

Is the child in Head Start?

Yes - What is their schedule? From _____ to _____ No - My child is **NOT** in Head Start

Days/Hours Child Care is Needed

<input type="checkbox"/> Sun	From _____ to _____	<input type="checkbox"/> Wed	From _____ to _____
<input type="checkbox"/> Mon	From _____ to _____	<input type="checkbox"/> Thurs	From _____ to _____
<input type="checkbox"/> Tues	From _____ to _____	<input type="checkbox"/> Fri	From _____ to _____
		<input type="checkbox"/> Sat	From _____ to _____

Provider Name

Provider Address

City

State

Zip Code

Child 2

Child 2 - Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
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Relationship to Applicant	Child's Preferred Spoken Language
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Is the child a U.S. Citizen or a Qualified Non-Citizen? **Note:** You must provide verification in order to receive Child Care Assistance.

Yes No - My child is **NOT** a U.S. Citizen or a Qualified Non-Citizen

Child's Needs: Does the child require Protective Child Care? Yes No - My child does **NOT** require Protective Child Care
If **YES**, is there a case plan?

Yes No - My child does **NOT** have a case plan

Is the child in Head Start?

Yes - What is their schedule? From _____ to _____ No - My child is **NOT** in Head Start

Days/Hours Child Care is needed

Sun From _____ to _____ Wed From _____ to _____
 Mon From _____ to _____ Thurs From _____ to _____
 Tues From _____ to _____ Fri From _____ to _____
 Sat From _____ to _____

Provider Name	Provider Address	City	State	Zip Code
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Child 3

Child 3 - Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
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Relationship to Applicant	Child's Preferred Spoken Language
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Is the child a U.S. Citizen or a Qualified Non-Citizen? **Note:** You must provide verification in order to receive Child Care Assistance.

Yes No - My child is **NOT** a U.S. Citizen or a Qualified Non-Citizen

Child's Needs: Does the child require Protective Child Care? Yes No - My child does **NOT** require Protective Child Care
If **YES**, is there a case plan?

Yes No - My child does **NOT** have a case plan

Is the child in Head Start?

Yes - What is their schedule? From _____ to _____ No - My child is **NOT** in Head Start

Days/Hours Child Care is needed

Sun From _____ to _____ Wed From _____ to _____
 Mon From _____ to _____ Thurs From _____ to _____
 Tues From _____ to _____ Fri From _____ to _____
 Sat From _____ to _____

Provider Name	Provider Address	City	State	Zip Code
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Child 4

Child 4 - Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth
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Relationship to Applicant	Child's Preferred Spoken Language
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Is the child a U.S. Citizen or a Qualified Non-Citizen? **Note:** You must provide verification in order to receive Child Care Assistance.

Yes No - My child is **NOT** a U.S. Citizen or a Qualified Non-Citizen

Child's Needs: Does the child require Protective Child Care?

Yes No - My child does **NOT** require Protective Child Care

If **YES**, is there a case plan?

Yes No - My child does **NOT** have a case plan

Is the child in Head Start?

Yes - What is their schedule? From _____ to _____ No - My child is **NOT** in Head Start

Days/Hours Child Care is needed

Sun From _____ to _____ Wed From _____ to _____
 Mon From _____ to _____ Thurs From _____ to _____
 Tues From _____ to _____ Sat From _____ to _____

Provider Name	Provider Address	City	State	Zip Code
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Does your child(ren) have a chronic health condition, developmental disability, or special need?

No - My child does **NOT** have a chronic health condition, developmental disability, or special need

Yes - Please fill out the chart below:

Name (First, Middle, Last)	Describe Child's Specific Needs

This Form Continues on the Next Page



Step 13: Tell us about the school attendance of the child(ren) who need(s) care

Note: Complete this section if any child(ren) is attending or will be attending Kindergarten or higher grade school

Child's Name (First, Middle, Last)	Current Grade Level	School Name and Address	School Hours (ex: 8am - 3pm)	Kindergarten Schedule	School Year Start/ End Date
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	
				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	

Step 14: Please review the following information carefully and sign on the last page

BY SIGNING THIS APPLICATION:

► **For all programs (SNAP, Cash, Child Care, and/or Medical Assistance), I acknowledge and agree:**

- To the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or immigration status of each household member applying for assistance.
- The county Job and Family Services (JFS) office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance and/or in some instances, I may be asked to give consent to the county JFS office to make those contacts.
- I may be required to cooperate with the child support enforcement agency (CSEA) in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the CSEA, a referral will be submitted to the agency on my behalf. I also understand that if I am not required to cooperate with the CSEA, I may request child support services by completing the Application for Child Support Services (JFS Form 07076).
- The county JFS office can assist me with getting required verifications as long as I cooperate.
- The law provides a penalty of fine or imprisonment, or both, for anyone convicted of fraudulently receiving assistance for which he or she is not eligible.
- My signature below gives the county JFS office permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child/spousal/medical support income.
- The status of non-citizen household members may be subject to verification by the United States Citizenship and Immigration Services (USCIS) through the submission of information from the application to USCIS through the Systematic Alien Verification and Eligibility (SAVE) System. The submitted information received from USCIS may affect the household's eligibility and level of benefits.
- My signature below gives my consent and authorizes the county JFS office to access the 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 JFS office in writing.
- You have the right to request a county conference and a state hearing if you disagree with the action taken on your case. To request a county conference you should contact your county JFS office or review your notices received in the mail.

Step 14: Please review the following information and sign (Continued)

► **If I applied for SNAP benefits, I acknowledge and agree:**

- By signing this application, that information will be requested from the Income and Eligibility Verification System (IEVS) and information may be verified through whatever contacts are necessary to determine my eligibility.
- Social Security Numbers (SSNs) will be used to check the identity of household members, prevent duplicate participation, and make changes to my case. If any household member does not provide their SSN, they will be designated as a non-applicant. This means they will NOT be considered as an applicant and will not be eligible for SNAP. Providing any requested information, including the SSN of each household member, is voluntary. However, failure to provide requested information to establish my eligibility for assistance will result in the denial or reduction of SNAP benefits to my household. Information collected on the application may be disclosed to law enforcement officials for the purpose of apprehending individuals fleeing to avoid the law.
- If a court of law finds me guilty of using or receiving benefits in a transaction involving the sale of a controlled substance, I will not be eligible for benefits for two years for the first offense, and permanently for the second offense.
- If a court of law finds me guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, I will be permanently ineligible to participate in SNAP upon the first offense of such violation.
- SNAP benefits are issued on the Ohio Direction Card and I am prohibited from using my SNAP benefits to purchase or sell firearms or controlled substances. I understand that I can use SNAP benefits to only buy eligible items. I cannot use SNAP benefits to buy non-food items such as alcoholic drinks, tobacco, etc.
- Any member of my household who intentionally breaks the rules may not get SNAP for one year for the first offense, two years for the second offense, and permanently for the third offense.
- If a court of law finds me guilty of having trafficked benefits for a total amount of \$500 or more, I will be permanently ineligible to participate in SNAP upon the first offense of such violation.
- I am prohibited from selling, trading or purchasing SNAP benefits and cannot use someone else's SNAP benefits for my household. I can be disqualified from the SNAP program for any of these violations.
- I cannot use benefits to buy food for someone who is not a member of my household.
- If I am found to have made a fraudulent statement or representation with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously, I will be ineligible to participate in the SNAP for a period of 10 years.
- The information provided with my application for SNAP benefits will be subject to verification by Federal, State and local officials to determine if the information is factual and if any information is incorrect, my SNAP benefits may be denied. I may be subject to criminal prosecution for knowingly providing incorrect information.
- If I receive SNAP benefits that I should not have gotten:
 - I may be ordered to repay the benefits
 - I may be charged with fraud
 - I may be fined (up to \$250,000) or sent to prison (up to 20 years) or both
 - I may be prohibited from receiving benefits in the future.
- I will be held liable for any SNAP benefits that I receive that I should not have gotten if my authorized representative gives incorrect information.
- If I do not agree with an action taken on my case, I can file for a county conference or a state hearing. I can ask for a county conference or state hearing online, by email or mail, or by contacting my county JFS office. I can ask someone to attend the hearing in my place with my signed authorization.
- If my case is chosen at random to make sure that I am eligible for the assistance I receive and that I am receiving the correct amount, I must cooperate if my case is reviewed. If I refuse to cooperate with a review, my benefits may be terminated.
- Within 60 days of applying and at any time while receiving benefits, an employed or self-employed person is not to voluntarily and without good cause, quit the job or reduce work hours to less than 30 hours per week or to earning less than the federal minimum wage x 30 hours to remain eligible to participate in SNAP.

► **If I applied for Cash Assistance benefits, I acknowledge and agree:**

- By signing this application and receiving OWF Cash Assistance, I may be required to cooperate with the local Child Support Enforcement Agency (CSEA) in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the local Child Support Enforcement Agency (CSEA), a referral will be submitted to the agency on my behalf and any rights to all support

Step 14: Please review the following information and sign (Continued)

owed to me and the minor children in the assistance group will be assigned to the State of Ohio.


- By signing this application and receiving OWF Cash Assistance, I am assigning to the State of Ohio any rights to child or spousal support that is owed to me and/or the minor children in the assistance group during the Ohio Works First eligibility period.
- Cash benefits are issued on the EPPICard™. The EPPICard™ can be used at MasterCard member banks, ATMs and most retailers that accept MasterCard. I cannot use my EPPICard at liquor stores, casinos, gaming establishments, or any retail establishments that provide adult entertainment in which performers disrobe or perform in an unclothed state for entertainment purposes.
- I must activate my EPPICard™ within 90 days from when benefits and my first card is issued and that if my EPPICard™ is not activated within 90 days, my benefits will be removed from my account.
- ▶ **If I applied for Child Care benefits, I acknowledge and agree:**
 - My county JFS office or ODJFS may share approval, denial, and submission status of my child care application to the provider(s) listed on this application or to any provider named as a result of a change to my application. I understand that the sharing of this information to any provider not listed on this application shall require the signing of a separate release per Ohio Revised Code.
 - I will be able to use Publicly Funded Child Care (PFCC) benefits only for children who are eligible and only up to the maximum hours authorized by the county JFS office. To remain eligible for PFCC benefits, the required copayment (if applicable) must be paid by me to the provider. Failure to pay the required copayment may result in termination of PFCC benefits.
 - If I am approved for child care assistance, 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 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.
 - 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 child care eligibility, the reasons why I may not be eligible, my right to a state hearing, and my responsibility for reporting changes to the county JFS office 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.
 - I must report any changes which affect my eligibility to the county JFS office, 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.
 - My signature also gives consent to issue a system generated statewide student identifier (SSID) for each child listed on this application.
 - Information About Child Care Providers:
 - Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes, in-home aides and child day camps 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.
 - You may use our Child Care Directory to look for programs that fit your child care needs at <https://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.
 - Step Up To Quality helps families choose child care programs that go beyond the minimum standards of licensing. Rated programs demonstrate higher levels of quality in a variety of ways. If you would like more information about the Step Up To Quality program, visit the DCY child care website at <https://jfs.ohio.gov/child-care/step-up-to-quality/for-families>.
 - You may also visit our website to learn more about Medicaid health screenings and early intervention services for your child. For this information, go to <https://jfs.ohio.gov/child-care/resources/02-special-needs-child-care>.
 - If you would like to make a complaint about a Provider regarding suspected violations of licensing rules, you may contact the Child Care Policy Help Desk at 1-877-302-2347, option 4.

► **If I applied for Medical Assistance benefits, I acknowledge and agree:**

- Under penalty of perjury, I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.
- By signing this application and receiving Medicaid, I am assigning to the State of Ohio any rights to medical support and any rights to payments by a liable third party for medical assistance owed to me and/or to the minor child(ren) in my assistance group. I understand that I must tell the Ohio Department of Medicaid about any health insurance I have or about any third party responsible for my medical expenses. I give the Department the right to pursue medical support from an ex-spouse or parent. If I think that cooperating to collect medical support will harm my child(ren) or myself, I understand that I can tell the Department and I may not have to cooperate.
- That the Ohio Department of Medicaid will check my answers using Social Security numbers and information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration (SSA), the Department of Homeland Security (DHS), and others. If the information does not match, the Ohio Department of Medicaid may ask me to send more information.
- The Ohio Department of Medicaid will get information about my financial resources from banks, credit unions, or other financial institutions to determine my eligibility for medical assistance. Authorization to get this information remains in effect until:
 - My application for medical assistance is denied; or
 - My eligibility for medical assistance ends; or
 - I inform the Ohio Department of Medicaid in writing that I wish to end my authorization.
- If I refuse to authorize the Ohio Department of Medicaid to get information about me from financial institutions, or I decide to end my authorization, I understand that my medical assistance may be denied or discontinued.
- If I am permanently institutionalized or age 55 or older when I receive Medicaid benefits, after my death the Estate Recovery Program may recover payments for the cost of my care paid by Medicaid from my estate. The cost of my care may include the capitation payment that Medicaid pays to my managed care plan, even if the capitation payment is greater than the cost of the services I actually received.
- I authorize any person who furnishes health care, medical supplies, or services to give the Ohio Department of Medicaid, the Ohio Department of Job and Family Services, or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Medicaid program, WIC, and other medical assistance programs. I understand that I authorize the previously mentioned departments to exchange any information I have provided to enable the departments to determine my eligibility for medical assistance benefits.
- The Medicaid Program requires enrollment for most recipients into a Managed Care Plan. You will receive information in the mail about this if you are determined eligible for Medicaid.
- The Healthchek program offers preventative healthcare services to all Medicaid eligible children under age 21 and pregnant women. A Medicaid eligible child may receive free Healthchek screenings for vision and hearing.

I authorize _____ to be my representative for _____ program.
(Name of Auth Rep) (Ex. SNAP, OWF)

- For Medicaid: You will need to complete the ODM 06723 "Designation of Authorized Representative" Form
- If you need more than one authorized representative, please contact your county JFS office.


 Signature of Applicant OR Authorized Representative	Date
Print Name of Applicant OR Authorized Representative	Date

- END OF APPLICATION -

Turn this application in to your local County JFS Office

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **800-877-8339**. 

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **833-620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. **The completed AD-3027 form or letter must be submitted to:**



Mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or



Fax:

833-256-1665 or 202-690-7442; or



Email:

FNSCivilRightsComplaints@usda.gov

This institution is an equal opportunity provider.

Please do not send information, such as applications or verifications, to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. Please send application materials or verifications to your local county JFS office.

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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-SOS-OHIO (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.

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

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

Identification Requirements

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

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.
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Mailing Address (if necessary)				8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 2/7/23) City, Village, Twp. _____ Ward _____ Precinct _____ School Dist. _____ Cong. Dist. _____ Senate Dist. _____ House Dist. _____
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio driver's license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided)			11. Phone Number (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		Previous County	Previous State		
13. CHANGE OF NAME ONLY Former Legal Name			Former Signature		
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)		
					
<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>					

**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-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast 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-SOS-OHIO (877-767-6446).

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

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services
--

Name	Date
------	------

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- YES, I want to register to vote.
- NO, I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Signature

(This portion to be retained by agency)

-

(This portion to be given to applicant/recipient)

Date

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

Address of County Prosecutor
City, State and Zip Code of County Prosecutor
Phone Number of County Prosecutor

Program Enrollment & Benefit Information

SNAP, Cash, Child Care and Medicaid



"Strengthening Ohio Families with Solutions to Temporary Challenges"

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Have Questions? Contact:

Your County JFS Office | Locate contact information online at jfs.ohio.gov/about/local-agencies-directory
ODJFS Customer Access Line | Website: jfs.ohio.gov Phone: 866-ODJFS4U (866-635-3748)



Additional Resources:

TTY-Based Telecommunications Relay Service | Phone: 7-1-1
Ohio Domestic Violence Hotline | Website: odvn.org Phone: 800-934-9840
988 Suicide & Crisis Lifeline | Website: 988lifeline.org Phone: 9-8-8 or 800-273-8255

Introduction: Benefit Program Overview

This booklet contains important information about the many benefit programs offered through the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Medicaid (ODM). This booklet explains how to apply for programs, what information you need when you apply, and what to do if you disagree with decisions made about your eligibility. It also includes information about your right to be treated fairly and your rights and responsibilities as a consumer.

Ohio Assistance Programs and Services:

ODJFS and ODM have several programs that help low-income individuals. Each program has its own eligibility rules. Talk with your county JFS office about which benefits may be right for you. **Below is a list of assistance programs and supportive services you may be eligible to receive:**

Ohio Works First (OWF) - *also known as Cash Assistance*: Cash benefits for families in need for up to 36 months. You may be eligible for up to 60 months if you meet certain criteria.

Supplemental Nutrition Assistance Program (SNAP) - *also known as Food Assistance*: Benefits to help purchase food.

Child Care Assistance - *also known as Publicly Funded Child Care (PFCC)*: Financial assistance for child care costs to eligible caretakers while they work, go to school, or are participating in job training.

Child Support: Financial and medical support for children.

Refugee Services - *also known as Refugee Cash Assistance (RCA)*: Helps refugees find work to support their families and to connect them with local schools and the community.

Employment Services: Job training and/or help finding a job.

Medicaid - *also known as Medical Assistance*: Assistance to help pay for health care for low-income and medically vulnerable Ohioans.

Unemployment Benefits: Temporary financial assistance to workers unemployed through no fault of their own. To file for unemployment by phone, call 877-644-6562.

Prevention, Retention and Contingency (PRC): Work support and other services to help low-income families overcome immediate barriers to achieve self-sufficiency.

Foster Care and Adoption Assistance: Provides subsidies and reimbursements to foster care and adoptive families.

Learning, Earning and Parenting Services (LEAP): Designed to encourage pregnant and parenting teens to attend and complete high school or the equivalent.

Kinship Programs: Provide benefits and services to caregivers so that children may be cared for in the home of relatives or other caregivers when their parents are unable to care for them.

How to Apply: The Application Process

Ways to Apply for Programs (SNAP, Cash, Medicaid, and Child Care Assistance)



Online: Create or access your online account at ssp.benefits.ohio.gov. You can fill out applications for all programs using your online account.



Mail or Fax: Mail or fax the completed application to your county JFS office. Locate their contact information online at jfs.ohio.gov/about/local-agencies-directory.



In-Person: Complete, sign, and turn in the application to your county JFS office. They will give you a receipt.

- **For SNAP, Cash, Medicaid, and Child Care Assistance**, find the *Application for Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, Medical Assistance, or Child Care Assistance (JFS Form 07200)* at jfs.ohio.gov/form07200
- **For Medicaid only**, find the *Application for Health Coverage & Help Paying Costs (ODM Form 07216)* at medicaid.ohio.gov/static/Resources/Publications/Forms/ODM07216fillx.pdf



Phone: Call 844-640-6446.

For Medicaid only, call the Medicaid Consumer Hotline at 800-324-8680 to request an application or apply by phone.

Filling Out Your Application



Complete as much of the application as you can, however, be sure to include at least your name, address, and signature. If you are not sure how to answer a question, you can leave it blank. If you are unable to complete the application by yourself, you may need someone to be your Authorized Representative. You can have a friend or relative help you fill it out, or you can get help at your county JFS office. You can change your Authorized Representative at any time. They must be 18 years old or older and aware of your household circumstances.

You must sign and date the application before you turn it in to your county JFS office.

Signing the application means that you are giving true and correct information to the best of your knowledge. If you are applying over the phone, you must complete an interview at that time in order for your application to be considered signed. **Note:** You may get help applying for Medicaid through local providers or hospitals.

Submitting Your Application and Next Steps



You may be required to complete an interview if you are applying for SNAP or Cash Assistance. For SNAP, Cash, and Child Care Assistance applicants, your county JFS office will determine your eligibility for these programs within 30 days of the date you turned in your application. Some households may qualify to have their SNAP applications processed within 24 hours or 7 days. Please go to the "SNAP Rights and Responsibilities" section on Page 8 for more information. For Medicaid applications, your county JFS office will determine your eligibility for Medicaid within 45 days of the date you turn in your application.

Your county JFS office will tell you any verifications you need to submit and will also give or send you the *Verification Request Checklist (JFS 07105)*. The checklist will have listed the deadline to submit the verifications necessary to determine your eligibility. Your county JFS office will send you a notice about your eligibility for benefits after your application has been processed. If you have any questions, please review any notice(s) you receive carefully as they will include helpful resources and contact information.

Receiving Your Application Decision



If you are approved for benefits, you will get an Approval notice with information about your benefits. However, if you are denied you will be sent a Denial notice explaining the decision.

Disagree with the decision? If you want to learn more about your options, go to Page 16.

How to Apply: Frequently Asked Questions (FAQs)

What happens if I miss my interview?



If you miss your interview, contact your county JFS office right away. If you do not complete your interview with your county JFS office within 30 days from the date that you turned in your application, your application may be denied and you will have to reapply.



When should I expect a response by?



SNAP, Cash, and Child Care Assistance: Your county JFS office will determine your eligibility for these programs within 30 days of the date you turned in your application. If you are eligible, your benefits may be approved back to the date you turned in your application.

Child Care ONLY: If your application is denied, you may be responsible to pay any Child Care provider who you have employed since you turned in your application.

Medicaid: Your county JFS office will determine your eligibility for Medicaid within 45 days of the date you turned in your application. They may have to conduct a Disability Determination if you are claiming a disability, which may take up to 90 days. If you are eligible, they may approve your Medicaid back to the date you turned in your application. If you have medical bills from the 3 months before you applied, tell your county JFS office. They may approve you for Medicaid for those 3 months.



What if I need communication assistance?



Those who are deaf, hard-of-hearing, deaf with low vision, or speech-disabled may use a TTY/TDD telephone to contact the Ohio Relay Service at 800-750-0750. Be sure to have the telephone number of the agency you wish to call ready, so that someone at the Ohio Relay Service can help you. For questions, comments, problems, or complaints about the Ohio Relay Service, call 800-325-2223 (TTY/TDD and Voice).



What if English is not my preferred language?



If English is not your preferred language, you can receive interpretation and translation services by calling your county JFS office. They will provide the information to you in your preferred language (either verbally or in writing).



Supplemental Nutrition Assistance Program (SNAP)



The Ohio Supplemental Nutrition Assistance Program (SNAP), formally known as the Food Assistance Program, helps households that have limited income and resources buy food. This program is designed to increase buying power, raise nutritional levels, and safeguard the health and well-being of individuals and families in the State of Ohio.

How Will I Know if I am Eligible for SNAP and How Do I Apply?

You may qualify for benefits if your household's gross monthly income (the total monthly earned and unearned income) is at or below 130% of the federal poverty guidelines. These guidelines change yearly; you can find the current figures at aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/. Households that contain an elderly or disabled person have higher income eligibility limits.

What Information Do I Need to Give to the County JFS Office When Applying for SNAP?

You may need to give the information below about yourself and all household members.

- Income (ex: pay stubs, tax records, benefit award notices, or child support notices)
- Identity document for the applicant or Authorized Representative (ex: a Driver's License or State ID)
- Housing and utility costs
- Social Security Number (SSN) or proof that you've applied for one
- Proof of residency
- Eligible qualified non-citizen status
- Any child care or dependent care costs
- Any child support you pay for children not living with you
- Any non-reimbursable medical expenses (including prescriptions) for those with disabilities or for those over age 60

Your county JFS office may verify any information that you provide by contacting other agencies or individuals. You may also be asked to provide other documents. If you need help getting any document(s), tell your county JFS office right away as they will help you in getting the required information.

Additional Social Security Number (SSN) Information for SNAP

Social Security Numbers will be used to check the identity of household members, prevent duplicate participation, and make changes to your case. If any household member does not provide their SSN, they will be designated as a non-applicant. This means they will NOT be considered as an applicant and will not be eligible for SNAP.

Providing any requested information, including the SSN of each household member, is voluntary. However, failure to provide requested information to establish your eligibility for assistance will result in the denial or reduction of SNAP benefits to your household. Information collected on the application may be disclosed to law enforcement officials for the purpose of apprehending individuals fleeing to avoid the law.

If you apply for, or are currently getting SNAP benefits, and it is found that you have an outstanding felony warrant, or are in violation of probation or parole through an SSN match, your current address may be released to the appropriate law enforcement agencies.

Household members who are not applying for SNAP are still required to answer questions that may affect the eligibility of the applicant's household members. Responses to questions about income, resources, striker status, and intentional program violations may be considered. Other members of your household will still be able to get SNAP benefits if they are eligible.

Supplemental Nutrition Assistance Program (SNAP) (Continued)



When Will I Receive My SNAP Benefits?

If you are approved, your monthly benefit amount will be loaded onto your Ohio Direction Card (formerly known as the Ohio EBT Card) on an assigned and scheduled date sometime between the 1st and the 20th of the month. Your Approval notice will tell you the date that benefits are loaded to your card. You can use your Ohio Direction Card like a commercial debit or ATM card. For more information on the Ohio Direction Card, visit connectebt.com/ohebtclient/ebt_link.jsp. Resources are available in multiple languages if you click on the "Program Materials" tab.

Need Help with Your Ohio Direction Card?



Call Customer Service at 866-386-3071, toll-free and available 24/7.

Customer Service will help you with: Answering Frequently Asked Questions (FAQs) about your card, activating your Ohio Direction Card, finding your Ohio Direction Card number (if you do not know it), selecting or changing your PIN, checking your account balance, reporting and replacing a lost, stolen, or damaged Ohio Direction Card, and/or reporting benefits fraud. For additional information on protecting your benefits from fraud, go to Page 23.

How Much Are Monthly SNAP Benefits?

Benefit amounts are determined based on household size, earned/unearned income, expenses, and resources, in some situations. Household size is defined by the number of people in your household who purchase and prepare food together. Expenses may include your shelter costs, gas, electric, water, sewer, phone, and medical expenses (if applicable), as well as any child support or child care payments. Household resources include cash, savings, and stocks.

What Can I Buy With My SNAP Benefits?

Most grocery stores, convenience stores, and farmers' markets accept your Ohio Direction Card. Visit <https://jfs.ohio.gov/cash-food-and-refugee-assistance/food-assistance/food-programs/electronic-benefit-transfer/information-for-ohio-direction-cardholders> to locate farmers' markets in your area.



You may use your card to buy: Fruit, vegetables, meat, dairy, seafood, non-alcoholic beverages, canned foods, and other cold grocery items at major retailers or online.



You may NOT use your card to buy: Alcoholic beverages, tobacco, vitamins and/or medicines, hot food products that are made to be eaten immediately (including prepared food from grocery stores and restaurants), and non-food items (such as pet food, diapers, paper products, soaps, and household supplies).

You Must Report Changes:

1

If your monthly, household income goes above the monthly income limit before taxes for your household size. Refer to the Income Guideline Reference table on the *SNAP Change Reporting form (JFS Form 04196)* by visiting <https://www.odjfs.state.oh.us/forms/num/JFS04196/pdf/>.

2

If you or a member of your household is an Able-Bodied Adult Without Dependents (ABAWD) who is working and subject to the time limit and work requirements, you must report if hours worked are less than 20 hours weekly or 80 hours monthly.

3

If you or a member of your household wins \$4,250 or more (before taxes or withholdings) in lottery or gambling winnings. In Ohio, lottery or gambling winnings are cash payouts won in single games. These include but are not limited to payouts from: Casinos, racinos, slot machines, poker, keno, and/or other forms of gambling.

Supplemental Nutrition Assistance Program (SNAP) (Continued)



Note: A household is not eligible to participate in SNAP if a household member has won substantial lottery or gambling winnings. The household will remain ineligible for SNAP until it meets the allowable income and resource eligibility requirements.

You Can Report Changes by:

- Using your online account. You can create one at ssp.benefits.ohio.gov/.
- Completing and submitting *SNAP Change Reporting (JFS Form 04196)* to your county JFS office.
- Phone, mail, in-person, or fax to your county JFS office. Search for your local county JFS office at <https://jfs.ohio.gov/about/local-agencies-directory>.

Note: Any changes you report may affect your SNAP, Cash, or Medical Assistance benefits.

You have until the 10th of the month following when the change first happened to tell your county JFS office (ex: if your income changes during April, you must report the change by May 10th).

Interim Report:

If you are certified for 12 months, you will receive an Interim Report in the mail during the 5th month of your 12-month certification period so you can provide updated information.

If you are certified for 36 months, you may receive an Interim Report every fifth month of your certification period if your household circumstances change.

If you do not complete, sign, and return the Interim Report by the 15th of the month in which it was issued or provide verification when asked to attach proof, you will receive an Interim Report Reminder notice. If you need help completing your Interim Report, please contact your county JFS office. **You must complete and sign the original Interim Report or Interim Report Reminder notice by the end of the month in which it was issued, or your SNAP benefits will end.**

SNAP Citizenship Status Requirement

All individuals in your household who want to receive SNAP benefits must provide information about their citizenship or immigration status. If anyone in your household does not want to provide information about their citizenship or immigration status, the state will designate that person as a non-applicant. This means that person will not be eligible for SNAP.

SNAP Penalty Warning

The information you provide to your county JFS office will be reviewed for accuracy. **If you knowingly provide false information, you may be: fined, denied SNAP benefits, barred from SNAP for 12+ months or permanently, subject to prosecution, and/or imprisoned.**

Cash Assistance

Ohio Works First (OWF) provides Cash Assistance to eligible low-income families with children for up to 36 months. If you and your family are refugees and you are not eligible for OWF, you may be able to receive Cash Assistance through the Refugee Cash Assistance (RCA) program for your first 12 months in the United States.

What Determines My Eligibility for OWF Cash Assistance?

To Receive OWF Cash Assistance, You Must:

- Be a resident of Ohio
- Be a U.S. citizen or qualified non-citizen
- Be at least 6 months pregnant or responsible for a child under the age of 19
- Be underemployed, unemployed, or about to be unemployed

After your 36-month period of receiving benefits ends, you may file for an extension of benefits up to a total of 60 months. To file for an extension, please contact your local county JFS office. While Federal requirements limit the Cash Assistance program to 5 years, there may be instances where benefits can extend beyond this time limit. For information regarding these extensions please contact your county JFS office. Adults or minor heads of household may be required to participate in work activities. Examples of work activities may include county-approved on-the-job training, community service and/or education.

Please inform your county JFS office of any potential employment barriers, such as difficulties with transportation, child care, or medical limitations.

Eligible adults or minor heads of household must also sign a *Self Sufficiency Contract (JFS Form 03801)* or an *Individual Opportunity Plan (JFS Form 03004)* that your county JFS office will review with you. Failure to sign or meet the terms of the contract without good cause will result in termination of benefits for the household. For more information on good cause reasons, please review the *Self Sufficiency Contract (JFS 03801)*.

If you quit a job without just cause, you will not be able to receive or apply for benefits for the following six months. "Just cause" for voluntarily terminating employment includes, but is not limited to the following reasons:

- 1 Discrimination by an employer based on age, race, sex, color, disability, religion, or national origin.
- 2 Work demands or conditions that make continued employment unreasonable, such as working without being paid on schedule.
- 3 Employment that has become unsuitable due to any of the following: the wage is less than the federal minimum wage, the work is at a site subject to a strike or lockout, the documented degree of risk to health and safety is unreasonable, or if you are physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources.

Households Are Not Eligible for OWF Cash Assistance if:

- *The Self Sufficiency Contract (JFS 03801)* or *Individual Opportunity Plan (JFS 03004)* is not signed
- After signing the contract, household members do not comply with the terms of the contract
- Household income exceeds the allowable amount for the household size
- Benefits have been received fraudulently

Additional individuals who are not eligible include: Fugitive felons, probation/parole violators, an individual who does not meet the qualified non-citizen requirement, or individuals convicted for fraudulently misstating where they live in order to receive benefits.

Cash Assistance (Continued)

What Information Do I Need to Give to the County JFS Office When Applying for Cash Assistance?

Examples of the information that you may need to provide about yourself and your household members include:

- SSN or proof that you've applied for one
- Income (ex: pay stubs, tax records, or child support notices)
- Proof of citizenship
- Court documents and birth certificates when specified relatives apply
- Identity (ex: a driver's license or state ID)
- Any child care or dependent care costs

How Do I Get My Cash Assistance?

You may choose to receive your monthly benefits through either direct deposit into your checking or savings account or through the Way2Go (a prepaid MasterCard). The amount of benefits you receive depends on a number of factors, including your responses to application questions and household size and income.



Note: The Way2Go may be used at banks, ATMs, and most retailers that accept MasterCard. It may not be used at liquor stores, casinos, gaming establishments, or adult entertainment establishments in which performers disrobe or perform in an unclad state for entertainment purposes.

Ohio Works First (OWF): SSN Information

Each person in your household who wants to receive OWF Cash Assistance must provide their SSN when applying. Public Children Services Agencies (PCSAs) may also use your SSN to provide services to your family and to verify benefits or services. If you apply for, or are receiving OWF Cash Assistance or are receiving PRC services, and it is found that you have an outstanding felony warrant or are in violation of probation or parole through an SSN match, your current address may be released to appropriate law enforcement agencies. Your SSN may also be used for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

You Must Report Changes:

If you receive OWF Cash Assistance or RCA, you must report the following changes within 10 days of the date they occur:

- 1 Changes in family income (earned or unearned) by more than \$50
- 2 When a household member becomes pregnant, or the pregnancy ends
- 3 When a school-age child drops out of school
- 4 Changes in household composition
- 5 Changes in child support responsibilities
- 6 Address changes, including relocation to another county
- 7 Information related to an absent parent changes
- 8 A minor parent's living arrangement changes
- 9 A household member violates a condition of probation or parole
- 10 A household member becomes a fugitive felon

Cash Assistance Rights and Responsibilities

OWF Cash Assistance: Child and Spousal Support

If you receive child or spousal support payments and are approved for OWF Cash Assistance, the State will keep all or part of your child or spousal support payments to cover the cost of the OWF Cash Assistance benefits.

As a condition of your eligibility for OWF, you are required to cooperate with the Child Support Enforcement Agency (CSEA) in establishing paternity or in securing support from the absent parent(s). For more information, review the *Notice to Individuals Applying for or Participating in OWF Regarding Cooperation with the Child Support Enforcement Agency (CSEA) (JFS Form 07092)* at the end of this guide.

Assignment of child or spousal support becomes effective the first of the month following the date you are approved for OWF Cash Assistance. Any child or spousal support you received prior to this will be considered when determining how much support you are eligible for in the first few months after you apply. If you receive past-due child or spousal support that accumulated before the month you started to receive assistance, you will be allowed to keep that amount.

Refugee Resettlement Program

Everyone in your family who wants to receive Refugee Cash Assistance (RCA) or Refugee Medical Assistance (RMA) under the Refugee Resettlement Program must provide information about their immigration or citizenship status. Certain members of your family may be ineligible for assistance because of their immigration status. If that happens, other family members may still be able to receive assistance if they are otherwise eligible. If you want to find out whether other family members are eligible for RCA or RMA under the Refugee Resettlement Program, you will need to provide information about their citizenship or immigration status. You will also need to answer questions about your family's income and other questions asked by the county JFS office. Although the county JFS office may request that you provide an SSN when you apply for RCA or RMA under the Refugee Resettlement Program, you do not have to provide an SSN. If you do provide an SSN, the county JFS office must tell you how it will be used.

Medicaid

Ohio Medicaid and related programs provide access to health care services for qualifying individuals, including children, pregnant women, parents, seniors, and people with disabilities.

What Determines My Eligibility for Medicaid?

To receive Medicaid, you must:

- Live in Ohio
- Be a U.S. citizen or a qualified non-citizen
- Provide your SSN, if applicable
- Cooperate with the Child Support Enforcement Agency (CSEA) to establish the paternity of and obtain medical support for any Medicaid-eligible child
- Cooperate with identifying and pursuing any person or company who may be responsible for your medical care or services
- Apply for and accept any other benefits you should be getting (such as Supplemental Security Income, Social Security Disability Insurance, annuities, or veterans' benefits)
- Meet the income, resource, and other program requirements

Medicaid Coverage Chart

SSI Medicaid: Medicaid coverage for individuals who receive Supplemental Security Income (SSI) benefits.

Adult Extension: Medicaid coverage for individuals ages 19-64.

Parents and Caretaker Relatives: Medicaid coverage for parents and caretaker relatives with children under age 18.

Pregnant Women: Medicaid coverage for women throughout the pregnancy and 12 months postpartum.

Children: Medicaid coverage for children up to age 19. Coverage for children in families with incomes above 156% of the federal poverty level is available only if the children have no other creditable health insurance.

Presumptive Eligibility: Immediate, time-limited Medicaid coverage for eligible individuals.

Presumptive Eligibility for Children: Immediate, time-limited Medicaid coverage for children up to age 19.

Presumptive Eligibility for Pregnant Women: Immediate, time-limited Medicaid for ambulatory prenatal care for pregnant women. This does not cover inpatient labor or delivery.

Refugee Medical Assistance (RMA): Time-limited Medicaid coverage for refugees. The program provides a medical screening and other medical services to qualified non-citizens.

Non-Citizen Emergency Medical Assistance (NCEMA): Medicaid coverage for the treatment of emergency medical conditions for certain individuals who meet all Medicaid requirements other than the citizenship requirements. Resources may be required to determine eligibility for NCEMA.

Transitional Medical Assistance (TMA): Up to six months of Medicaid and potential for an additional six months of Medicaid coverage with quarterly reporting for families who would otherwise lose coverage because a family member got a new job or is earning more money.

Aged, Blind, or Disabled (ABD): Medicaid coverage for individuals who are at least 65 years old and individuals of any age who are blind or disabled.

Medicaid Buy-In for Workers with Disabilities (MBIWD): Medicaid coverage for working, disabled individuals ages 16 to 64. If income is above a certain amount, individuals may need to pay a premium to get MBIWD.

Medicaid (Continued)

Medicaid Coverage Chart

Medicare Premium Assistance Program (MPAP): Medicaid assistance programs that help pay Medicare costs.

- **Qualified Medicare Beneficiary (QMB):** Pays Part A and B premiums, deductibles, copays, and coinsurance.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Pays Part B premiums only.
- **Qualifying Individual (QI):** Pays Part B premiums only.
- **Qualified Disabled and Working Individuals (QDWI):** Pays Part A premiums only.

Residential State Supplement (RSS): A supplemental cash payment program for aged, blind, or disabled individuals who meet a protective level of care. RSS helps to pay the costs of living in certain residential care facilities.

Long-Term Care (LTC) or Home and Community-Based Services (HCBS) Waivers: Available for individuals who have special care needs, as determined by a health care provider and meet an intermediate or skilled level of care.

Program for All-Inclusive Care for the Elderly (PACE): A “total care” program run by both Medicare and Medicaid in Cuyahoga County.

Breast and Cervical Cancer Project (BCCP): Medicaid coverage for certain individuals who need treatment for breast or cervical cancer, or breast or cervical pre-cancerous conditions. These individuals must have been screened for the BCCP program by the Ohio Department of Health before applying for BCCP Medicaid.

Children in Care/Former Foster Children: Medicaid coverage for children in the custody of a public children services agency (PCSA), in receipt of foster care or adoption assistance under Title IV-E, or in receipt of state or federal adoption assistance. The program also covers individuals who aged out of foster care on their 18th birthday, until they turn 26 years old.

Continuous Eligibility for Children: Once found eligible for Medicaid, every child up to age 19 receives 12 months of continuous coverage.

Medicaid (Continued)

Which Health Care Services Are Covered by Medicaid?

Medicaid covers many health care services such as preventative care and home health services, but for some services, you may need to pay a copay. There are no copay requirements for pregnant women and children (up to 21 years old). Medicaid also covers well-child checkups including immunizations for newborns through age 20 through the Healthcheck program.

You can find more information on these and other services that Medicaid covers at medicaid.ohio.gov/families-and-individuals/srvcs/services.

Help with Past-Due Medical Bills:

If you have medical bills from any of the three months before you applied, those bills may be covered if you are eligible. Contact your county JFS office for more information.

Annuities:

If you need Medicaid and have an annuity, you will have to name the State of Ohio as the remainder beneficiary in the first position (unless you have a spouse or a minor child).

Estate Recovery: If you receive Medicaid after you turn 55 years old or while you are considered permanently institutionalized, after your death, Medicaid will seek repayment for the cost of the services provided to you. Medicaid will collect this debt from real or personal property (such as your house, bank accounts, trusts, life insurance, retirement funds, or stocks and bonds).

The Attorney General's office handles estate recovery. For more information, contact:



Medicaid Estate Recovery Unit

Collections Enforcement
30 E Broad Street, 14th Floor
Columbus, Ohio 43215

Estate recovery may be delayed or may not occur if you have:

- A surviving spouse
- A surviving child (up to 21 years old)
- A surviving blind or disabled child of any age who was living with you
- A surviving sibling or child who cared for you in your home
- Received only Medicare Premium Assistance Program services on or after January 1, 2010

Note: Even if none of these apply, your heir may claim that estate recovery would cause an undue hardship for them.

Ohio's Partnership for Long-Term Care Insurance: Ohio long-term care insurance companies can now offer policies that qualify under Ohio's Long-Term Care Partnership Insurance Program. Partnership insurance offers a way for individuals to buy long-term care insurance, receive policy benefits, and protect a matching amount of assets if they need to apply for Medicaid. As a Medicaid recipient, you may make the decision to buy long-term care insurance. Visit insurance.ohio.gov/consumers/long-term-care/partnership-ltc-ltc4me for more information.

Medicaid (Continued)

Extra Help Medicare Program:

If you have Medicare Part D coverage, Medicaid will not pay for your prescription drugs. However, you may apply for “Extra Help,” a Medicare program that helps individuals with limited income and resources pay for Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance. If you are eligible for Extra Help, you won’t have to pay a deductible and your copay will be reduced.



For more information:
Call 800-MEDICARE (800-633-4227)
Visit [medicare.gov](https://www.medicare.gov)

Home and Community-Based Services (HCBS) Waivers:

HCBS waivers help Medicaid-eligible individuals remain at home instead of going to a nursing home, hospital, or facility for individuals with developmental disabilities. Individuals enrolled in Medicaid waiver programs may receive nursing, Activities of Daily Living (ADLs), and skilled therapy services.



For more information:
Visit medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/hcbs/waivers

Medicaid Rights and Responsibilities

There are several categories of Medicaid, each with separate requirements. In general, you must:

- Give your county JFS office all requested documents
- Let your county JFS office know of any changes in your household within 10 days
- Cooperate with the application, renewal, auditing, and quality control processes
- Select a managed care plan, if required, as soon as possible

If you need help applying or reapplying for Medicaid, or getting the requested documents, ask your county JFS office for help.

Medicaid Citizenship and Immigration Status

Individuals who want to receive Medicaid must provide information about their citizenship or immigration status. If you are applying for a child, you must provide information about the citizenship or immigration status of the child.

Individuals in the same household who do not want to receive Medicaid do not have to provide information about their citizenship or immigration status. Individuals who are applying for Non-Citizen Emergency Medical Assistance (NCEMA) do not have to provide information about their citizenship or immigration status.

Child Care Assistance



The **Publicly Funded Child Care (PFCC)** program helps parents pay for child care while they are working, in school, or in training. To qualify, you must meet certain financial and non-financial requirements.

How Do I Apply for Child Care?

You may apply for PFCC online at ssp.benefits.ohio.gov, by phone at 844-640-6446, or by filling out the *Application for Supplemental Nutrition Assistance Program (SNAP), Cash, Medical, or Child Care Assistance (JFS 07200)* and submitting it to your county JFS office via mail, fax, or in-person. You can get this form from your local county JFS office or at jfs.ohio.gov/form07200.

You may also obtain the *Early Childhood Education Eligibility Screening Tool (JFS 01121)* and the *Publicly Funded Child Care Supplemental Application (with Voter Registration) (JFS 01122)* from your Early Childhood Education (ECE) Services provider and submit both completed documents to your local county JFS office.

What Information Do I Need to Provide When Applying for PFCC?

You will need to provide the following information about yourself and all household members:

- Information on every household member and citizenship for child(ren) needing care (ex: birth certificate or citizenship documents)
- Income (ex: pay statements, tax records, benefit award notices, or child support notices)
- Employer/Education/Training Information
- Name and Address of Child Care Provider

What Is Special Needs Child Care?

Special needs is when a child has one or more chronic health conditions and/or does not meet age-appropriate developmental milestones. Children who receive special needs child care services may continue to receive PFCC until their eligibility period ends once the child turns 18.

If you feel your child is in need of special needs child care, be sure to indicate this on your application.

Types of Child Care Available:

- **Licensed Child Care Centers:** Care that is provided in a center or school setting and serves more than seven children
- **Family Child Care:** Care that is provided in the provider's home
- **In-Home Aide:** Care that is provided in the family's home
- **Educational Programs Licensed by the Ohio Department of Education (ODE):** Preschool and School-aged Early Care
- **Day Camps:** Recreational, educational, or other enrichment programs for school-aged children

How to Find a Child Care Provider:

Caretakers may select any program approved to offer PFCC. If you would like help selecting a provider, use the Child Care Directory at childcaresearch.ohio.gov. The directory allows you to search by location, program type, services offered, hours of operation, and Step Up To Quality rating. Licensing inspections and substantiated complaints are also available for review.

What is Step Up To Quality?

Step Up To Quality is Ohio's quality-rating system for child care programs. Ratings are awarded based on the program's implementation of standards that go beyond the minimum health and safety standards. For more information, visit the DCY child care website at <https://childrenandyouth.ohio.gov/for-providers/step-up-to-quality>.

Am I Responsible for Paying for Child Care Services?

You may be required to pay for part of your child care in the form of a copayment. The amount you pay is based on your gross monthly income and family size.

Child Care Assistance (Continued)

What Am I Responsible for?

If you receive PFCC, you are responsible for:

- Choosing a provider that has an active provider agreement with ODJFS
- Paying any required copayment (if applicable) to the provider. If you fail to pay the required copayment, your PFCC may be terminated
- Accurately recording your child's attendance at the Child Care program by utilizing an automated attendance tracking system

You Must Report Changes:

You must report the following changes within 10 days of the date they occur:

1 Changes in family income

2 When a preschool child becomes a school-age child and begins attending elementary school

3 When a school-age child changes schools

4 Changes in household composition

5 Changes in caretaker participation in a qualifying activity

6 Address changes, including relocation to another county

Appealing Your Decision: Next Steps

You have two options when appealing JFS' decision about your eligibility for benefits:

- 1) County Conference:** This is an informal meeting with your county JFS office. Check the "I want a County Conference" box on the *State Hearing Request Form (JFS Form 04069)* or contact the county JFS office to request a County Conference.
- 2) State Hearing:** This is a virtual meeting with a hearing officer from ODJFS and a representative from your county JFS office; you will not have to go to court. You can call in to participate in your State Hearing by telephone or by video using your smart phone, tablet, or computer.

Ways to Appeal:



Turn in the hearing request online through the Bureau of State Hearings' State Hearing Access to Records Electronically (SHARE) Portal hearings.jfs.ohio.gov/share

- Log in to the SHARE Portal using your Case ID and password to turn in your request.



Email bsh@jfs.ohio.gov and in the subject line, put "State Hearing Request"

- In the message, include your name, case number, and reason for requesting a hearing, or attach a copy of the completed State Hearing Form.



Mail the State Hearing Form to Bureau of State Hearings

- P.O. Box 182825, Columbus, OH 43218-2825



Call the ODJFS Consumer Access Line at 866-635-3748 and follow the instructions for State Hearings

Contact your county contact by mentioning this notice and turning in the completed attached form

- You may also contact your county contact by phone.



Fax the State Hearing Form to your county JFS office

Note: You must ask for a hearing within 90 days of the mailing date of the notice. If the county JFS office proposed terminating or reducing your benefits and you want your benefits to continue pending the hearing, the Bureau of State Hearings must receive your request for a State Hearing within 15 days of the mailing date of the notice. If the hearing decision is not in your favor, you may have to return benefits.

The State Hearing Process



Before the State Hearing:

You can request a State Hearing or access State Hearing information through the Bureau of State Hearings' State Hearing Access to Records Electronically (SHARE) Portal. You can access the SHARE Portal online at hearings.jfs.ohio.gov/SHARE/ and log in with your Ohio Benefits Self-Service Portal user ID and password, or register for a new account. The SHARE Portal is the easiest and fastest way to request a hearing and stay informed about your hearing's status. After your request for a hearing is received, the Bureau of State Hearings will send you a notice with the date and time of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also contain important information about how to join the hearing either on the telephone or virtually. If you are not able to join the hearing using one of these methods, or if you have any scheduling considerations, you must contact the Bureau of State Hearings at 866-635-3748 as soon as you receive the notice for the hearing. This information is also available once you log into the SHARE Portal and through the automated information available at 866-635-3748 and will contain information about how to participate in your hearing.

The State Hearing Process (Continued)

Before the State Hearing (Continued):



Assistance at the State Hearing

Someone else may help you with your State Hearing (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if you send your signed authorization to your county JFS office.

Before and during the hearing, you may look at your case file and any other evidence the county JFS office has. You may also examine the rules being used to decide your case. The county JFS office will make free copies for you to help you get ready for the hearing. If you need copies, please call your county JFS office before your hearing.

Legal Assistance

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 local Legal Aid office, call 866-LAW-OHIO (866-529-6446), toll-free, or search the Legal Aid directory at ohiolegalhelp.org/find-your-legal-aid. If you want a notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address before the hearing.

Subpoena

You can ask ODJFS 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 include the name and the address of the person or document you want subpoenaed.

At the State Hearing:



Please do not wait for the hearing officer to call you. You must dial-in, or go online, to attend your hearing. It is highly recommended to join the hearing a few minutes before, but no later than, your scheduled start time. Because hearing officers are scheduled for many hearings each day, your hearing may not start on-time. We ask that you allow 30 minutes for the hearing officer to arrive. **Note:** If you do not dial-in or attend your hearing online, the hearing officer will not call you for your hearing.

At the hearing, you will meet with a county JFS office representative and a state hearing officer to talk about your case. Your county JFS office representative will explain the county JFS office's action. You can explain why you don't agree with the decision. The hearing officer will listen to both sides, may ask questions, and will tape-record the conversation. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

After the State Hearing:



After the hearing, the hearing officer will review your case fairly and objectively. The hearing officer will make a decision based on the information given during the hearing and whether the rules were applied correctly and you will receive the hearing decision in writing.

SNAP Benefits Decision:

You will be sent a written decision within 60 days of the date you requested the hearing.

ALL OTHER Program Decisions:

You will be sent a decision within 90 days from the date you requested the hearing.

To check the status of your appeal, call 866-635-3748 or check the SHARE portal.

Frequently Asked Questions (FAQs)

Is there another way to work out my concerns?



Having a county conference at the county JFS office is often a quicker way to resolve your appeal. At the conference, a county worker will look over your case and can correct any mistakes. You can call the county JFS office to request a County Conference. If the problem is not solved at the conference, you can still ask for a State Hearing.

The Bureau of State Hearings can also assist you with resolving your appeal with the county JFS office through the pre-hearing resolution process once you request a hearing.



What if I missed my State Hearing?



If you or your Authorized Representative do not attend the hearing, the Bureau of State Hearings will send you a dismissal notice. If you want to continue with your hearing request, you must contact the Bureau of State Hearings within 10 days and explain why you or your Authorized Representative did not come to the hearing.

The hearing officer will decide whether you had good cause to miss the hearing and may request that you provide verification of good cause. If you do not contact the Bureau of State Hearings within ten calendar days and show good cause, your hearing will be dismissed. The county JFS office will then proceed with the action it was planning to take. If you don't agree with the dismissal, the dismissal notice will explain how to ask for an administrative appeal.



What if I do not agree with the hearing decision?



If you do not agree with the hearing decision, you can ask for an administrative appeal. The written decision notice from the hearing officer will tell you how to ask for an appeal. An administrative appeal must be requested within 15 days of the date the State Hearing decision was issued.

If you don't agree with the administrative appeal decision, you do not have the option to have another hearing. However, you can ask for a judicial review. A judicial review is an appeal to the court. You must file a judicial review within 30 days of the date of the administrative appeal.



Rights & Resources: Social Security Numbers (SSN)

You must provide your county JFS office with an SSN, or apply for an SSN, for each person applying to receive assistance. You may not need to provide an SSN in all situations. The collection of this information, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036, Section 1137(a) of the Social Security Act, 42 C.F.R. 435.910, and Rules 5101:4-3-22, 5101:1-1-03, 5160:1-2-10, and 5101:1-3-09 of the Ohio Administrative Code.

Personal Information

The information you give your county JFS office is private and will be kept confidential and secure. Your information will only be viewed by JFS staff actively handling your case or participating in a quality control review.

Without your permission, JFS cannot share the following information:

- Names and addresses
- Medical services provided
- Personal information
- Social and economic conditions or circumstances
- Medical data, including diagnosis and history of disease or disability
- Information received for verifying income eligibility and how much assistance you were given
- Any information received about other companies that may be responsible for helping pay for your medical care

However, there are times when your information may be shared without your permission. This happens when the local county JFS office, ODJFS, or ODM checks the information you give. For example, the local county JFS office may use your SSN when contacting other agencies or people to make sure that your information is correct and that you qualify for help.

To make sure your household is eligible and receives the correct amount and type of benefits (SNAP, Cash, etc.), federal, state, and local officials will check the information you provide. The State Income and Eligibility System, the Disqualified Recipient Subsystem, other computer matching systems, program reviews, and audits will also be used to check your information for eligibility purposes. Some information may also be sent to the U.S. Citizenship and Immigration Services (USCIS) to verify that it is correct. If you did not provide an SSN for some household members, their information will not be shared with USCIS.

ODJFS and ODM may share your information if:

- Your application for Medicaid is denied for being over income. It may be sent to the Federally Facilitated Marketplace (FFM) to determine if you qualify for other health insurance.
- Somebody calls a county JFS office asking for information about you. JFS must have either a signed *Release of Information Form (JFS Form 03741)* or a signed document from you indicating your Authorized Representative.
- They enter into a data-sharing agreement with other agencies. This will allow them to get or give out your household's SSNs, income, eligibility, or medical insurance information (called third-party liability).
- A court issues a subpoena for your case record. ODJFS and ODM will then share your information with the court. This can happen if you are under investigation, prosecution, or are charged with a civil or criminal crime related to benefits provided by ODJFS or ODM.
- You applied for multiple programs on your application. ODJFS and ODM will then share your information with those programs. This could include child support, the special supplemental nutrition program for women, infants, and children (WIC), and Help Me Grow (HMG).
- They need information from outside agencies to verify your eligibility for benefits. This information can be used as proof, so you won't have to provide certain documents yourself. These outside agencies include the U.S. Department of Health and Human Services (HHS), the Social Security Administration (SSA), the U.S. Department of the Treasury (USDT), the Ohio Department of Taxation (ODT), and the Ohio Department of Health (ODH).
- Your application is approved. ODJFS and ODM may then share details about child care authorizations for your child(ren) with the approved child care provider.

Personal Information (Continued)

It is important for you to know that ODJFS or ODM:

- Will not send you emails or text messages requesting your personal information or asking for your Personal Identification Number (PIN)
- Will not call you to ask for personal information that you already provided us
- Will not send you holiday greetings, public announcements, or political information (except voter registration materials)
- Will not share your data or information with companies or telemarketers
- Will provide you with voter registration information and materials when you apply or reapply for benefits, or when you report a change to your case
- May send you health and welfare information, such as free medical exams, availability of surplus food, and consumer protection information

Additional Information

Religious Agencies

Some county JFS offices have agreements with other agencies to provide services to families who may be receiving work support services through the PRC program, or to serve as work sites for parents receiving OWF Cash Assistance. Some of the services or work sites may be at religious organizations, such as churches. If you do not want to go to a religious organization for services or to work, let your county JFS office know.

Domestic Violence

Domestic violence is when you or someone in your household is hurt by a partner, spouse, boyfriend or girlfriend, a family member, or someone living in your home. This can include hitting, making threats, stalking and/or following you or preventing you from coming or going freely. All information you choose to share is confidential. You are not required to report domestic violence to your county JFS office, however, your county JFS office is required by law to report child abuse to the county public children services agency (PCSA).

Domestic Violence Resources

Ohio Domestic Violence Network:
Website: odvn.org
Phone: 800-934-9840

National Domestic Violence Network:
Website: thehotline.org
Phone: 800-799-7233 | TTY/TDD: 800-787-3224

Domestic Violence Waivers:

If you are unable to meet certain program requirements due to domestic violence, please contact your county JFS office for more information on how to receive a waiver. If the county JFS office grants your waiver request, you will not have to meet some program requirements while the waiver is in place.

- **Work:** You may be temporarily excused from your work requirement if it may put you or your children in danger of domestic violence, or if it interferes with your ability to escape the domestic violence.
- **Child Support:** You may be temporarily excused from cooperating with child support rules if your local Child Support Enforcement Agency (CSEA) determines that cooperation would not be in the best interests of the child or would make it more difficult for the caretaker or child to escape domestic violence. During this time, you will be excused from cooperating with the CSEA in establishing paternity or establishing/enforcing a support order.
- **Time Limits:** OWF Cash Assistance provides benefits to eligible families for up to 36 months. However, you may be eligible to receive benefits for longer than 36 months if losing them will put you or your children in danger of domestic violence or interfere with your ability to escape the domestic violence.

Civil Rights

Individuals eligible for, receiving services from, and/or benefiting from programs funded through ODJFS and ODM are protected by various laws, regulations, rules, and policies against unlawful discrimination on the basis of race, color, religion, disability, age, sex, national origin, political belief, political affiliation, and citizenship/participation status. Protected classes may vary depending on the program.

What is Discrimination?

Discrimination is an action, policy, or practice, that results in unequal and/or prejudicial treatment of people based on their race, religion, gender, age, sexual orientation, and/or other categories. Individuals within a protected class cannot be:

- Denied or delayed any service, aid, or other benefit provided by an ODJFS/ODM program due to their protected status
- Subjected to segregation or disparate treatment in an ODJFS/ODM program
- Given services in humiliating or embarrassing ways
- Provided services using different rules to decide who will get help Limited in the use of buildings, rooms, or other space in a way that denies them participation or access
- Denied access to a service because buildings or facilities are not physically accessible to those with disabilities or because there was no way to effectively communicate with the service provider

If you are denied or delayed equal service and you think it was because of your protected class, you may have been subjected to unlawful discrimination. There is a difference between lawful and unlawful denial or delay of benefits and/or services. Individuals may be denied benefits and/or services if they do not meet the eligibility requirements. This is not considered unlawful or discriminatory.

Note: Title VI of the Civil Rights Act of 1964 allows you to be asked for racial and ethnic information. You do not have to provide this information, however, giving this information will help ODJFS follow Federal Civil Rights law. If you do not want to provide this information, it will have no effect on your case.

Filing a Complaint

If you believe you have been delayed or denied services because of your age, sex, national origin, political belief, political affiliation, or citizenship/participation status (protected classes may vary depending on the program), **you must file your complaint within 180 days of the date of the incident or treatment.**

Questions on How to File a Complaint?

If you have questions about how to file a complaint, call the ODJFS Bureau of Civil Rights, toll-free, at 866-227-6353, email Civil_Rights@jfs.ohio.gov, or write to that office at the address shown below.

Complaints regarding incidents of alleged discrimination should be sent to:

The Ohio Department of Job and Family Services, Bureau of Civil Rights
30 E. Broad Street, 30th Floor
Columbus, Ohio 43215-3414

If you need free legal help or advice, call 866-LAW-OHIO (866-529-6446), toll-free, or search the Legal Aid directory at ohiolegalhelp.org/find-your-legal-aid.

Website: jfs.ohio.gov/civilrights/complaint.stm

Phone: 614-644-2703 or toll-free at 866-227-6353

Fax: 614-752-6381

Civil Rights (Continued)

ODJFS will review your complaint. If it is determined that discrimination occurred, the department will act to correct it. Because ODJFS programs may have different complaint jurisdictions, your complaint can be forwarded and/or you can contact the following offices directly:

The Ohio Department of Medicaid, Office of Human Resources, Employee Relations

P.O. Box 182709
Columbus, Ohio 43218-2709

Website: [medicaid.ohio.gov/families-and-individuals/coverage/already-covered/rights](https://www.medicaid.ohio.gov/families-and-individuals/coverage/already-covered/rights)

Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov

U.S. Department of Health and Human Services - Office for Civil Rights

200 Independence Ave SW
Washington, D.C. 20201

Website: [hhs.gov/ocr/complaints/index.html](https://www.hhs.gov/ocr/complaints/index.html)

Phone: 877-696-6775

U.S. Department of Labor Civil Rights Center

200 Constitution Ave, Room N-4123
Washington, D.C. 20210

Website: [dol.gov/agencies/oasam/civil-rights-center/how-to-file-complaint](https://www.dol.gov/agencies/oasam/civil-rights-center/how-to-file-complaint)

Fax: 202-693-6500

People with Disabilities



All persons with disabilities are protected against unlawful discrimination by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and similar state laws. You also are protected if you have a record of a medical or mental impairment, a combination of impairments, or if ODJFS, ODM, or your county JFS office has contracted with a private agency to help provide your benefits.

What is a Disability?

A disability is a physical or mental impairment, or a combination of impairments, that substantially limits one or more of your major life activities. A person is disabled if he or she is substantially limited in performing a major life activity compared to most people in the general population.

A major life activity includes, but is not limited to, the following: caring for yourself, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It also includes major bodily functions, such as your immune system, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Note: With the exception of eyeglasses or contact lenses, a person's disability should be determined whether or not medical care or a device will help them function well.

Who is a Qualified Individual with a Disability?

A qualified individual with a disability is someone who is applying or eligible for government benefits and services, such as SNAP or OWF Cash Assistance. ODJFS, your county JFS office, ODM, or an employer may have to make physical changes to allow you to access the agency's office or an assigned worksite. Or they may have to provide aids or special services (such as an interpreter, reader, or special equipment) to help you use the benefit or service or to communicate with them.

People with Disabilities (Continued)



Persons with disabilities who require alternative means of communication for program information (ex: Braille, large print, audiotape, American Sign Language, etc.), should contact the county JFS office (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

Accommodations

An agency or employer has a duty to reasonably accommodate your disability so you can take advantage of a program, benefit, or service. However, an accommodation may not be considered reasonable if it causes an undue financial or administrative burden or if it changes the fundamental nature of the program. Under any of these cases, the county JFS office or employer can refuse to make the accommodation. In addition, if you pose a “direct threat” to the health or safety of yourself or others, and if reasonable steps cannot remove the health or safety threat, you may not be able to participate in certain work activities. Any decision about whether you pose a direct threat will be made on an individualized, case-by-case basis and cannot be based on prejudices, fears, stereotypes, or assumptions.

Reasonable Accommodations May Include the Following:

- Ensuring that communication services are available for those with limited hearing, sight, and/or speech
- Ensuring that the workplace and/or service location is accessible
- Reassigning or relocating classes and/or modifying existing class environments
- Restructuring training curricula, formats, or training hours
- Providing special equipment (ex: large-type fonts for computer monitors)
- Providing help with filling out applications and gathering documentation
- Providing additional explanations of program rules
- Providing an interpreter if you are deaf or hard of hearing
- Making special appointment accommodations, such as rescheduling; scheduling for a particular day, time or location; allowing someone to accompany you; holding phone appointments; allowing extra time; or allowing home visits
- Sending copies of notices to a third party, such as a relative, neighbor, or advocate
- Making reasonable changes to agency policies or practices, for example, allowing a blind person to bring a service animal
- Posting signs showing the location of wheelchair-accessible entrances, restrooms, elevators, and interior ramps

Note: The above accommodations are not intended to be all-inclusive. Every person with a disability is unique and has unique needs. If you need a reasonable accommodation, let your county JFS office know what works best for you.

You are also protected if you are associated with a person with a disability. For example, if you have a minor child with a disability who requires medical treatment, therapy, or hospitalization, any appointments or work assignments should accommodate your child’s medical schedule.

Protecting Your Benefits

Make sure you are guarding your Ohio Direction Card and EPPICard™ to prevent yourself from being a victim of “card skimming.” Card skimming is when thieves place a device on a retailer’s card-swiping machine to copy your card information and steal your benefits. Card skimming can happen to anyone that uses a credit, debit, or EBT card, including an Ohio Direction Card and EPPICard™.

The following actions may help prevent you from becoming a victim of card skimming (continued):

- Keep your Personal Identification Number (PIN) a secret. Do not share your PIN with anyone outside your household. Cover the keypad when you enter your PIN on a card-swiping machine.
- Check your Ohio Benefits account regularly for unauthorized charges. If you notice any, change your PIN immediately to stop the thief from making any new purchases.

Protecting Your Benefits (Continued)

The following actions may help prevent you from becoming a victim of card skimming (continued):

- Check card reading machines to make sure there's nothing suspicious overlayed or attached to the card swiper or keypad. Overlays can be difficult to detect, but are often bigger than the original machine and may hide parts of it.
- Change your PIN monthly, before each scheduled benefit deposit, and/or after online purchases using your EBT card or cash card and PIN.
- Never share your EBT card or cash card number or PIN if you are asked for it through an email, text message, or phone call.

If you believe your benefits were stolen, change your Ohio Direction Card and EPPICard™ PIN right away, then ask for a new EBT card or cash card by calling 866-386-3071 for SNAP, or 866-320-8822 for cash cards. Notify your local county JFS office and file a theft report with your local law enforcement agency.

Contact information for your local county JFS office may be found at jfs.ohio.gov/county.

Helpful Resources

State of Ohio Resources

Children with Medical Handicaps

Website: odh.ohio.gov/know-our-programs/children-with-medical-handicaps

| Phone: 614-466-1700

County JFS Offices

Website: <https://jfs.ohio.gov/about/local-agencies-directory>

Early Childhood Programs and Services for Ohio's Families and Children

Website: boldbeginning.ohio.gov

Help Me Grow

Website: helpmegrow.ohio.gov | Phone: 800-755-GROW (800-755-4769)

Imagination Library

Provides free monthly books for children in Ohio up to age 5. Website: ohioimaginationlibrary.org

Ohio's Best Rx:

Website: rxresource.org/prescription-assistance/ohios-best-rx.html | Phone: 866-923-7879

Ohio Department of Job and Family Services (ODJFS)

Website: jfs.ohio.gov | Phone: 866-ODJFS4U (866-635-3748)

Ohio Domestic Violence Network

Website: odvn.org | Phone: 800-934-9840

Ohio Government

Website: ohio.gov | Phone: 614-466-2000

Register to Vote

Website: olvr.ohiosos.gov | Phone: 877-767-6446

Search for Early Care and Education Programs

Website: childcaresearch.ohio.gov | Phone: 877-302-2347

SNAP, Cash, Medicaid, and/or Child Care

Assistance: Apply Online or Report Changes

Websites: benefits.ohio.gov; medicaid.ohio.gov | Phone: 844-640-6446

Step Up To Quality (SUTQ):

Ohio's Child Care Quality Rating System

Website: <https://jfs.ohio.gov/child-care/step-up-to-quality>

Unemployment Benefits

Website: unemployment.ohio.gov

Phone: 877-OHIOJOB (877-644-6562)

Women, Infants and Children (WIC)

Website: odh.ohio.gov/know-our-programs/Women-Infants-Children | Phone: 844-601-6881

Program Information Resources

Medicaid Consumer Hotline

Website: medicaid.ohio.gov | Phone: 800-324-8680

Medicare

Website: medicare.gov | Phone: 800-MEDICARE (800-633-4227)

Social Security Administration

Website: ssa.gov | Phone: 800-772-1213



Mike DeWine, Governor
State of Ohio

Matt Damschroder, Director
Ohio Department of Job and Family Services

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Mike DeWine, Governor
State of Ohio

Maureen Corcoran, Director
Ohio Department of Medicaid



Mike DeWine, Governor
State of Ohio

Kara Wente, Director
Ohio Department of Children and Youth

NOTICE TO INDIVIDUALS APPLYING FOR OR PARTICIPATING IN OHIO WORKS FIRST (OWF) REGARDING COOPERATION WITH THE CHILD SUPPORT ENFORCEMENT AGENCY (CSEA)

You are required, as a condition of your eligibility for OWF, to cooperate with the Child Support Enforcement Agency (CSEA) in establishing paternity or in securing support from the absent parent(s).



Your Cooperation is Needed

In cooperating with the CSEA, you may be asked to do one or more of the following:

- Name the parent of any child applying for or participating in OWF;
- Give information you have to help locate the absent parent;
- Help determine legally who the father is;
- Help to obtain support payments due you or your child(ren);
- Come to the CSEA or court, if necessary, to give information about the parent of your child(ren).

Child support cooperation is a provision in your Self Sufficiency Contract (JFS Form 03801). When you or any member of your assistance group fail or refuse to cooperate with the CSEA, you will be subject to the following sanction criteria:

- First failure or refusal results in termination of your OWF for one month;
- Second failure or refusal results in termination of your OWF for three months;
- Third or more failure(s) results in termination of your OWF for six months.

Benefits of Cooperating

Your cooperation with the CSEA might result in the following benefits to your child(ren):

- Finding the absent parent
- Legally establishing your child(ren)'s paternity
- Establishing a child(ren) support order for your child(ren)
- Enforcing the child(ren) support order
- Receiving support payments higher than your public assistance grant
- Obtaining rights for your child(ren) to receive future benefits (ex: Social Security, Veterans', etc.)



Good Cause: What is Considered a Valid Reason for Not Cooperating?

If cooperating with the CSEA would not be in the best interests of the child(ren), or would make it more difficult for you or the child(ren) to escape domestic violence, you may ask for a Good Cause Waiver. If you are granted a Good Cause Waiver, you will not have to cooperate with the CSEA.

Reasons for Requesting a Good Cause Waiver

You may request a Good Cause Waiver when:

- You are or the child(ren) is being subjected to domestic violence and cooperation would not be in the best interests of the child(ren) or would make it more difficult for you or the child(ren) to escape domestic violence;
- Legal adoption proceedings for the child(ren) are pending before a court and cooperation would not be in the best interests of the child(ren);
- Adoption of the child(ren) is under active consideration and cooperation would not be in the best interests of the child(ren); or
- The child(ren) was conceived as a result of incest or rape and cooperation would not be in the best interests of the child(ren).



Written Documentation

You must provide written documentation within 45 days of requesting a Good Cause Waiver to the CSEA so they can determine whether you have good cause for refusing to cooperate.

Written documentation is acceptable from any one of the following:

- Anyone whom you have sought assistance from, such as a governmental entity (police, courts, or other local agencies), shelters, legal, religious, medical, and/or other professionals who have knowledge of the domestic violence, if it is your reason for claiming good cause.
- A court, attorney, child protective services agency, or social services agency that indicates that legal adoption proceedings for the child(ren) are pending before a court, or if adoption of the child(ren) is under active consideration, and cooperation would not be in their best interests.
- A medical professional, law enforcement agency, or vital records agency verifies that the child(ren) was conceived as a result of incest or rape, and cooperation would not be in the best interests of the child(ren).

Note: If your reason for claiming good cause is that you or the child(ren) is/are **being subjected to domestic violence** and you cannot obtain written documentation, the CSEA can accept a written statement from you.

Please CHECK the boxes that apply to you, and SIGN at the bottom of the page:

- I have read, or have had read to me, and understand the statement concerning my right to claim good cause for refusing to cooperate with the CSEA. **(Required)**
- I want to ask the CSEA for a Good Cause Waiver. **If you check this box**, please fill out the blanks below:

Printed Full Name of Individual Requesting Good Cause Waiver

Case/Cat/Seq



To help protect your safety, do you want **all letters and correspondence about domestic violence** to be sent to a **different address** and/or would you like to be called at a **different phone number**?

- No - I do not want these correspondence sent to a different address** or to be called at a different phone number.
- Yes - I would like these correspondence sent to an alternate address and/or to be contacted at a different phone number.** If so, please put the alternate contact information below.

Street Address

City/State/Zip Code

Alternate Phone Number *(include area code)*

Signature of Applicant/Participant

Date

Signature of Worker

Date

Ohio Department of Medicaid
OHIO MEDICAID ESTATE RECOVERY

What is estate recovery?

Estate recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid eligible individual is deceased. This happens after the death of a Medicaid individual who was either permanently institutionalized or age 55 and older.

What is an estate?

An estate is all of the real and personal property owned by a Medicaid individual at the time of death, whether or not it passed through probate court.

What Medicaid benefits are subject to estate recovery?

Medicaid payments for services received since January 1995 are subject to estate recovery. Medicare premium assistance payments made after January 1, 2010, are subject to recovery only when the Medicaid individual was permanently institutionalized.

How does estate recovery work?

The estate's executor is responsible for notifying the Ohio Attorney General's Office (AGO) of a Medicaid individual's death, if the individual was permanently institutionalized or age 55 or older. Once the AGO has been notified, the AGO will present a claim to the estate.

When does estate recovery take place?

Recovery from the estate will only be made:

- ❖ After the death of the Medicaid individual's surviving spouse.
- ❖ When the deceased Medicaid individual has no surviving child younger than age 21.
- ❖ When the deceased Medicaid individual has no surviving child of any age who is considered blind or disabled under Medicaid regulations.

Does a will protect assets from estate recovery?

No. Ohio's Medicaid program and other creditors are paid before any assets are distributed to heirs or other beneficiaries.

Are there exceptions to estate recovery?

If there is an undue hardship to a survivor, the right to immediate recovery may be delayed or waived. Undue hardship is determined on a case-by-case basis.

Is a person's house subject to estate recovery?

Yes. A Medicaid individual's house may be subject to estate recovery. If the Medicaid eligible individual was permanently institutionalized, any claim from the sale of a house may be delayed while the individual's sibling or child resides in the home, if specific conditions are met.

Will the Attorney General's Office contact the family of the deceased?

After a Medicaid individual dies, the AGO will send a notice of claim to the estate's executor requesting repayment for the cost of Medicaid benefits. It is the estate executor's responsibility to notify any family members or other heirs who might be affected by the estate recovery. If the estate executor has not been identified to the AGO, the AGO may need to contact the Medicaid individual's family members.

How can the Attorney General's Office be reached?

The Medicaid Estate Recovery Unit of the AGO can be contacted at:

Medicaid Estate Recovery Unit
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215-3130

Information can be obtained online at <http://www.ohioattorneygeneral.gov/Business/Collections> or by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680, or by calling your local County Department of Job & Family Services.

Instructions to CDJFS: In Journal Notes, record the date that this form was given or mailed to the consumer.