



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://occrra.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? <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: _____
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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	<input type="checkbox"/> 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		

<p>Do you need any of the following services?</p> <p><input type="checkbox"/> Large Print Notices <input type="checkbox"/> Sign Language Interpreter</p> <p><input type="checkbox"/> Translator <input type="checkbox"/> Other _____</p>	<p>What is your preferred language?</p> <p>Spoken: _____</p> <p>Written: _____</p>
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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
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Activity Phone Number	Start Date / End Date
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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
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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? 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
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Child 2

Child 2 - 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. <input type="checkbox"/> Yes <input type="checkbox"/> No - My child is NOT a U.S. Citizen or a Qualified Non-Citizen				
Child's Needs: Does the child require Protective Child Care? If YES , is there a case plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT require Protective Child Care		
<input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT have a case plan				
Is the child in Head Start? <input type="checkbox"/> Yes - What is their schedule? From _____ to _____ <input type="checkbox"/> No - My child is NOT in Head Start				
Days/Hours Child Care is needed				
<input type="checkbox"/> Sun From _____ to _____	<input type="checkbox"/> Mon From _____ to _____	<input type="checkbox"/> Tues From _____ to _____	<input type="checkbox"/> Wed From _____ to _____	<input type="checkbox"/> Thurs From _____ to _____
<input type="checkbox"/> Fri From _____ to _____	<input type="checkbox"/> Sat From _____ to _____			
Provider Name	Provider Address	City	State	Zip Code

Child 3

Child 3 - 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. <input type="checkbox"/> Yes <input type="checkbox"/> No - My child is NOT a U.S. Citizen or a Qualified Non-Citizen				
Child's Needs: Does the child require Protective Child Care? If YES , is there a case plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT require Protective Child Care		
<input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT have a case plan				
Is the child in Head Start? <input type="checkbox"/> Yes - What is their schedule? From _____ to _____ <input type="checkbox"/> No - My child is NOT in Head Start				
Days/Hours Child Care is needed				
<input type="checkbox"/> Sun From _____ to _____	<input type="checkbox"/> Mon From _____ to _____	<input type="checkbox"/> Tues From _____ to _____	<input type="checkbox"/> Wed From _____ to _____	<input type="checkbox"/> Thurs From _____ to _____
<input type="checkbox"/> Fri From _____ to _____	<input type="checkbox"/> Sat From _____ to _____			
Provider Name	Provider Address	City	State	Zip Code

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, audiotape, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address (if necessary)	8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 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)	

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
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14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.	Your Signature ↓	Date (MM/DD/YYYY)
<div style="border: 1px dashed black; height: 60px; width: 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.**