

# Program Enrollment & Benefit Information

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SNAP, Cash, Child Care and Medicaid



**Department of  
Job & Family  
Services**

*"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](https://jfs.ohio.gov/about/local-agencies-directory)  
**ODJFS Customer Access Line** | Website: [jfs.ohio.gov](https://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](https://odvn.org) Phone: 800-934-9840  
**988 Suicide & Crisis Lifeline** | Website: [988lifeline.org](https://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](https://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](https://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](https://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](https://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



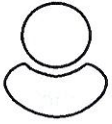
If you are approved for benefits, you will get an Approval notice with information about your benefits. However, if you are denied you will be sent a Denial notice explaining the decision.

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

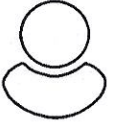
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## How to Apply: Frequently Asked Questions (FAQs)

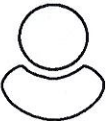
### What happens if I miss my interview?



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.



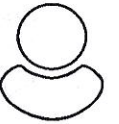
### When should I expect a response by?



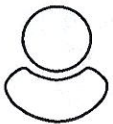
**SNAP, Cash, and Child Care Assistance:** Your county JFS office will determine your eligibility for these programs within 30 days of the date you turned in your application. If you are eligible, your benefits may be approved back to the date you turned in your application.

**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.



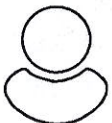
### What if I need communication assistance?



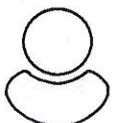
Those who are deaf, hard-of-hearing, deaf with low vision, or speech-disabled may use a TTY/TDD telephone to contact the Ohio Relay Service at 800-750-0750. Be sure to have the telephone number of the agency you wish to call ready, so that someone at the Ohio Relay Service can help you. For questions,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



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# 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/](https://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](https://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://ifs.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.

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# 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/](https://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.**

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## 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.

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## 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.**



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## 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 unclothed 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:**

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

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# 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.

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# 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

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**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.

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# Medicaid (Continued)

## Medicaid Coverage Chart

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**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.

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## 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](https://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](https://insurance.ohio.gov/consumers/long-term-care/partnership-ltc-ltc4me) for more information.

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## 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](https://www.medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/hcbs/waivers)

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## 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.

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## 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](https://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](https://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](https://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:**

- |   |  |
|---|--|
| <b>1</b> Changes in family income   | <b>4</b> Changes in household composition                            |
| <b>2</b> When a preschool child becomes a school-age child and begins attending elementary school | <b>5</b> Changes in caretaker participation in a qualifying activity |
| <b>3</b> When a school-age child changes schools  | <b>6</b> Address changes, including relocation to another county     |







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## 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](https://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](mailto: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.

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## 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/](https://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](http://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.

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## 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.



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## 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.

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### 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.

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## 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

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## 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](http://odvn.org)  
Phone: 800-934-9840

National Domestic Violence Network:  
Website: [thehotline.org](http://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.

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## 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](mailto: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](http://ohiolegalhelp.org/find-your-legal-aid).

**Website:** [jfs.ohio.gov/civilrights/complaint.stm](http://jfs.ohio.gov/civilrights/complaint.stm)

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

**Fax:** 614-752-6381

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## 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](http://medicaid.ohio.gov/families-and-individuals/coverage/already-covered/rights)

**Email:** [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto: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](http://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](http://dol.gov/agencies/oasam/civil-rights-center/how-to-file-complaint)

**Fax:** 202-693-6500

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## 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.



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## 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.

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## 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 overlaid 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](https://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](https://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](https://boldbeginning.ohio.gov)

#### Help Me Grow

Website: [helpmegrow.ohio.gov](https://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](https://ohioimaginationlibrary.org)

#### Ohio's Best Rx:

Website: [rxresource.org/prescription-assistance/ohios-best-rx.html](https://rxresource.org/prescription-assistance/ohios-best-rx.html) | Phone: 866-923-7879

#### Ohio Department of Job and Family Services (ODJFS)

Website: [jfs.ohio.gov](https://jfs.ohio.gov) | Phone: 866-ODJFS4U (866-635-3748)

#### Ohio Domestic Violence Network

Website: [odvn.org](https://odvn.org) | Phone: 800-934-9840

#### Ohio Government

Website: [ohio.gov](https://ohio.gov) | Phone: 614-466-2000

#### Register to Vote

Website: [olvr.ohiosos.gov](https://olvr.ohiosos.gov) | Phone: 877-767-6446

#### Search for Early Care and Education Programs

Website: [childcaresearch.ohio.gov](https://childcaresearch.ohio.gov) | Phone: 877-302-2347

#### SNAP, Cash, Medicaid, and/or Child Care Assistance: Apply Online or Report Changes

Websites: [benefits.ohio.gov](https://benefits.ohio.gov); [medicaid.ohio.gov](https://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](https://unemployment.ohio.gov) | Phone: 877-OHIOJOB (877-644-6562)

#### Women, Infants and Children (WIC)

Website: [odh.ohio.gov/know-our-programs/Women-Infants-Children](https://odh.ohio.gov/know-our-programs/Women-Infants-Children) | Phone: 844-601-6881

### Program Information Resources

#### Medicaid Consumer Hotline

Website: [medicaid.ohio.gov](https://medicaid.ohio.gov) | Phone: 800-324-8680

#### Medicare

Website: [medicare.gov](https://medicare.gov) | Phone: 800-MEDICARE (800-633-4227)

#### Social Security Administration

Website: [ssa.gov](https://ssa.gov) | Phone: 800-772-1213



Mike DeWine, Governor  
State of Ohio

Matt Damschroder, Director  
Ohio Department of Job and Family Services

JFS 07501 (Rev. 3/2024)

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Mike DeWine, Governor  
State of Ohio

Maureen Corcoran, Director  
Ohio Department of Medicaid



Mike DeWine, Governor  
State of Ohio

Kara Wentz, 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
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**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

