



Ohio | Benefits

Using the Ohio Benefits Self-Service Portal to Submit an Interim Report

To set up a self-service portal account, visit <https://ssp.benefits.ohio.gov>.

For instructions on how to create an account on the Self-Service Portal and how to link your case to an account, click the navigation menu (Four horizontal lines) in the upper left-hand corner and select “[help](#)” to access a complete guide.

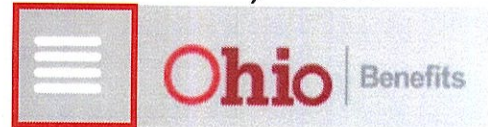


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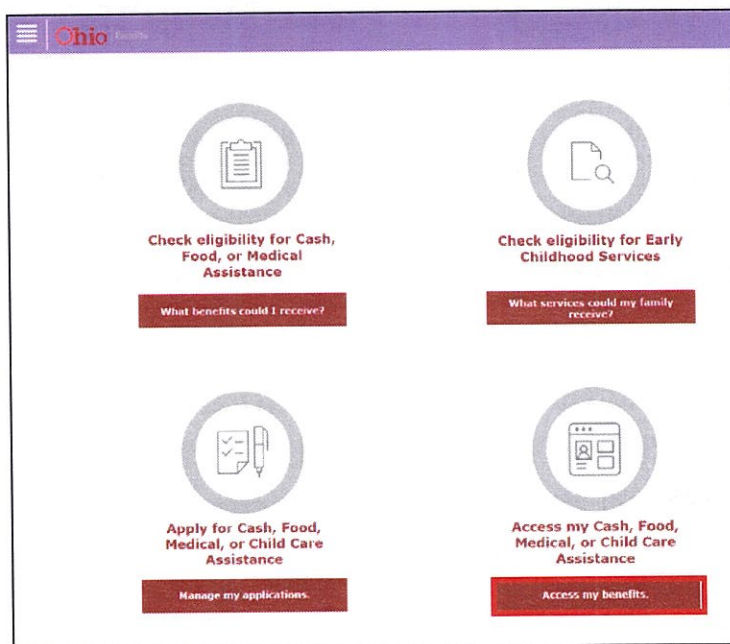
This institution is an equal opportunity provider.

Visit <https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>.

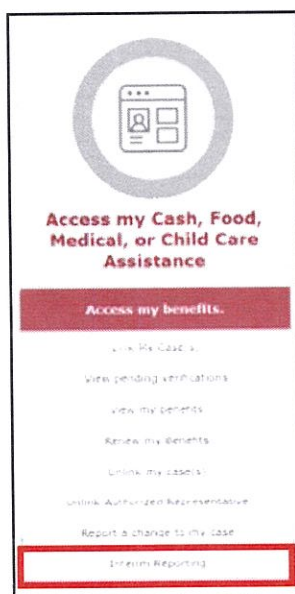
Cuyahoga Job and Family Services provides access to an interpreter at no charge to customers who are limited – English proficient and individuals with impaired vision and/or hearing.

Completing an Interim Report Electronically

1. Log in to your Self-Service Portal account at <https://ssp.benefits.ohio.gov>. For instructions on how to set up an account and link it to your case, click the navigation menu in the upper left-hand corner and select “help” to access a complete guide.
2. Once logged into your account, click **Access My Benefits**.



3. **Access my benefits** drop-down menu displays, click **Interim Reporting**.



4. **Select a case to view and answer interim reporting questions displays.**
- 1) Select the appropriate case. (NOTE: No case will display if an interim report is not due.)
 - 2) Click **Save and Continue**.

Select a case to view and answer interim reporting questions

Click the radio button against the case you wish to answer interim reporting questions for.

** Red asterisk indicates required*

Case Number*	Applicant	Programs
1 9999999	KAREN	SNAP

2

5. **It's time for your Interim Report will display, read the instructions (The screenshot does not display the entire page.)**

What do you do with this form?

You must:

- Fill out the below questions on the SNAP Assistance Interim Reporting Form which was sent to you by: DEADLINE 06/15/2022
- If a question says to Attach Proof, you will be prompted to attach proof once you click Save and Continue. Example: proof of insurance can be check stubs, self-employment records, award letters or other documents showing how much income you get.
- Electronically Sign and Date upon clicking Save and Continue
- If you need more space for your answers, please call your county office or submit responses via the SNAP Assistance Interim Reporting Form which was sent to you.

What if you have questions?

Call your county office listed above

6. **Answer the required questions.**

Has anyone moved into or out of your home since your last reapplication (date above)? *

Yes or I am not sure - Fill in the boxes below

No or I already reported the change to my county contact - Go to the next question

Has anyone had a change in their hourly rate of pay, salary, employment status (full time/part time) or place of employment since your last reapplication (date above)? *

Yes or I am not sure - Fill in the boxes below

No or I already reported the change to my county contact - Go to the next question

Has anyone's unearned income changed by more than \$100 since your last reapplication (date above)? *

Yes or I am not sure - Fill in the boxes below

No or I already reported the change to my county contact - Go to the next question

Has your household moved? *

Yes or I am not sure - Fill in the boxes below

No or I already reported the change to my county contact - Go to the next question

Has your child support obligation changed since your last reapplication (date above)? *

Yes or I am not sure - Fill in the boxes below

No or I already reported the change to my county contact - Go to the next question

Have you or anyone in your household won \$3,750 or more (before withholdings) in lottery or gambling winnings? *

Yes or I am not sure - Fill in the boxes below

No

7. Electronically sign the Interim Report:
- 1) Click **Check to Sign** box.
 - 2) Enter Full Name.
 - 3) Confirm proper **Description** selected.
 - 4) Click **Save and Continue**.

1 Check to Sign *

2 Name *

3 Description
Applicant

4

Back

Save and Continue

8. If applicable, **Upload Documents**. You may upload documents from a mobile device. Click **Save and Continue**.

Upload Documents

The following document type extensions may be uploaded: .afp, .bmp, .doc, .docx, .gif, .jpg, .jpeg, .pdf, .png, .tif, .tiff, .txt, .xls, .xlsx.

File Size Limit is 10MB.

Document Type Select one

Group Type No file chosen

IMPORTANT NOTE: If you have answered “YES” and reported any changes on this report, you **MUST** Upload a Document verifying the change. Failure to do so will mean your report will be considered incomplete.

Save and Continue

9. **Interim Reporting Confirmation** displays. Click **Exit**.

Interim Reporting Confirmation

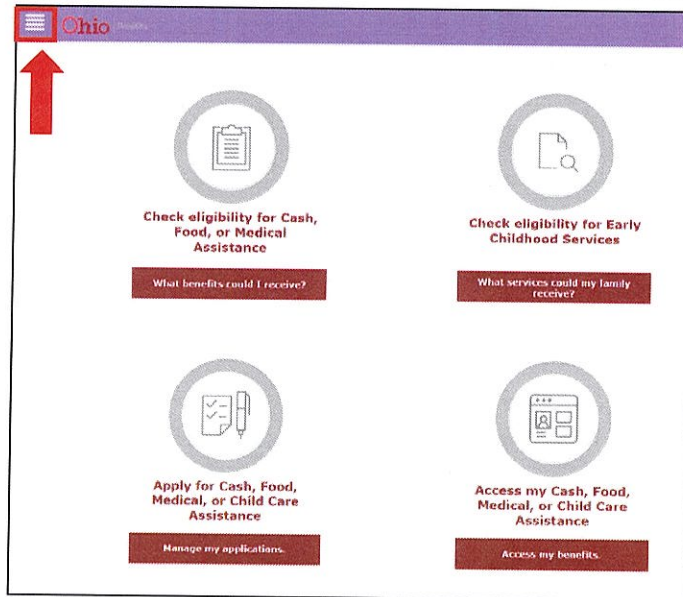
Your interim reporting has been successfully submitted.

Exit

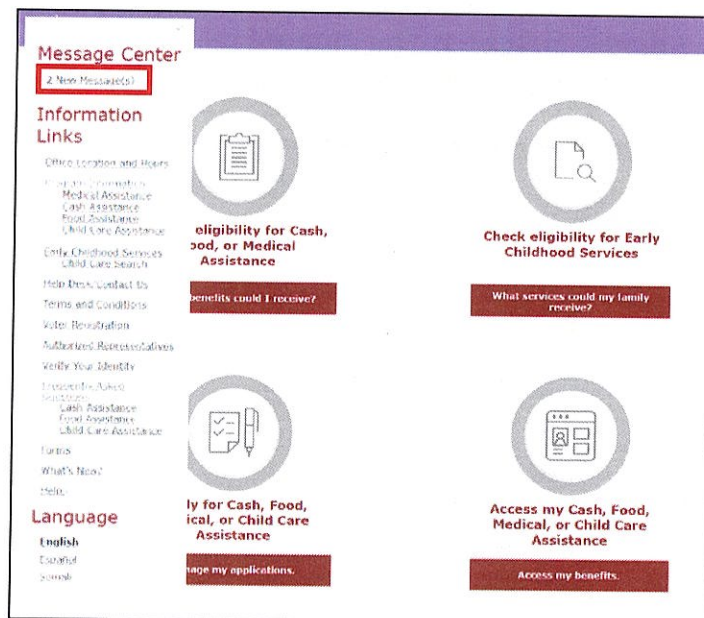
Print an Interim Report From the Message Center

These steps will help you download a copy of the interim report that was mailed to you.

1. Log in to your self-service portal account at <https://ssp.benefits.ohio.gov>. For instructions on how to set up an account and link it to your case, click the navigation menu in the upper left-hand corner and select “help” to access a complete guide.
2. Access Message Center by expanding the **Menu** Icon on the homepage.

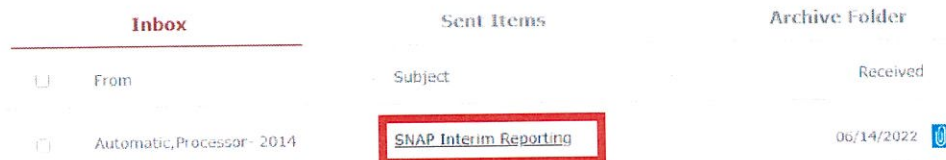


3. **Message Center** displays, click **New Messages** link.



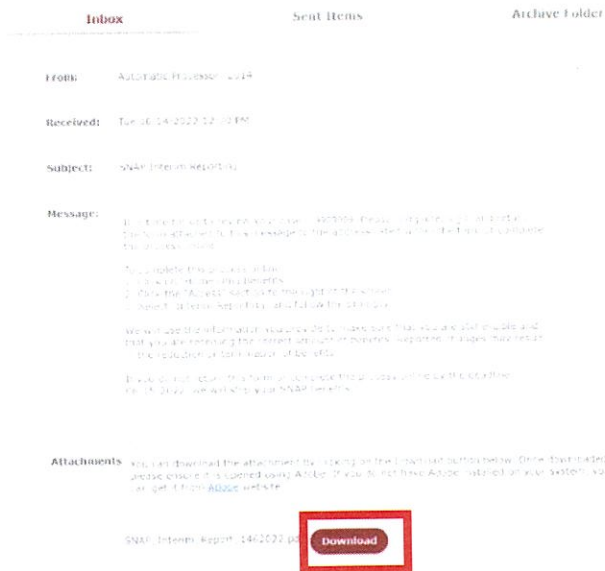
4. **Message Center Inbox** displays, click **SNAP Interim Reporting** hyperlink.

Message Center



5. Message Center will display Interim Reporting correspondence, click **Download**.

Message Center



IMPORTANT NOTE: If you answer “YES” and report any changes on this report, you **MUST** submit documents verifying the reported change. Failure to do so will mean your report will be considered incomplete.

6. After you download the report, you can print it, fill it out, sign it and submit it to Cuyahoga Job and Family Services. You may submit your report and any additional verification documents, in one of the following ways:

- a. **Email (as an attachment) to:** CJFSDocs@jfs.ohio.gov
- b. **Mail to:** 1641 Payne Avenue, Cleveland, OH 44114
- c. **Drop off** at any CJFS Document Drop-off location:

Virgil E. Brown
1641 Payne Ave.
Cleveland, OH 44114

Westshore
9830 Lorain Ave.
Cleveland, OH 44102

Quincy Place
8111 Quincy Ave.
Cleveland, OH 44104

Jane Edna Hunter
3955 Euclid Ave.
Cleveland, OH 44115

Old Brooklyn
4261 Fulton Pkwy
Cleveland, OH 44144
*Drop-off only (No forms on site)

Mt. Pleasant
13815 Kinsman Rd.
Cleveland, OH 44120



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



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



Contact Your County JFS Office If:

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

Other Resources to Contact If:

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

Need Help Completing This Application?

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

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

Follow These Four Steps to Apply For Assistance:

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

Verification Document Information

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

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

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

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

Frequently Asked Questions

Program Eligibility:



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

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

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

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

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

2. Which programs require an interview?

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

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

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

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

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

5. What other services may be available?

You may be eligible to receive other services such as:

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

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

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

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

Frequently Asked Questions

Child Care Assistance:



1. How do I choose a Child Care Provider?

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

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

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

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

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

3. How do I make a complaint about a Child Care Provider?

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

4. What is Step Up To Quality?

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

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

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

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

Voter Registration Application Attached - Assistance Available

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

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

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

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

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

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

Step 2: Tell us about the applicant

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

First Name	Middle Initial	Last Name
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Do you need any of the following services? <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: _____
--	--

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		
Address where you get mail (if different)							
City		County			State		Zip Code



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)
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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? Yes No

Are your total resources in cash, checking, and savings accounts \$100 or less? Yes 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? Yes No

Are you a migrant or seasonal farm worker? Yes 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 <i>(spouse, friend, etc.)</i>	SSN <i>(See instructions above)</i>	Date of Birth	Sex	U.S. Citizen	Hispanic or Latino	Race
	Self			<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	
				<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 Gas

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

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

Household Member 1 Name	Employer / School / Training Information Name
Activity Phone Number	Start Date / End Date
Address	

Household Member Work / School / Training Schedule

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

Household Member 2 Name	Employer / School / Training Information Name
Activity Phone Number	Start Date / End Date
Address	

Household Member Work / School / Training Schedule

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

Household Member 3 Name

Employer / School / Training Information Name

Activity Phone Number

Start Date / End Date

Address

Household Work / School / Training Schedule

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

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

Child 1 - Name (First, Middle, Last)

Child's Mother's Maiden Name

City of Birth

Relationship to Applicant

Child's Preferred Spoken Language

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

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

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

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

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

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

Is the child in Head Start?

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

Days/Hours Child Care is Needed

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

Provider Name

Provider Address

City

State

Zip Code

Child 2

Child 2 - Name (First, Middle, Last)		Child's Mother's Maiden Name	City of Birth	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT require Protective Child Care If YES, is there a case plan? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT require Protective Child Care If YES, is there a case plan? <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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No - My child does NOT require Protective Child Care				
If YES , is there a case plan?				
<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"/> 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
Does your child(ren) have a chronic health condition, developmental disability, or special need?				
<input type="checkbox"/> No - My child does NOT have a chronic health condition, developmental disability, or special need				
<input type="checkbox"/> 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