



Department of  
Job and Family Services

TO STRENGTHEN OHIO FAMILIES WITH SOLUTIONS TO TEMPORARY CHALLENGES



# Program Enrollment & Benefit Information

# Program Enrollment & Benefit Information

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## Overview

This booklet contains valuable information about many programs offered by the Ohio Department of Job and Family Services. It explains how to apply for programs, what information you must provide when you apply, and what to do if you disagree with decisions made about your eligibility. It also talks about:

- Your right to be treated fairly.
- Your rights and responsibilities as a consumer.

The last three pages of this booklet contain perforated forms that you may want to tear out and use:

- The JFS 07105—Application/Reapplication Verification Request Checklist—This shows the verifications your county agency may request when you apply or reapply for benefits.
- The JFS 04196—Food Assistance Change Report Form—You may use this form to report a change if you are receiving Food Assistance.
- The JFS 07092—Notice to Individuals Applying for or Participating in Ohio Works First Regarding Cooperation with the Child Support Enforcement Agency—You must sign and return this form if you are applying for or receiving Ohio Works First cash assistance.

## What types of help does the Ohio Department of Job and Family Services offer?

The Ohio Department of Job and Family Services (ODJFS) offers help with:

- Cash assistance
- Child care
- Child support
- Food assistance
- Health care

Local agencies in each county manage these programs. These agencies include:

- The county department of job and family services (CDJFS). Some people call this the welfare department.
- The county public children services agency (PCSA). Some people call this the children services board.
- The county child support enforcement agency (CSEA).

In some counties, the PCSA or CSEA is part of the CDJFS.

You have the right to apply for help from these county agencies. The

county agency will decide what help you can get, based on state and federal law, and will arrange for you to receive that help.

### What other services are available?

Other supportive services available through ODJFS are:

- Employment services, such as training and help finding a job
- Unemployment Compensation
- Work support services through the Prevention, Retention and Contingency (PRC) program
- Disability assistance
- Foster care and adoption assistance
- Learning, Earning and Parenting (LEAP) services
- Refugee resettlement services, such as employment assistance and health screening
- Other social services

# Application Process—How do I apply for help?

## For Cash, Food and Medical Assistance

- You can apply online any time at <https://odjfsbenefits.ohio.gov>.
- Or, you can fill out a “Request for Cash, Food and Medical Assistance” (JFS 07200) form and submit it to your county agency by mail, in person or by fax.
- You may also file the application through your local Ohio Benefit Bank site. The Ohio Benefit Bank helps low- and moderate-income Ohioans apply for work supports such as tax credits and public benefits, including Ohio Works First, Food Assistance and Medicaid. To find the Ohio Benefit Bank site nearest you and to get more information, go to [www.ohiobenefits.org](http://www.ohiobenefits.org) or call 1-800-648-1176.

### For Medicaid:

- o You can also call the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-393-3572) and request an application.
- o You can get help in person at local clinics or hospitals.

Fill out as much of the application as

you possibly can. You can have a friend or relative help you fill out the application. You can also get help at your county agency. After you sign and date the application, you can submit it, even if you have to collect other information. Signing the application means you are giving true and correct information to the best of your knowledge.

### How do I find my county office?

You can find the address and phone number of your county agency at <http://jfs.ohio.gov/county/cntydir.stm> or by looking in the county government section of your phone book. Some county agencies have multiple locations so make sure to call first to find the location nearest you. County agency hours may vary.



## Domestic Violence

Domestic violence is when someone in your household is hurt by someone who is or was a partner, spouse, boyfriend or girlfriend, or a part of your household or family. Domestic violence includes hitting, hurting, threatening, or making you afraid by following you or preventing you from moving around freely. You are not required to report domestic violence to your county department of job and family services. Any information you choose to share is confidential. However, the county agency is required by law to report child abuse to the county public children's services agency. In addition, you can receive free confidential help by calling the Ohio Domestic Violence Network at 1-800-934-9840.

### What are domestic violence waivers?

If you are eligible for Ohio Works First or Food Assistance and you are a victim of domestic violence, some program requirements can be waived temporarily, which means they won't apply to you while the waiver is in effect.

- **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 or enforcing a support order.

- **Time Limits:** Ohio Works First provides cash assistance to eligible families for up to 36 months. However, you may be eligible to receive that assistance longer than 36 months if losing it will put you or your children in danger of domestic violence or interfere with your ability to escape the domestic violence.

# Frequently Asked Questions (FAQs) about Applying

## What if I need help applying for services?

If you are unable to complete the form by yourself, you may need someone to be your authorized

representative. An authorized representative is a person who has your permission to apply for benefits for you. You can name your husband or wife, a relative, or a friend you trust. You can also name a lawyer or

a hospital social worker,

but you don't have to.

You must name this person in writing.

Include what duties you want your authorized representative to take care of for you.

You can change your authorized representative at any time. Your authorized representative must be 18 or older.

## What if I have a communication disability?

Those who are deaf, hard-of-hearing, blind or speech-disabled may use a TTY/TDD telephone to contact the Ohio Relay Service at 1-800-750-0750. Be sure to have the telephone number of the agency you wish to call ready, so that someone at the Relay Service can help you. For questions, comments, problems or complaints about the Ohio Relay Service, call 1-800-325-2223 (TTY/TDD and Voice).

## What if English is not my primary language?

If English is not your primary language, you can receive interpretation and translation services. Ask your county contact for help. Your county contact can provide information to you in your language (either verbally or in writing).

## What happens after I turn in my application?

After you turn in your form, you may need to have an interview with the local agency. This might need to be in person, or it could take place over the phone. If you submitted your application by mail, fax or e-mail, the agency will tell you when your interview is scheduled. During your interview, the case worker will tell you if you need to provide any additional items, such as a birth certificate, proof of citizenship or proof of your address. The case worker will tell you about the help you are trying to get. He or she will also tell you what you must do to get that help.

If you don't need an interview, the agency will review your application to make sure it is completed, signed and dated. The county agency will send a letter to you (or your authorized representative) asking for more information in order



to make a decision about your benefits. If the agency asks you for more information, try to return it right away. The agency needs the information before it can help you. If you have trouble getting the information, ask the agency for help. Your case worker has 30 days to make a decision about your case and 45 days to provide that decision to you in writing. If you need a disability determination to get benefits, this decision may take up to 90 days.

Depending on the benefits you get, every six or twelve months a review will be completed on your case. A case worker will contact you to determine if any of your information has changed. In addition, you will be required to report certain changes if they occur. For more information, see "Rights and Responsibilities" on page 8.

### **Who can help me if I have a problem or a question?**

Any time you have a problem or a question, contact your county agency. If you still have problems or questions, you can contact ODJFS directly at 1-866-ODJFS4U (1-866-635-3748). If you have questions about Medicaid, or if you need help completing an application for Medicaid, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 1-800-292-3572).

The Ohio Benefit Bank (OBB) can also help you apply for a number of benefits, including Ohio Works First, Food Assistance and Medicaid. Visit the OBB Web site at [www.ohiobenefits.org](http://www.ohiobenefits.org) for more information.

### **How does the agency use my personal information?**

The information you give your county agency is private. Your information may be viewed only by agency staff actively handling your case or participating in a quality control review. Without your permission, the agency cannot share the following information:

- Names and addresses
- Medical services provided
- Social and economic conditions or circumstances
- Agency evaluation of personal information
- Medical data, including diagnosis and past history of disease or disability
- Any 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 the agency does have permission to share your information. This happens when the local agency or ODJFS checks the information you give. For example, the local agency may use your Social Security number when contacting other agencies or people to make sure that your information is correct and that you qualify for help. Here is how ODJFS may share your information:

- If somebody calls the agency asking for information about you, the agency must have either a signed release of information form from you or a signed authorized representative notice from you before any of your information can be shared.
- ODJFS may enter into data-sharing agreements with other agencies that will allow ODJFS to get or give Social Security, income, eligibility or medical insurance information (called third-party liability).
- If a court issues a subpoena for your case record, ODJFS will give your information to 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.
- In an emergency situation, if time does not allow ODJFS to receive your permission first, your information may be released. However, ODJFS must tell you if this happens.

- If you have checked a box on a combined program application requesting information about another program, your information may be shared with that program. This could include child support, the Women Infants and Children (WIC) program, the Bureau for Children with Medical Handicaps (BCMh), Child and Maternal Health, and Help Me Grow (HMG).

Sometimes agencies outside ODJFS will share information about you with ODJFS to help us make a decision about your benefits. This information can be used as proof of your eligibility, so you won't have to bring in documents yourself. These agencies include the U.S. Department of Health and Human Services, the Social Security Administration, the U.S. Department of the Treasury, the Ohio Department of Taxation, and the Ohio Department of Health.

It is important for you to know that ODJFS:

- Will not send you e-mails 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 gave us.
- Will not send you holiday greetings, general public announcements or political information (except voter registration materials).
- Will never share your information with companies or telemarketers.
- Will provide you with voter information and registration materials when you apply or reapply for benefits or when you report a change to your case.
- May send you information relating to your health and welfare, such as free medical exams, availability of surplus food and consumer protection information.

# Medicaid Programs and Services

Ohio Medicaid and Medicaid-related programs provide access to health care services for individuals who are aged, blind or disabled; for children up to age 21; for pregnant women; and for families with children up to age 19.



## Conditions of Eligibility When Applying for Medicaid

To receive any kind of Medicaid, you must:

- Provide your Social Security number
- Live in Ohio
- Be a U.S. citizen or a qualified alien
- Give Ohio the right to obtain medical support and payments for your medical care from a third party
- Help Ohio establish the paternity of and obtain medical support for any Medicaid-eligible child
- Help Ohio identify and pursue 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 or Medicare)
- Meet the income, resource and other program requirements
- Select a managed care plan right away, if required.

## Medicaid and Other Health Care Programs

In addition to the other conditions of eligibility, you will need to meet financial and resource requirements to receive Medicaid. The chart at right shows the verifications needed for each coverage type.

| Medicaid Coverage Type  | Income              | Resources | Other |
|---|---------------------|-----------|-------|
|   | Verification Needed |           |       |
| <i>Low-Income Families:</i> Health care coverage for families with children under 19.   | X                   |           | X     |
| <i>Pregnant Women:</i> Health care coverage for women throughout the pregnancy and 60 days postpartum.  | X                   |           | X     |
| <i>Children:</i> Health care coverage for children up to age 19. Coverage for families with incomes above 150% of the federal poverty level is available only if the family has no other creditable health insurance.   | X                   |           | X     |
| <i>Presumptive Eligibility for Children:</i> Immediate, time-limited health care coverage for children up to age 19.  |                     |           |       |
| <i>Refugee Medical Assistance (RMA):</i> Time-limited health care coverage for refugees. The program provides a medical screening and other medical services to qualified aliens.   | X                   |           |       |
| <i>Alien Emergency Medical Assistance (AEMA):</i> Health care coverage for the treatment of emergency medical conditions for certain individuals who meet the Medicaid requirements other than the citizenship requirements.  | X                   | X         | X     |
| <i>Transitional Medical Assistance (TMA):</i> Twelve months of continuous health care coverage for families who would otherwise lose coverage because a family member got a new job or is earning more money.   |                     |           | X     |
| <i>Children in Care/Former Foster Children in Care:</i> Health care coverage for children in the custody of a public children services agency, 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 birthdays, until they turn 21.   |                     |           | X     |
| <i>Continuous Eligibility for Children:</i> Twelve months of continuous eligibility is available to every child up to age 19 who gets Medicaid.   |                     |           | X     |
| <i>Adults Age 19 and 20:</i> Health care coverage for individuals ages 19 and 20. Family income may be used in the eligibility determination.   | X                   |           |       |
| <i>Aged, Blind or Disabled (ABD):</i> Health care coverage for people who are at least 65 years old and individuals of any age who are blind or disabled. You may have to “spend down” to the “Medicaid Need Standard” to get Medicaid. (For more information about disability or spenddown, see page 7.)   | X                   | X         | X     |
| <i>Medicare Premium Assistance Program (MPAP):</i> Medicaid programs that help pay Medicare costs. <ul style="list-style-type: none"> <li>• Qualified Medicare Beneficiary (QMB): Pays Part A and B premiums, deductibles, co-pays and co-insurance.</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB): Pays Part B premiums only.</li> <li>• Qualifying Individual (QI): Pays Part B premiums only.</li> <li>• Qualified Working Disabled Individual (QWDI): Pays Part B premiums only.</li> </ul> | X                   | X         | X     |
| <i>Medicaid Buy-In for Workers with Disabilities (MBIWD):</i> Health care coverage for working disabled individuals ages 16 to 64. If your income is above a certain amount, you may need to pay a premium to get MBIWD.  | X                   | X         | X     |
| <i>Residential State Supplement (RSS):</i> A supplemental cash payment program for aged, blind or disabled people who need a protected level of health care as determined by a health care provider. RSS helps to pay the costs of living in certain residential care facilities.   | X                   | X         | X     |
| <i>Long-Term Care or Waiver Services:</i> Long-term care or waiver services are available for individuals who have special care needs, as determined by a health care provider.   | X                   | X         | X     |
| <i>Program for All-Inclusive Care for the Elderly (PACE):</i> A “total care” program run by both Medicare and Medicaid in Hamilton and Cuyahoga counties and surrounding areas.   | X                   | X         |       |
| <i>Breast and Cervical Cancer Project (BCCP):</i> Health care coverage for certain women who need treatment for breast or cervical cancer, breast or cervical pre-cancerous conditions, and/or breast or cervical early stage cancer. These women must have been screened for the BCCP program by the Ohio Department of Health before applying for BCCP Medicaid.  |                     |           | X     |

## Health Care Services Covered by Medicaid

Medicaid covers many services. For some services, you may need to pay a co-pay. There are no co-pay requirements for pregnant women and children. Some of the services you may receive are:

- Doctor Visits
- Dental Check-Ups and Cleaning
- Family Planning
- Pregnancy-Related Services
- Prescription Drugs
- Lab Testing and X-Rays
- Regular Eye Exams and Eyeglasses
- Hearing Services
- Prostate Tests (age 50 and older)
- Pap Smears/Pelvic Exams
- Home Health Services
- Hospital Care
- Flu Shots
- Long-Term Home and Community Care
- Care in a Nursing Home or an Intermediate Care Facility (ICF)
- Well-child checkups for newborns through age 20, including immunizations, through the Healthchek program.

## Other Things You Need to Know About Medicaid

For information about any of these topics or if you have questions, please talk to your case worker or call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572).

### *Help with Past-Due Medical Bills:*

If you incurred medical bills in the three months before you applied for Medicaid, Medicaid may be able to help pay for them. Contact your county department of job and family services for more information.

*Spenddown:* Some people who are over age 65 or who are blind or have a disability may have incomes too high to get Medicaid. If you are in this situation, Medicaid offers a program called "spenddown" that may allow you to use your medical expenses or make a payment to Medicaid to get a Medicaid card. Contact your county department of job and family services for more information.

*If You Have a Disability:* If you need help proving that you have a disability, your county department of job and family services can help. Workers there can help you fill out forms and applications, set up doctors' appointments, and give you transportation to and from your doctors' appointments. Contact your county agency for more information.

*Annuities:* If you need Medicaid and have any annuities, you will have to name the state of Ohio as the remainder beneficiary in the first position (unless you have a spouse or minor child).

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

Estate recovery may be delayed or may not take place if you have:

- A surviving spouse
- A surviving child up to age 21
- 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

Even if none of these apply, your heir could argue that estate recovery would cause an undue hardship for him or her.

The Attorney General's office handles estate recovery. For more information, contact the Medicaid Estate Recovery Unit, 150 E. Gay St., 21st Floor, Columbus, Ohio 43215-3130.

*Ohio's Partnership for Long-Term Care Insurance:* Ohio long-term care insurance companies can now offer policies that qualify under the state's Long-Term Care Partnership Insurance Program. Partnership insurance offers a way for people to buy long-term care insurance, receive policy benefits and protect a matching amount of assets if they need to apply for Medicaid. Only you can decide if long-term care insurance is right for you. Visit [www.ltc4me.ohio.gov](http://www.ltc4me.ohio.gov) for more information.

*Medicare Part D Prescription Drug Benefit:* If you have Medicare Part D coverage, Medicaid will not pay for your prescription drugs. However, you can apply for "Extra Help," a Medicare program that helps people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles and coinsurance. If you are found eligible for Extra Help, you won't have to pay a deductible, and your co-pay will be reduced. For more information, call 1-800-MEDICARE (633-4227) or visit [www.medicare.gov](http://www.medicare.gov)

*Home and Community-Based Waivers:* Home and community-based waivers help Medicaid-eligible consumers remain at home instead of having to go to a nursing home, hospital or facility for people with developmental disabilities. Individuals enrolled in Medicaid waiver programs may receive nursing, daily living and skilled therapy services. For more information, visit <http://medicaid.ohio.gov/FOROHIOANS/Programs/HCBSWaivers.aspx>



# Rights and Responsibilities

## Cash Programs

If you receive cash assistance through the Ohio Works First, Disability Financial Assistance or Refugee Cash Assistance programs, you must report to your county agency within 10 calendar days if:

- You move to another address.
- Someone moves in with you or moves out.
- Any household member's source of income (earned or unearned) goes up or down by more than \$50.
- A child drops out of school.
- There is a change in the legal obligation to pay a child support order.
- A household member becomes pregnant or the pregnancy ends.
- Information related to an absent parent changes.
- A minor parent's living arrangement changes.
- A household member violates a condition of probation or parole.
- A household member becomes a fugitive felon.

For the Disability Financial Assistance program only, you must also report if:

- The value of what you own (your assets) changes, such as if the money you have in the bank, stocks and bonds, or the cash value of your insurance changes, or if you sell or transfer the title to a house or lot.
- A household member receives a non-recurring lump sum payment.

## Child and Spousal Support and Ohio Works First

If you receive Ohio Works First benefits in addition to child or spousal support, all or part of your child or spousal support payments will be retained by the state to cover the cost of the Ohio Works First benefits. The state will not retain more than your Ohio Works First payment amount. If you receive support directly from an absent parent while you are participating in Ohio Works First, you must turn the support over to your local child support enforcement agency. This requirement is effective the first of the month following the date you are approved to receive Ohio Works First. Any support you received before then will be

considered when determining how much Ohio Works First you may be eligible for during the first few months after you apply. If you began participating in Ohio Works First after October 1, 2009, and you are paid past-due child or spousal support that accumulated before the month you started to receive Ohio Works First, you will be allowed to keep that amount.

## Food Assistance

If you are applying or reapplying for Food Assistance benefits, and your gross monthly income is more than the gross monthly income limit for your household size (as shown on your Food Assistance approval or change notice), you must report that fact to your county agency. You have 10 calendar days after the last day of the month in which the change first happens to do so. Reporting requirements are listed on the "Food Assistance Change Reporting" form (JFS 04196). Changes can be reported on this form, by telephone, electronically or in person by a member of the household.

To receive a deduction for the following expenses, you must report and provide verification of:

- Your rent or mortgage payment
- Utility and/or shelter costs
- Medical expenses (if you are elderly or disabled)
- Dependent care expenses
- Legally obligated child or medical support paid to a non-household member.

Failure to report or verify any of the above expenses will be seen as a statement by your household that you do not want to receive a deduction for that expense.

## Medical Assistance

The state of Ohio offers medical assistance through the Medicaid program, the Children's Health Insurance Program, the Medicare Premium Assistance Program and the Refugee Medical Assistance program. Depending on which program you apply for, you will need to give your case worker different documents and information. In general, you must:

- Give your case worker all the documents requested.
- Let your case worker know of any changes in your household that may affect your eligibility, within 10 days of when you become aware of them.
- Cooperate with the application, reapplication, auditing and quality control processes.
- Select a managed care plan, if you are required to, as soon as possible.

If you need help applying or reapplying for medical assistance, ask for help from your case worker. Also talk to your case worker if you need help getting the documents you need for your eligibility to be determined.

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## State Hearings

### What if I don't agree with what happened on my case?

You can ask for a state hearing:

- If you don't agree with an action or decision regarding your case.
- If you think the county agency has not done something it should have.

### What is a state hearing?

A state hearing is a meeting with you, your case worker and a hearing officer from the Ohio Department of Job and Family Services. At the hearing the county agency representative will explain what action the agency has taken or plans to take on your case. You will have a chance to explain why you don't agree.

You can bring other people with you to the hearing to speak on your behalf, such as friends, relatives, witnesses or an attorney. If you need free legal help, contact your local Legal Aid office. If you don't know the phone number, call 1-866-LAW-OHIO (1-866-529-6446), toll-free, or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>.

### How do I ask for a state hearing?

If you want a state hearing, e-mail your request to the Bureau of State Hearings at [BSH@jfs.ohio.gov](mailto:BSH@jfs.ohio.gov); call

1-866-635-3748, option 1, toll-free; or fax your request to 614-728-9574. You can also ask for a hearing by writing to:

State Hearings, Ohio Department of Job and Family Services

P.O. Box 182825,  
Columbus, Ohio 43218

If you receive a notice from your county agency saying that it plans to reduce or stop your benefits, you can use the notice itself to request a state hearing. Directions for doing so can be found on the notice. Simply fill in the information requested and mail the form to the address provided. Check the mailing date on the notice. You must ask for a hearing within 90 days of that mailing date.

If your benefits are being reduced or stopped and you ask for a hearing within 15 days of the mailing date of the notice, your benefits will remain at the old amount until your hearing is decided. However, Food Assistance may not continue if it is the end of your Food Assistance certification period.

### **Is there another way to work out a problem?**

Having an informal conference at the county agency is often a quicker way to solve a problem. At the conference, a county worker will look over your case and can correct any mistakes. You can call the agency to request a county conference. If the problem is not solved at the conference, you can still ask for a state hearing.

### **Before the Hearing**

You may have someone else attend the hearing to present your case for you. This could be a lawyer, friend, relative or someone else with expertise about public assistance rights. If you are not going to be at the hearing, the person speaking for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local Legal Aid program to see if you qualify for free help.

If you don't know how to reach your local Legal Aid office, call 1-866-LAW-OHIO (1-866-529-6446), toll-free, or

search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

### **What happens at a state hearing?**

After you ask for a state hearing, the Bureau of State Hearings will send you a notice providing the date, time and place of the hearing. The hearing could be held via telephone or in person at your county department of job and family services. If you can't go to the county agency, the hearing could be held somewhere else, possibly in your home. If you would prefer a telephone hearing, it is your responsibility to contact the Bureau of State Hearings to request a telephone hearing prior to the scheduled hearing date.

At the hearing, you, the county representative and a state hearing officer will meet to talk about your case. Your case worker will explain the agency's action. You can explain why you don't agree. 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.

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

### **Subpoena**

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

### **What if I missed the 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 within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed, and you will lose the hearing. The county agency can then go ahead 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.

### **When will I find out about the hearing officer's decision?**

After the hearing, the hearing officer will review your case fairly and objectively. He or she will make a decision based on:

- The information given during the hearing
- Whether the rules were applied correctly

If your hearing is about Food Assistance benefits, you should get a written decision within 60 days of the date you asked for a hearing. In all other programs, you should get a decision within 90 days.

### **Compliance**

If the hearing decision orders an increase in your Food Assistance benefits, you should get the increase 10 days from the decision date. If the decision orders a decrease in your Food Assistance benefits, you should get the new smaller amount the next month, whenever you normally receive your benefits. In all other programs, the agency must take action ordered by the decision within 15 days of the date the decision was issued, and always within 90 days of your hearing request. If you have not promptly received the benefits awarded by the hearing decision, contact the Bureau of State Hearings.

### **What if I don't agree with the decision?**

If you don't 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 request an administrative appeal. If you don't agree with the administrative appeal decision, you can ask for a judicial review. A judicial review is an appeal to a court.

# Food Assistance Penalty Warning

To make sure your household is eligible and receives the correct amount of Food Assistance benefits, federal, state and local officials will check the information you provide.

The information will be checked by using the state income and eligibility verification system, the disqualified recipient subsystem, other computer matching systems, program reviews, and audits. Some information may also be sent to the U.S. Citizenship and Immigration Services (USCIS) to see if the information you gave is correct. Information about individuals not providing Social Security numbers will not be shared with USCIS.

The information you provided may also be checked by other federal aid programs and federally aided state programs, such as the National School Lunch Program, Ohio Works First and Medicaid. If you gave wrong information on purpose, you may be denied Food Assistance benefits, and legal action may be taken against you. If you are issued a benefit amount greater than you are entitled to, you may also have to pay back the amount that you should not have received.

If you were overpaid Food Assistance benefits, the information provided on your application, including all Social Security numbers, may be referred to other federal and state agencies, as well as private collection agencies, for overpayment claims collection action.

The providing of any requested information, including the Social Security number 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 Food Assistance benefits to your household. Failure to provide a Social Security number will result in the denial of Food Assistance benefits to each individual failing to provide a number. Any numbers provided will be used and disclosed in the same manner as numbers of eligible household members. Information collected on the application may be disclosed to law enforcement officials for the purpose of apprehending

individuals fleeing to avoid the law.

Any member of your household who breaks any of the following rules on purpose will be subject to a penalty:

- Do not give false information, or hide information, to get or continue to get Food Assistance benefits.
- Do not trade or sell Food Assistance benefits.
- Do not alter any authorization document to get Food Assistance benefits you are not entitled to receive.
- Do not use someone else's Food Assistance benefits for your household.
- Do not use Food Assistance benefits to buy ineligible items, such as alcoholic drinks and tobacco.

The penalties include:

- 1st occurrence — Ineligible for Food Assistance for 12 months
- 2nd occurrence — Ineligible for Food Assistance for 24 months
- 3rd occurrence — Permanently ineligible for Food Assistance.

In addition, a court can ban an individual from the program for an additional 18 months. Depending on the amount of benefits involved, the individual can also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Any member of your household who is found guilty in a court of law of buying or selling firearms, ammunition or explosives in exchange for Food Assistance benefits will never be able to get Food Assistance benefits again. Any member of your household who is found guilty in a court of law of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for Food Assistance benefits will not be able to get Food Assistance benefits for 24 months for the first offense and permanently for the second offense. Any member of your household who is convicted in a court of law of trafficking Food Assistance benefits for an aggregate amount of \$500 or more will never be able to get

Food Assistance benefits again.

Any member of your household found to have made a false statement or knowingly provided false information with respect to identity and residence in order to receive more than one benefit at the same time will not be able to get Food Assistance benefits for 10 years.

We may check Ohio records and records from other states to see if anyone in your household has broken Food Assistance rules before and should not be getting Food Assistance benefits because he/she has not finished serving a disqualification period for breaking the rules.

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## Fraud

You may receive help you are not entitled to:

- If you don't tell the truth about yourself.
- If you don't tell your county agency about changes that affect your case. Report your changes within 10 calendar days.

If you get help you should not have gotten:

- You may be ordered to pay it back.
- You may be charged with fraud.
- You may be fined or sent to prison.
- You may be stopped from getting help in the future.

To learn more, ask your case worker for JFS brochure 08100— "Ohio Is Tough on Welfare Fraud."

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## Quality Control

Cases are chosen at random throughout the state to make sure that people are eligible for the assistance they receive and that they are receiving the correct amount. You must cooperate if your case is reviewed.

# Social Security Numbers

You must provide the county agency with a Social Security number, or apply for a number, for each person applying to receive assistance. You may not need to provide this information in all situations. The collection of this information, including the number 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 Act, 42 C.F.R., 435.910, and rules 5101:1-1-03 and 5101:1-3-09 of the Ohio Administrative Code.

1) The number will be used to check information that you provided against information held by other federal, state and local governments; computer matching systems; and program reviews or audits to make sure you are eligible for public assistance programs. To the extent permitted by federal law, it also will be used to assist in determining eligibility for any other state or federal assistance program that provides cash or in-kind assistance or services directly to individuals based on need or for the purpose of protecting children. This information will also be used to monitor compliance with program regulations and for program management.

2) The Social Security number will be used when contacting appropriate persons or agencies to determine your eligibility and to verify information you have given for any public assistance program. These programs include, but are not limited to, Ohio Works First, Medicaid, Food Assistance, Disability Financial Assistance, the National School Lunch Program, public children services agency programs, and Prevention Retention and Contingency programs. The information verified can include income, past or present employment, financial resources, unemployment compensation, disability benefits, or other similar benefits and programs. Such information may affect your household eligibility and level of benefits. If you provide false information, legal action may be taken against you.

3) Individuals who want to receive Medicaid benefits must provide a Social Security number or apply for one. Individuals in the same household who do not want to receive Medicaid benefits do not have to provide a number. If you do not want to receive Medicaid benefits but you provide your Social Security number voluntarily, your number will be used to verify income. It also may be used to contact other health insurers to explore whether other health coverage is available to pay all or part of your medical bills.

4) Everyone in your household who wants to receive Food Assistance must provide their Social Security numbers. The numbers will be used to check the identity of household members, prevent duplicate participation and make mass changes easier. If you apply for or are receiving Food Assistance benefits, and through a match with your Social Security number it is found that you have an outstanding felony warrant or that you are in violation of probation or parole, your current address may be released to appropriate law enforcement agencies.

If anyone in your household does not want to provide information about his or her number, that person can be designated a "non-applicant." This means that person will not be considered an applicant and will not be eligible for Food Assistance benefits. "Non-applicant" household members are still required to answer questions that affect the eligibility of the "applicant" household members, such as information about income, resources, striker status and Intentional Program Violations. The income and resources of all "non-applicant" household members must be considered when determining the household's eligibility and benefit level.

5) Each person in your family who wants to receive Ohio Works First and Disability Financial Assistance benefits must provide their Social Security numbers. Your number may also be used by public children services agencies to provide services to your family and to verify benefits or services. If you apply for or are receiving Ohio Works First, Disability Financial Assistance, or Prevention, Retention and Contingency services, and through a match with your Social Security number it is found that you have an outstanding felony warrant or that you are in violation of probation or parole, your current address may be released to appropriate law enforcement agencies. Your Social Security number also may be used for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

We may decide that certain members of your family are ineligible for benefits because, for example, they do not have the required immigration status. If that happens, other family members may still be able to receive benefits.

6) For cash and medical benefits through the Refugee Resettlement Program, you do not have to provide a Social Security number. The county agency may request that you provide a Social Security number, but the agency must tell you how it will use the number. Providing the number is voluntary.



## Citizenship and Immigration Status

You must provide proof of citizenship and immigration status for every person in your household who wants to receive assistance.

### Medicaid

Individuals who want to receive Medicaid benefits 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 benefits do not have to provide information about their citizenship or immigration status. Individuals who are applying for alien emergency medical assistance do not have to provide information about their citizenship or immigration status.

### Food Assistance

All individuals in your household who want to receive Food Assistance must provide information about their citizenship or immigration status. If anyone in your household does not want to provide information about his or her citizenship or immigration status, that person can be designated as a non-applicant. This means that person will not be considered an applicant and will not be eligible for Food Assistance. Non-applicant household members are still required to answer questions that affect the eligibility of the applicant household members, such as information about income, resources, striker status and Intentional Program Violations. The income and resources of all non-applicant household members must be considered when determining the household's eligibility and benefit level. Other members of your household will still be able to get Food Assistance if they are eligible for benefits.

## Ohio Works First, Disability Financial Assistance and Refugee Resettlement Program

Everyone in your family who wants to receive Ohio Works First, Disability Financial Assistance, or cash or medical benefits under the Refugee Resettlement Program must provide information about their immigration or citizenship status. We may decide that certain members of your family are ineligible for benefits because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get benefits if they are otherwise eligible. If you want to find out whether other family members are eligible for Ohio Works First, Disability Financial Assistance, or cash or medical benefits under the Refugee Resettlement Program, you will need to provide information about their citizenship or immigration status.

## Civil Rights

Individuals eligible for, receiving services from, or benefiting from programs funded through the Ohio Department of Job and Family Services are protected by various laws, regulations, rules and policies against unlawful discrimination on the basis of race, color, religion, disability, age, gender, sexual orientation, political affiliation and national origin.

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 the federal Civil Rights law to be followed. If you do not want to provide this information, it will have no effect on your case.

### Religious Agencies

County departments of job and family services have agreements with other agencies to provide services to families who may be receiving work support services through the Prevention, Retention and Contingency

program, or to serve as work sites for parents receiving Ohio Works First. Some of the services or work sites may be at religious agencies, such as churches. If you do not want to go to a religious agency for services or to work, let your case worker know.

### What is discrimination?

Discrimination is a direct action, whether purposeful or not, that results in unequal treatment of people. Those applying for or receiving services funded through the Ohio Department of Job and Family Services cannot because of their race, color, religion, disability, age, gender or national origin:

- Be denied or delayed any service, aid or other benefit.
- Be subjected to segregation or disparate treatment in a program.
- Be given services in humiliating or embarrassing ways.
- Be provided services using different rules to decide who will get help.
- Be limited in the use of buildings, rooms or other space in a way that denies them participation or access.
- Be denied access to a service because buildings or facilities are not physically accessible to those with disabilities or because there was no means of effective communication with the service provider.

The key words are "because of." If you are denied or delayed equal service—and you think it was because of your race, color, religion, disability, age, gender or national origin—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 unlawful or discriminatory.

### Persons with Disabilities

All persons with disabilities are protected against unlawful discrimination. Reasonable accommoda-

tions for those with disabilities may include such things as:

- Modification of existing equipment and/or training stations
- Provision of special equipment (for example, large-type fonts for computer monitors)
- Reassignment or relocation of classes or other training services
- Changing the physical layout of a training station
- Restructuring training curricula/format
- Changing training hours
- Ensuring that effective communications media are available for those with limited hearing, sight and/or speech.

The accommodation techniques mentioned above are not intended to be all-inclusive. Every person with a disability is unique and will have his or her own unique needs.

### **How to File a Complaint**

If you believe you have been delayed or denied services because of your race, color, religion, disability, age, gender, sexual orientation or national origin, you must file your complaint within 180 days of the date of the incident or treatment. If you have questions about how to file a complaint, call the ODJFS Bureau of Civil Rights, toll-free, at 1-866-227-6353 or write to that office at the address shown below. If you need free legal help or advice, call 1-866-LAW-OHIO (1-866-529-6446), toll-free, or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. Complaints regarding incidents of alleged discrimination should be sent within 180 days of the date of the event to:

- The Ohio Department of Job and Family Services, Office of Employee and Business Services  
Bureau of Civil Rights  
30 E. Broad Street, 30th Floor  
Columbus, Ohio 43215-3414  
Telephone: (614) 644-2703 or  
Toll free 1-866-227-6353  
TTY hearing impaired:  
1-866-221-6700  
Fax: (614) 752-6381

ODJFS will investigate your complaint. If it is determined that discrimination occurred, the agency will act to correct it. You can also contact the following offices:

- Office for Civil Rights,  
U.S. Department of Health  
and Human Services  
200 Independence Ave. SW  
Washington, D.C. 20201  
1-800-368-1019

- U.S. Department of Labor  
Civil Rights Center  
200 Constitution Ave.  
Room N-4123  
Washington, D.C. 20210  
(202) 693-6500  
Call 1-877-889-5627 if you have  
a hearing or speech problem.



## Helpful Resources

- ODJFS programs: <http://jfs.ohio.gov/> or call 1-866-ODJFS4U (1-866-635-3748)
- To apply online or to report a change for Ohio Works First, Food Assistance and/or Medicaid: <http://odjfsbenefits.ohio.gov>
- Medicaid Consumer Hotline: 1-800-324-8680
- County agencies: [http://jfs.ohio.gov/county/County\\_Directory.pdf](http://jfs.ohio.gov/county/County_Directory.pdf)
- Ohio Benefits Bank: [www.ohiobenefits.org](http://www.ohiobenefits.org)
- Social Security Administration: <http://www.ssa.gov> or 1-800-772-1213
- Medicare: <http://www.medicare.gov> or 1-800-MEDICARE
- Unemployment Compensation: [www.unemployment.ohio.gov](http://www.unemployment.ohio.gov) or 1-877-644-6562 (OHIOJOB).
- Ohio's Best Rx: <http://www.ohiobestrx.org/> or 1-866-923-7879
- Children's Services: [http://jfs.ohio.gov/families/protective\\_services/index.stm](http://jfs.ohio.gov/families/protective_services/index.stm) or 1-866-635-3748, Option 2
- Register to Vote: <http://www.sos.state.oh.us/SOS/voter/RegisteringToVote.aspx>
- Women, Infants and Children (WIC): <http://www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx> or (614) 644-8006.
- Bureau for Children with Medical Handicaps (BCMh): <http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx> or 1-800-755-4769.
- Help Me Grow: <http://www.ohiohelpmegrow.org/> or (614) 644-8389
- Ohio Government: [www.ohio.gov](http://www.ohio.gov)



**Ohio** | Department of  
Job and Family Services

John R. Kasich, Governor State of Ohio  
Cynthia C. Dungey, Director  
Ohio Department of Job and Family Services  
JFS 07501 (Rev. 11/2013)

**Ohio**  
Department of Medicaid

John R. Kasich, Governor State of Ohio  
John B. McCarthy, Director  
Ohio Department of Medicaid

Ohio Department of Job and Family Services  
**APPLICATION / REAPPLICATION VERIFICATION REQUEST CHECKLIST**

|                       |                  |             |  |
|-----------------------|------------------|-------------|--|
| Assistance Group Name | Application Date | Case Number | Interview Date/2 <sup>nd</sup> Notice Date |
|-----------------------|------------------|-------------|--|

Certain eligibility factors must be verified before the county department of job and family services can determine your eligibility for \_\_\_\_\_. Checked below are the documents you still need to provide:

| <b>Verifications still needed:</b>   | <b>Time period:</b> |
|--|---------------------|
| <input type="checkbox"/> Birth certificate/Birth verification/Citizenship verification (Birth certificate, passport or similar document)         |                     |
| <input type="checkbox"/> Health insurance card (copy of front and back)  |                     |
| <input type="checkbox"/> Income verification (pay stubs, tax records, award letters, child support)  |                     |
| <input type="checkbox"/> Marriage certificate  |                     |
| <input type="checkbox"/> Medical form completed by doctor  |                     |
| <input type="checkbox"/> Pregnancy verification (including number of fetuses)  |                     |
| <input type="checkbox"/> Proof of any child/dependent care costs   |                     |
| <input type="checkbox"/> Proof of any child support paid for children not living with you  |                     |
| <input type="checkbox"/> Proof of any medical costs for people with disabilities or for people who are age 60 and over (including prescriptions) |                     |
| <input type="checkbox"/> Proof of identity (driver's license, state ID, passport)  |                     |
| <input type="checkbox"/> Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities                      |                     |
| <input type="checkbox"/> Recent statements for any bank accounts (checking, credit union, savings)   |                     |
| <input type="checkbox"/> Rent/Mortgage receipt   |                     |
| <input type="checkbox"/> Rights and Responsibilities   |                     |
| <input type="checkbox"/> School attendance verification  |                     |
| <input type="checkbox"/> Social security cards (or proof you have applied) for:  |                     |
| <br>   |                     |
| <input type="checkbox"/> Title to motor vehicles   |                     |
| <input type="checkbox"/> Unemployment compensation/Worker's compensation verification  |                     |
| <input type="checkbox"/> Utility receipts or copy of bills   |                     |
| <input type="checkbox"/> Other, specify:   |                     |
| <br>   |                     |
| <br>   |                     |

If you are unable to get any of the above verifications, we may be able to help you. Please contact me immediately if you cannot get the verifications.

We must have the verifications listed above by \_\_\_\_\_. If we do not have the required information or verifications by this date, your application may be denied or your current benefits stopped.

**Return all verifications to:**

|                |                   |                 |
|----------------|-------------------|-----------------|
| <b>Address</b> |                   |                 |
| <b>City</b>    | <b>State</b>      | <b>Zip Code</b> |
| <b>E-Mail</b>  | <b>Fax Number</b> |                 |

|                    |      |          |                  |
|--------------------|------|----------|------------------|
| Name of Caseworker | Date | District | Telephone Number |
|--------------------|------|----------|------------------|

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Ohio Department of Job and Family Services  
**FOOD ASSISTANCE CHANGE REPORTING**

| To be Completed by Caseworker  |                         |
|--------------------------------|-------------------------|
| Name                           | Assistance Group Number |
| Return Form to County Address: | Date Received           |
| Caseworker Phone               | Caseworker Fax          |

***If you are receiving food assistance you must report if:***

If you or a member of your assistance group is an able-bodied adult without dependents who is working you must report if their employment hours fall below 20 hours weekly or 80 hours averaged monthly.

Your gross monthly income goes above the allowable gross monthly income limit for your assistance group size. See the chart below:

| 2014 Food Assistance Gross Monthly Income Guideline Reference Table (effective October 2013) |        |        |        |        |        |        |        |        |        |        |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 130%<br>FPG  | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      | 9      | 10     |
|  | \$1245 | \$1681 | \$2116 | \$2552 | \$2987 | \$3423 | \$3858 | \$4294 | \$4730 | \$5166 |

Gross monthly income means the amount of all income before taxes (i.e. wages, child support, Social Security, Supplemental Security Income (SSI), unemployment compensation, annuities, pensions, retirement, veterans' or disability benefits) received by your assistance group prior to any taxes or deductions.

You are not required to report any other changes for food assistance until you receive your interim report or at recertification. This does not change your reporting requirements for other programs. If your assistance group contains an elderly or disabled member and you are already over the gross monthly income limit listed above you only need to report if your income changes.

**Reminder:** If your address changes notify your caseworker immediately. If your caseworker does not have the correct address for you, you will not receive required information to continue receiving your benefits.

**CHECK YOUR TOTAL GROSS MONTHLY INCOME AT THE END OF EVERY MONTH**

| Earned Income (i.e. job, self employment) |          | Unearned Income (i.e. SSI, social security, child support) |          |
|---|----------|--|----------|
| 1 <sup>st</sup> week                      | \$ _____ | 1 <sup>st</sup> week                                       | \$ _____ |
| 2 <sup>nd</sup> week                      | \$ _____ | 2 <sup>nd</sup> week                                       | \$ _____ |
| 3 <sup>rd</sup> week                      | \$ _____ | 3 <sup>rd</sup> week                                       | \$ _____ |
| 4 <sup>th</sup> week                      | \$ _____ | 4 <sup>th</sup> week                                       | \$ _____ |
| 5 <sup>th</sup> week                      | \$ _____ | 5 <sup>th</sup> week                                       | \$ _____ |
| Total:                                    | \$ _____ | Total:   | \$ _____ |

**Add the total amount of all earned and unearned income**

Earned total: \_\_\_\_\_

Unearned total: + \_\_\_\_\_

Total gross monthly income: = \_\_\_\_\_

**CHANGES IN ABAWD EMPLOYMENT STATUS AND GROSS MONTHLY INCOME MUST BE REPORTED ON PAGE TWO OF THIS FORM.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR CASEWORKER**

**Return this Page to your caseworker to report your changes.**

**Does your household's income exceed the gross monthly income limit?**     Yes     No

What is your current gross monthly income?    \$

**ABAWDS:** Did your weekly hours of employment drop below 20 per week     Yes     No

**Will the change(s) you reported continue beyond the report month?**     Yes     No

**If no, explain in this space:**

**Reminder:**

If you have verification of your new income amount please send copies of pay stubs, award letter(s), a letter from your employer, court support order, etc. to your caseworker.

To receive a deduction for the following expenses you must report and provide verification to your caseworker of: rent or mortgage payment, utility and/or other shelter costs, medical expenses, and legally-obligated child support paid to a non-household member. Failure to report or verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for the expense.

**➡ Please read the penalty warning below before signing, dating, and returning this form.**

**PENALTY WARNING**

The information provided on this form will be subject to verification by federal, state, and local officials. If any information is found inaccurate, you may be denied food assistance benefits, and/or be subject to criminal prosecution for knowingly providing false information. If your assistance group receives food assistance benefits, it must follow the rules listed below. Any member of your assistance group who breaks any of these rules on purpose can be barred from the Food Assistance Program for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws. A court can also bar you from the Food Assistance Program for an additional 18 months.

Any individual found guilty of food assistance trafficking by a federal, state, or local court shall be barred for 24 months for the first offense and permanently for a second offense involving the sale of a controlled substance for food assistance benefits, and permanently barred for the first offense involving the sale of firearms, ammunition, or explosives for food assistance benefits or trafficking of food assistance benefits of \$500 or more. An individual found to have made a false statement or knowingly provided false information with respect to identity and residence in order to receive more than one benefit at the same time can be barred from the Food Assistance Program for 10 years.

- **Do not give false information or withhold information in order to continue receiving food assistance benefits.**
- **Do not give, trade, or sell food assistance benefits, authorization cards, or any authorization document.**
- **Do not alter authorization cards or any other authorization document to get food assistance benefits you are not entitled to receive.**
- **Do not use food assistance benefits to buy unauthorized items, such as alcoholic beverages, tobacco, paper products, pet foods, soap and other cleaning goods.**
- **Do not use someone else's food assistance benefits for your assistance group.**

**YOUR SIGNATURE:**

I understand the penalty for withholding information. I also understand I would have to repay any food assistance benefits I received because I did not fully report required changes to my caseworker. If asked, I agree to prove changes I report. My answers on this form are correct and complete to the best of my knowledge.

Your Signature

Date

Telephone Number

Ohio Department of Job and Family Services  
**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).**

**Benefits of Cooperating**

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

- Finding the absent parent.
- Legally establishing your child's paternity.
- Establishing a child support order for your child.
- Enforcing the child support order.
- The possibility that support payments might be higher than your public assistance grant.
- The possibility that your child(ren) may obtain rights to future Social Security, Veterans', or other benefits.

**What is meant by cooperation?**

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

- 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;
- Come to the CSEA or court, if necessary, to give information about the parent of your child.

Child support cooperation is a provision in your self-sufficiency contract. 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:

- For a first failure or refusal, we shall terminate your OWF for one month;
- For a second failure or refusal, we shall terminate your OWF for three months;
- For a third or subsequent failure we shall terminate your OWF for six months.

**Do you have a good reason for not cooperating?**

If cooperating with the CSEA would not be in the best interests of the child or would make it more difficult for you or the child 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 of the cooperation requirement when:

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

**Written Documentation**

It is your responsibility to provide the CSEA written documentation within 45 days of requesting a good cause waiver so the CSEA can determine whether you have good cause for refusing to cooperate.

Written documentation is acceptable from any one of the following:

- A court, police, or other governmental entity, shelter, legal, religious, medical, or other professional from whom you have sought assistance in dealing with domestic violence, CDJFS, or other person with knowledge of the domestic violence, if your reason for claiming good cause is because of domestic violence.
- A court, attorney, child protective services agency, or social services agency that indicates that legal adoption proceedings for the child are pending before a court, or adoption of the child is under active consideration, and cooperation would not be in the best interests of the child.
- A medical professional, law enforcement agency, or vital records agency that verifies that the child was conceived as a result of incest or rape and cooperation would not be in the best interests of the child.

If your reason for claiming good cause is that you or the child is being subjected to domestic violence and you cannot obtain written documentation, the CSEA can accept a written statement from you.

\*\*\*\*\*

**Please check the following that apply to you.**

- 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.
- I want to ask the CSEA for a good cause waiver.

|  |              |
|--|--------------|
| Printed Full Name of Individual Requesting Good Cause Waiver   | Case/cat/seq |
| Signature of Applicant/Participant   | Date         |
| Signature of Worker  | Date         |
| <p><b>Do you want us to send all letters and correspondence to you about domestic violence to a different address or call you at a different phone number to protect your safety?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><b>If you do, please put the address you want us to send information about your request for domestic violence waivers below.</b></p> |              |
| Alternate address  |              |
| Street address   |              |
| City/State/Zip code  |              |
| Alternate phone number <i>(include area code)</i>  |              |