Department of Job & Family Services

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), CASH, MEDICAL, AND/OR EARLY CARE AND EDUCATION (ECE) ASSISTANCE APPLICATION

If you need SNAP 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 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 6

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 or find it listed under the attached county contact list contained towards the end of this form.

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 verification of earned/unearned income such as pay stubs, child support payments, or other income (within the last 30 days), utility bills (most recent), bank statements (most recent).
- Your county JFS will provide you the **Verification Checklist** (JFS Form 07105). Be sure to turn in all required information within 10 days of the receipt of the verification checklist.
- 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 Early Care and Education (ECE) Assistance. * Your SNAP amount may increase if you verify these costs.	**Assistance Programs**					
	SNAP	**Medical** (Families & Children)	**Medical** (Aged, Blind, or Disabled)	**PFCC/CCVP** (Publicly Funded Child Care, Child Care Choice Voucher Program)	**OPP** (Ohio Preschool Program)	**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)	*		✓			

Verification Document Examples Continued	Assistance Programs					
	SNAP	**Medical** (Families & Children)	**Medical** (Aged, Blind, or Disabled)	**PFCC/CCVP** (Publicly Funded Child Care, Child Care Choice Voucher Program)	**OPP** (Ohio Preschool Program)	**Cash/ Refugee Cash Assistance** (RCA)
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 ECE Program for Each Child in Need of Care				✓	✓	
Individualized Education Program (IEP) signature page					✓	
Protective child care/ Foster Care/ Kinship Care- Family Case plan, court order for foster care or proof of KPI.				✓	✓	
Individual Family Service Plan- Signature page for EI Exiters					✓	

Frequently Asked Questions

Program Eligibility:

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

SNAP, Cash, and ECE 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.
- **ECE (includes the Publicly Funded Child Care, Child Care Choice Voucher and the Ohio Preschool Program) ONLY:** If you submitted a Publicly Funded Child Care application, your child can start attending the program as soon as the program decides to enroll them, even while your application is still being reviewed. The program may receive one payment for your child even if your application ends up being denied once within a 12-month period. If your application is denied, you may be responsible to pay any program your child attended 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.
- ECE 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
- Home visiting

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

Early Care and Education (ECE):

1. How do I choose an ECE Program?

Caretakers may select any program approved to offer ECE (Publicly Funded Child Care (PFCC), Child Care Choice Voucher (CCVP), and Ohio Preschool Program (OPP). These programs include centers, preschools, school-age care (before and after school), 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 program, you may contact your local Child Care Resource and Referral Agency. Visit *https://occrra.org/ccrr-membership/* for contact information.
- Use the ECE Directory at *https://childcaresearch.ohio.gov* to look for programs that fit your 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 program 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 Department of Children and Youth (DCY) website at *https://childrenandyouth.ohio.gov/for-providers/resources/ohio-promise.*

- If your child in need of care has special needs, they may be eligible for publicly funded child care up to age 18.
- Your PFCC program 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 an ECE Program?

If you would like to make a complaint about a suspected violation of licensing rules, fraud or misuse, you may call the Family and Customer Support Center: 844-234-5437.

4. What is Step Up To Quality?

Step Up To Quality is Ohio's quality-rating system for Early Care and Education 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 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. –

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**

☐ **Cash Assistance**- For families with a minor child(ren) or women who are pregnant

☐ **Refugee Cash Assistance** (RCA)- For refugees within 4 months of arrival

☐ **Medical Assistance**

☐ **OPP**- Preschool for ages 3 to kindergarten eligible

☐ **PFCC/CCVP**- Child Care for families working, in school/training

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

Do you need any of the following services?

☐ Large Print Notices ☐ Sign Language Interpreter

☐ Translator ☐ Other _____

What is your preferred language?

Spoken: _____

Written: _____

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

☐ **No**

☐ **Yes -** If yes, who: _____

Location (City/County/State): _____

Step 3: Tell us how to reach the applicant

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

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

City	State	Zip Code

Phone *(Cell)*	Phone *(Home)*	Email Address

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. The applicant may be asked to give an authorization document.*** *You will not be listed as an Authorized Representative until the document is provided.*

First Name	Middle Initial	Last Name

Street Address

City	State	Zip Code

Phone *(Cell)*	Phone *(Home)*

Email Address

Do you need any of the following services?

- ☐ Large Print Notices
- ☐ Sign Language Interpreter
- ☐ Translator
- ☐ Other _____

What is your preferred language?

Spoken: _____

Written: _____

Step 5. For SNAP Applicants and SNAP Authorized Representatives ONLY

By signing below, you agree that you have **reviewed and agree to the terms in Step 14** and you certify, under penalty of perjury, the truth of the information contained in this application, including information provided below concerning citizenship and qualified non-citizen 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 applying for SNAP, Cash, Medical, or ECE 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 *(spouse, friend, etc.)*	SSN *(See instructions above)*	Date of Birth	Sex	U.S. Citizen	Hispanic or Latino	Race
	Self			☐M ☐F	☐Y ☐N	☐Y ☐N	
				☐M ☐F	☐Y ☐N	☐Y ☐N	
				☐M ☐F	☐Y ☐N	☐Y ☐N	
				☐M ☐F	☐Y ☐N	☐Y ☐N	
				☐M ☐F	☐Y ☐N	☐Y ☐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 need 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 or anyone in household pay for heat or air conditioning? ☐ **Yes** ☐ **No**

(check all that apply):

☐ Telephone ☐ Trash ☐ Sewage ☐ Water ☐ Electric ☐ Gas

Step 11: If applying for Early Care and Education assistance, please tell us why the applicant needs Early Care and Education assistance

If you or the people in your home are working, attending school, participating in a training program (e.g. CDL, STNA, Barber or Cosmetology) or are participating in a Substance Use Disorder program (inpatient, outpatient, AA/NA or counseling for substance use), ***please complete the table below with all qualifying activities****.* ***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- Include travel time needed

☐ Sun From _____ to _____ ☐ Thurs From _____ to _____

☐ Mon From _____ to _____ ☐ Fri From _____ to _____

☐ Tues From _____ to _____ ☐ Sat From _____ to _____

☐ Wed From _____ to _____ ☐ Varies week to week ☐ Yes ☐ No

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

Household Member Work / School / Training Schedule- Include travel time needed

☐ Sun From _____ to _____

☐ Mon From _____ to _____

☐ Tues From _____ to _____

☐ Wed From _____ to _____

☐ Thurs From _____ to _____

☐ Fri From _____ to _____

☐ Sat From _____ to _____

☐ Varies week to week ☐ Yes ☐ No

Household Member 3 Name	Employer / School / Training Information Name

Activity Phone Number	Start Date / End Date

Address

Household Work / School / Training Schedule- Include travel time needed

☐ Sun From _____ to _____

☐ Mon From _____ to _____

☐ Tues From _____ to _____

☐ Wed From _____ to _____

☐ Thurs From _____ to _____

☐ Fri From _____ to _____

☐ Sat From _____ to _____

☐ Varies week to week ☐ Yes ☐ No

Step 12: Tell us about the child(ren) who need(s) Early Care and Education

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 ECE Assistance.

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

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

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

If YES, is there a case plan?

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

Is the child in Head Start?

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

Is the child in kindergarten?

Yes No

If **YES**, is the child AM or PM or Full-day?

☐ AM

☐ PM

☐ Full-day

Program Name	Program 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 ECE Assistance.

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

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

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

If YES, is there a case plan?

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

Is the child in Head Start?

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

Is the child in kindergarten?

Yes No

If **YES**, is the child AM or PM or Full-day?

☐ AM
☐ PM
☐ Full-day

Program Name	Program 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 ECE Assistance.

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

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

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

If YES, is there a case plan?

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

Is the child in Head Start?

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

Is the child in kindergarten?

Yes No

If **YES**, is the child AM or PM or Full-day?

☐ AM
☐ PM
☐ Full-day

Program Name	Program 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 ECE Assistance.

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

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

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

If YES, is there a case plan?

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

Is the child in Head Start?

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

Is the child in kindergarten?

Yes No

If **YES**, is the child AM or PM or Full-day?

☐ AM
☐ PM
☐ Full-day

Program Name	Program Address	City	State	Zip Code

Does your child(ren) who needs care have a chronic health condition, developmental disability, or special need?

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

☐ **Yes -** Please fill out the chart below:

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

This Form Continues on the Next Page

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

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

Child's Name *(First, Middle, Last)*	Current Grade Level	School Name and Address	School Hours *(ex: 8am - 3pm)*	Kindergarten Schedule	School Year Start End Date
				☐ **AM** ☐ **PM** ☐ **Full Day**	
				☐ **AM** ☐ **PM** ☐ **Full Day**	
				☐ **AM** ☐ **PM** ☐ **Full Day**	
				☐ **AM** ☐ **PM** ☐ **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, ECE, 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 owed to me and the minor children in the assistance group will be assigned to the State of Ohio.

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

- 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 Early Care and Education (ECE),** I acknowledge and agree:

- My county JFS office or DCY may share approval, denial, and submission status of my application to the program(s) listed on this application or to any program named as a result of a change to my application.
- I understand that the sharing of this information to any program not listed on this application shall require the signing of a separate release per Ohio Revised Code.
- I will be able to use ECE 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 program. Failure to pay the required copayment may result in termination of PFCC benefits.
- If I am approved for services, I will be responsible for accurately recording my child's attendance at the 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 program 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 program 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 DCY.
- I have received an explanation regarding the requirements for determining 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 benefits, including misuse of the automated child care attendance tracking system.
- I must report any changes which affect my PFCC eligibility to the county JFS office, including changes in my income goes above 300% of the federal poverty level, long-term changes in participation in my qualifying activity and address changes. 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 ECE Programs:
    - Parents may select any program approved to offer ECE. These programs include centers, family child care homes, preschools, school-age care, in-home aides and child day camps located throughout the state of Ohio.
    - If you would like assistance with selecting a program, 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 complains.
    - Step Up To Quality helps families choose 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 website at *https://childrenandyouth.ohio.gov/for-providers/step-up-to-quality.*
- 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 Healthchek | Medicaid and https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/healthchek and for Early Intervention services go to https://ohioearlyintervention.org/.
- If you would like to make a complaint about a suspected violation of licensing rules, misuse, or fraud you may contact the Family and Customer Support Center at 1-844-234-5437.

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 Ohio Department of Medicaid 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 Ohio Department of Medicaid 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 for the Ohio Department of Medicaid to get information about me from financial institutions, 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 the age 21 and pregnant woman. 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 may be asked to provide further documentation of the authorization in order to comply with OAC 5160-1-33.

- 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

Please refer to the insert for the address for your local County Department of Job and Family Services.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. **Submit your completed form or letter to USDA by**:

Mail: U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington D.C. 20250-9410

FAX: (202) 690-7442; or

Email: program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.

Do not send applications or verifications to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. **Mailing your application to USDA in Virginia will delay the local county JFS from processing your case.** Please send application materials or verifications to your local county JFS office.

County Contact List
Ohio Department of Job and Family Services, Office of Family Assistance Ohio's Cash, SNAP, and Child Care programs are county administered.

County	Address	Phone Number	Fax Number	E-mail/Website
Adams County DJFS	482 Rice Dr. West Union, OH 45693	(937) 544-2371	(937) 544-5406	Email: Adams_County_JFS@jfs.ohio.gov
Allen County DJFS	951 Commerce Pkwy Lima, OH 45804	(419)-228-2621	(419) 227-2448	Email: Allen-Family @jfs.ohio.gov Website: https://acjfs.org
Ashland County DJFS	15 W. Fourth St. Ashland, OH 44805	(419) 282-5000	(419) 282-5009	Email: Ashland_verification@jfs.ohio.gov Website: www.ashlandjfs.org
Ashtabula County DJFS	2924 Donahoe Dr. Ashtabula, OH 44004	(440) 998-1110 (800)935-0242	(440) 998-1538	Email: ashtabula-verifications@jfs.ohio.gov Website: https://www.acdjfs.org
Athens County DJFS	13183 St. Rte. 13 Millfield, OH 45761	(740) 797-2523	(740) 797-2447	Email: Athens-Verifications@jfs.ohio.gov Website: https://jfs.athensoh.org/
Auglaize County DJFS	12 N. Wood St., Wapakoneta, OH45895	(567) 242-2700	(567) 242-2735	Website: https://www2.auglaizecounty.org/
Belmont County DJFS	68145 Hammond Road St. Clairsville, OH 43947	(740) 695-1075	(740) 695-3036	Email: Belmont-PA-Docs@jfs.ohio.gov Website: https://belmontcdjfs.com
Brown County DJFS	775 Mt. Orab Pike Georgetown, OH45121	(937) 378-6104 ext.283 (844) 640-6446	(937) 378-4753	Email: BROWN_CDJFS_Benefits@jfs.ohio.gov Website: http://www.browncountyohio.gov/
Butler County DJFS	315 High St., 9th Floor Hamilton, OH 45011	(513) 887-5600	(513)887-4334	Email: VERIFICATIONS@jfs.ohio.gov Website: https://www.bcohio.gov/board_of_commissioners/commissioner_departments/job_family_services
Carroll County DJFS	207 Moody Ave. SW Suite 101 P.O. Box 219 Carrollton, OH 44615	(330) 627-2571	(330) 627-3904	Email: carrollcountydjfs@jfs.ohio.gov Website: www.carrollcountyjfs.com
Champaign County DJFS	1512 S. US Hwy 68 Ste. N100 Urbana, OH 43078	(937) 484-1500	(937) 484-1506	Email: Champ_FoodCashMedical@jfs.ohio.gov Website: www.champaigndjfs.org
Clark County DJFS	1345 Lagonda Ave. Springfield, OH 45503 P.O. Box 967A Springfield, OH 45501-1037	(844) 640-6446	(937) 521-3501	Email: Clark_BP_Team@jfs.ohio.gov Website: www.clarkdjfs.org
Clermont County DJFS	2400 Clermont Center Dr. Batavia, OH 45103	(844) 640-6446	(513) 732-7216	Website: https://clermontpublicassistance.org
Clinton County DJFS	1025 S. South. Ste. 200 Wilmington, OH 45177	(937) 382-0963	(937) 382-7039	Email: Clinton_County_Family_Services@jfs.ohio.gov Website: https://co.clinton.oh.us/departments/JobandFamilyServices
Columbiana County DJFS	7989 Dickey Dr. Ste.2 Lisbon, OH 44432	(330) 424-1471	(330) 424-0925	Email: Columbiana_JFS@jfs.ohio.gov Website: www.columbianacountyjfs.org
Coshocton County DJFS	725 Pine St. Coshocton, OH 43812	(740) 622-3898	(740) 622-8642	Email: PACasebank@jfs.ohio.gov Website: www.coshoctonjfs.org
Crawford County DJFS	224 Norton Way Bucyrus, OH 44820	(419) 562-0015	(419) 562-1056	Email: Crawford-family@jfs.ohio.gov Website: https://crawfordcountyjfs.org
Cuyahoga County DJFS	1640 Payne Ave., Ste.520 Cleveland, Ohio 44114	(844) 640-6446	(216) 987-7700	Website: https://hhs.cuyahogacounty.gov/divisions/detail/job-and-family-services
Darke County DJFS	631 Wagner Ave. Greenville, OH 45331	(844) 640-6446	(844) 640-6446	Website: www.darkecountyjfs.org
Defiance County DJFS	6879 Evansport Rd., St. A Defiance, OH 43512	(419) 782-3881	(419) 782-1717	Email: DPC_IM_VERIF@jfs.ohio.gov Website: https://defiancepauldingjfs.com/
Delaware County DJFS	145 N. Union Street. Delaware OH 43015	(740) 833-2300	(740) 833-2299 (740) 833-2302	Email: delawarecounty@jfs.ohio.gov Website: jfs.co.delaware.oh.us
Erie County DJFS	221 W. Parish St. Sandusky, OH 44870	(419) 627-6781	(419) 624-6478	Email: ERIE_CSEA_PAR221@jfs.ohio.gov Website: www.eriecounty.oh.gov/JobFamilyServices.apsx
Fairfield County DJFS	239 W. Main St. Lancaster, OH 43130	(844) 640-6446	(740) 689-4848	Email: case23@jfs.ohio.gov Website: https://www.fcjfs.org

County Contact List
Ohio Department of Job and Family Services, Office of Family Assistance Ohio's Cash, SNAP, Child Care programs are county administered.

Fayette County DJFS	133 S. Main St. Washington Court House, OH 43160	(844) 640-6446	(740) 333-3572	Email: Fayette_CDJFS@jfs.ohio.gov Website: www.fayette-co-oh.com
Franklin County DJFS	1721 Northland Park Ave. Columbus, OH 43229	(844) 640-6446	(614) 233-2398	Email: franklin-cdjfs-verifications@jfs.ohio.gov Website: https://jfs.franklincountyohio.gov
Fulton County DJFS	604 S. Shoop Ave. Ste. 200 Wauseon, OH 43567	(419) 337-0010 Option 2	(419) 337-0061	Email: Fulton-BenefitVerifications@jfs.ohio.gov Website: www.fultoncountyoh.com
Gallia County ODJFS	848 Third Ave. Gallipolis, OH 45631-1661	(740) 446-3222	(740) 441-2108	Email: Gallia-Documents@jfs.ohio.gov Website: https://gallianet.net
Geauga County DJFS	12611 Ravenwood Dr. Ste 150 PO Box 309 Chardon, OH 44024	(440) 285-9141	(440) 286-6654	Email: Geauga-Assistance@jfs.ohio.gov Website: https://www.geaugajfs.org
Greene County DJFS	541 Ledbetter Rd. Xenia, OH 45385-3699	(937) 562-6000 (800) 361-4450	(937) 562-6177	Email: Greenedocs@jfs.ohio.gov Website: www.greenecountyohio.gov/279/Job-Family-Services
Guernsey County DJFS	324 Highland Av e Cambridge, OH 43725	(740) 432-2381	(740) 432-1952	Email: guernsey_info@jfs.ohio.gov Website: www.guernseycountyjfs.org
Hamilton County DJFS	1701 Patricia McCollum Way Cincinnati, OH 45202	(513) 946-1000	(513) 946-1076	Email: hamiltoncountypublicassistance@jfs.ohio.gov Website: www.hcjfs.org
Hancock County DJFS	7814 County. Rd. 140 Findlay, Ohio 45840	(844) 640-6446	(419) 429-8105	Email: Hancock-Verify@jfs.ohio.gov Website: www.co.hancock.oh.us/169/Job-Family-Services
Hardin County DJFS	175 W. Franklin St., Ste. 150 Kenton, Ohio 43326	(419) 675-1130	(419) 675-1000	Email: hardin-intake@jfs.ohio.gov Website: https://hardinjfs.org/
Harrison County DJFS	520 North Main Street Cadiz, OH 43907	(844) 640-6446 (740) 941-2171	(740) 942-2370	Email: HARRISONJFS@jfs.ohio.gov Website: www.harrisoncountyjobandfamilyservices.com
Henry County DJFS	104 East Washington Napolean, OH 43545	(419) 592-0946	(419)-599-9058	Website: henrycountyohio.com
Highland County DJFS	1575 N. High St., Ste. 100 Hillsboro, OH 45133	(844) 640-6446	(937) 393-4461	Email: Highland-Documents@jfs.ohio.gov Website: highlandjfs.org
Hocking County DJFS (South Central Ohio JFS)	389 W. Front St. Logan, Ohio 43138 Mail:475 Western Ave. Ste B Chillicothe, OH 45601	(844) 640-6446 (855) 726-5237	(740) 772-7514	Email: SCOJFS_changeteam@jfs.ohio.gov Website: http://scojfs.org/
Holmes County DJFS	85 N. Grant St. P.O. Box 72 Millersburg, OH 44654	(330) 674-1111	(330) 674-0770	Email: HolmesJFS@jfs.ohio.gov Website: www.holmescountydjfs.com
Huron County DJFS	185 Shady Lane Dr. Norwalk, OH 44857	(419) 668-8126	(419) 668-4738	Website: www.huroncountydjfs.com
Jackson County DJFS	25 E. South St. PO Box 1006 Jackson, OH 45640	(740) 286-4181	(740) 286-4775	Email: JCJFS@jfs.ohio.gov or Jackson-Verifications@jfs.ohio.gov Website: https://jacksoncountyjfs.org/
Jefferson County DJFS	125 S. 5th St. Steubenville, OH 43952	(740) 282-0961	(740) 282-5766	Email: JeffersonDocs@jfs.ohio.gov Website: www.jcdjfs.com
Knox County DJFS	117 E. High St., 4th Fl. Mount Vernon, OH43050	(844) 640-6446	(740) 392-8882	Email: knox_collabor8@jfs.ohio.gov Website: https://co.knox.oh.us
Lake County DJFS	177 Main St. Painesville, OH44077	(844) 640-6446	(440) 350-4485	Email: lakejfs_documents@jfs.ohio.gov Website: https://www.lakecountyohio.gov/jobs-family-services
Lawrence County DJFS	1100 South 7th St. P.O. Box 539 Ironton, OH 45638	(740) 532-3324 (844)640-6446	(740) 534-9072	Email: Lawrence-verifications@jfs.ohio.gov Website: www.lawrencecountydjfs.com
Licking County DJFS	74 S. Second St. Newark, OH 43055 P.O. Box 5030 Newark, OH 43058	(844) 640-6446	(740) 670-8980	Email: LickingCountyJFS@jfs.ohio.gov Website: www.lickingcountyjfs.com
Logan County DJFS	1 Hunter Place, Suite B Bellefontaine, OH43311	(937) 599-5165	(937) 592-4395	Email: logandjfs@jfs.ohio.gov Website: www.loganjfs.org
Lorain County DJFS	42485 N. Ridge Road Elyria, OH 44035	(844) 640-6446	(440) 323-3422	Email: LorainJFS@jfs.ohio.gov Website: www.lcdjfs.com
Lucas County DJFS	3737 W. Sylvania Avenue Toledo, OH 43623 P.O. Box 10007 Toledo, Ohio 43699-0007	(419) 213-8800	(419) 213-8820	Email: LUCAS_DOCUMENTS@jfs.ohio.gov Website: https://www.co.lucas.oh.us/858/Job-and-Family-Services

County Contact List
Ohio Department of Job and Family Services, Office of Family Assistance Ohio's Cash, SNAP, and Child Care programs are county administered.

Madison County DJFS	200 Midway St. London, OH 43140	(740) 852-4770	(740) 852-5112	Email: madison_casebank@jfs.ohio.gov Website: www.co.madison.ohio.us/services/job_&_family_services/index.php
Mahoning County DJFS	345 Oak Hill Ave Youngstown, OH 44502 P.O. Box 600 Youngstown, OH 44501-600	(844) 640-6446	(330) 740-2617	Email: IM_Verifications@jfs.ohio.gov Website: www.mahoningcountyoh.gov
Marion County DJFS	363 W. Fairground St. Marion, OH 43302-1759	(740) 387-8560 (844) 640-6446	(740) 387-2175	Email: MarionCounty@jfs.ohio.gov Website: www.mcjfs.com
Medina County DJFS	232 Northland Dr. Medina, OH44256	(330) 722-9322	(330) 722-3383	Email: Medina-JFS@jfs.ohio.gov Website: www.mcjfs.us
Meigs County DJFS	175 Race St. P.O. Box 191 Middleport, OH 45760	(740) 992-2117	(740) 992-7500	Email: JFSMeigs-Verifications@jfs.ohio.gov Website: http://meigsdjfs.net
Mercer County DJFS	220 W. Livingston St. Ste. 10 Celina, OH 45822	(419) 586-5106	(419) 586-5643	Email: Mercer-Verification@jfs.ohio.gov Website: www.mercercountyohio.org/county-services/job-family-services
Miami County DJFS	2040 N. County Rd.25A Troy, OH 45373	(937) 440-3471	(937) 335-2225	Email: Miami-Documents@jfs.ohio.gov Website: www.co.miami.oh.us/158/Job-Family-Services
Monroe County DJFS	100 Home Ave. Woodsfield, OH 43793	(740) 472-1602	(740) 472-5666	Email: Monroe56@jfs.ohio.gov Website: www.monroecountyjfs.com
Montgomery County DJFS	1111 S. Edwin C. Moses Blvd. P.O. Box 972 Dayton, OH 45422	(844) 640-6446	(937) 496-3306	Email: mcdjfs@jfs.ohio.gov Website: www.mcohio.org/475/Family-Assistance
Morgan County DJFS	155 E. Main St., Rm. 009 McConnelsville, OH 43756	(740) 962-4616 ext. 0	(740) 962-5344	Email: morgansupport@jfs.ohio.gov Website: www.morgancounty-oh.gov/jfs.html
Morrow County DJFS	619 W. Marion Rd. Mt. Gilead, OH 43338	(844) 640-6446	(419) 947-9115	Email: MORROW_COLLABOR8@jfs.ohio.gov Website: https://jfs.morrowcountyohio.gov
Muskingum County DJFS	445 Woodlawn Ave. Muskingum, OH 43832 P.O. Box 100 Zanesville, OH 43701	(740) 454-0161	(740) 454-0067	Email: Muski_info@jfs.ohio.gov Website: www.muskingumcountyjfs.com
Noble County DJFS	46049 Marietta Rd. P.O. Box 250 Caldwell, OH 43724	(740) 732-2392	(740) 732-4108	Email: NOBLE-IM@jfs.ohio.gov Website: www.noblefamilies.org
Ottawa County DJFS	8043 W. St. Rte. 163 Unit 200 Oak Harbor, OH 43449	(419) 898-3688 (800)665-1677	(419) 898-2436	Email: Ottawacountyfrontdesk@jfs.ohio.gov Website: http://ottawacountyjfs.org/home/assistance-programs
Paulding County DJFS	252 Dooley Dr. Paulding, OH 45879	(419) 399-3756	(419) 399-4674	Email: DPC_IM_VERIF@jfs.ohio.gov Website: https://definancepauldingjfs.com
Perry County DJFS	5250 SR-37 E. P.O. Box 311 New Lexington, OH 43764	(740) 342-3551	(740) 342-5491	Email: perry64@jfs.ohio.gov Website: www.perryjfs.org

County Contact List
Ohio Department of Job and Family Services, Office of Family Assistance Ohio's Cash, SNAP, and Child Care programs are county administered.

Pickaway County DJFS	1005 S. Pickaway Street PO Box 610 Circleville, OH 43113	(740) 474-7588	(740) 477-9333	Email: info@pickawayjfs.org Website: http://pickawayjfs.org/
Pike County DJFS	230 Waverly Plaza, Ste. 700 Waverly, OH 45690	(740) 947-2171 (844) 640-6446	(740) 947-1329	Email: PIKEJFS@jfs.ohio.gov Website: https://pikecojfs.org
Portage County DJFS	449 S. Meridian St. P.O. Box 1208 Ravenna, OH 44266	(844) 640-6446 (330) 297-3750	(330) 297-3439	Email: Portage_PA@jfs.ohio.gov Website: https://www.portagecounty-oh.gov/jfs
Preble County DJFS	1500 Park Ave. Eaton, OH 45320	(937) 456-6205	(937) 456-5591	Email: preblejfs@jfs.ohio.gov Website: https://prebco.org/160/Job-Family-Services
Putnam County DJFS	575 Ottawa-Glandorf Rd. Ste.1 Ottawa, OH 45875	(567) 376-3777	(567) 376-3740	Email: putnamcasebank@jfs.ohio.gov Website: https://putnamcountyohio.gov/
Richland County DJFS	171 Park Ave. E. Mansfield, OH 44902	(419) 774-5400	(419) 774-0051	Email: Richland-Documents@jfs.ohio.gov Website: www.rcjfs.net
Ross County South Central Ohio JFS	475 Western Ave., Ste. B Chillicothe, OH 45601	(844) 640-6446 (855) 726-5237	(740) 772-7514	Email: SCOJFS_changeteam@jfs.ohio.gov Website: http://scojfs.org/
Sandusky County DJFS	2511 Countryside Dr. Suite A, Fremont, OH 43420	(419) 334-3891	(419) 332-2156	Email: SanduskyPA@jfs.ohio.gov Website: https://sanduskycountydjfs.org
South Central Ohio JFS (Hocking, Ross, Vinton)	Mailing Address: 475 Western Ave. Ste B Chillicothe, OH 45601	(844) 640-6446 (855) 726-5237	(740) 772-7514	Email: SCOJFS_Changeteam@jfs.ohio.gov Website: www.SCOJFS.org
Scioto County DJFS	710 Court St. P.O. Box 1347 Portsmouth, OH 45662	(740) 354-6661	(740) 353-2218	Email: SciotoIM@jfs.ohio.gov Website: www.sciotocountyjfs.com
Seneca County DJFS	900 E. County Rd. 20 Tiffin, OH 44883-9912	(419) 447-5011	(419) 447-5345	Website: https://senecadjfs.com
Shelby County DJFS	227 S. Ohio Ave. Sidney, OH 45365	(937) 498-4981	(937) 498-7396	Email: FMS-Staff@jfs.ohio.gov Website: https://shelbycountyjfs.org
Stark County DJFS	221 Third St., S.E. Canton, OH 44702	(844) 640-6446	(330) 451-8925	Email: Stark_CSC@jfs.ohio.gov (Applications) Email: Stark-Docs@jfs.ohio.gov (Verifications) Website: www.starkjfs.org
Summit County DJFS	1180 S. Main St. Ste. 102 Akron, OH 44301-1256 P.O. Box 3675 Akron OH 44398	(844) 640-6446	(866) 351-8292	Email: SummitE-Docs@jfs.ohio.gov Website: https://summitdjfs.org
Trumbull County DJFS	280 N. Park Ave. Warren, OH 44481	(330) 675-2000	(330) 675-2102	Email: Trumbull_Verifications@jfs.ohio.gov Website: www.co.trumbull.oh.us
Tuscarawas County DJFS	389 16th St. S.W. New Philadelphia, OH 44663	(330) 339-7791	(330) 339-6388	Email: mybenefits@jfs.ohio.gov Website: www.tcjfs.org
Union County DJFS	940 London Ave. Ste. 1800 P.O. Box 389 Marysville, OH 43040	(937) 644-1010	(937) 644-8700	Website: www.unioncountyohio.gov/Department-of-Job-Family- Services/
Van Wert County DJFS	114 E. Main St. P.O. Box 595 Van Wert, OH 45891	(419) 238-5430	(419) 238-6045	Email: vanwert_fs@jfs.ohio.gov Website: www.vanwertcountyohio.gov/services/job_and_family_services/index.php
Vinton County South Central Ohio JFS	30975 Industrial Park Dr. McArthur, OH 45651 Mail: 475 Western Ave. Ste. B Chillicothe, OH45601	(844) 640-6446 (855) 726-5237	(740) 772-7514	Email: SCOJFS_Changeteam@jfs.ohio.gov Website: http://scojfs.org/

County Contact List
Ohio Department of Job and Family Services, Office of Family Assistance Ohio's Cash, SNAP, and Child Care programs are county administered.

Warren County DJFS	416 S. East St., #1 Lebanon, OH 45036	(513) 695-1420	(513) 695-2940 (513)695-2701 (513) 695-2702	Email: Warren-HumanServices@jfs.ohio.gov Website: www.co.warren.oh.us/HumanServices/
Washington County DJFS	1115 Gilman Ave. Marietta, OH 45750	(740) 373-5513	(740) 373-9771	Email: Washington-information@jfs.ohio.gov Website: www.wcdjfs.com
Wayne County DJFS	356 W. North St. P.O. Box 76 Wooster, OH 44691	(330) 287-5800	(330) 287-5899	Email: waynecountyjfs@jfs.ohio.gov Website: www.waynecountydjfs.com
Williams County DJFS	117 W. Butler St. Bryan, OH 43506	(419) 636-6725	(419) 636-8843	Email: Williams_IM@jfs.ohio.gov Website: www.williamscountyoh.gov/578/Job-Family-Services
Wood County DJFS	1928 E. Gypsy Lane Rd P.O. Box 679 Bowling Green, OH 43402	(419) 352-7566	(419) 353-6091	Email: WoodJFS@JFS.ohio.gov Website: www.woodcountyjfs.com
Wyandot County DJFS	120 E. Johnson St. Upper Sandusky, OH 43351	(419) 617-4230	(419) 617-4233	Email: WYANDOT_SHARED_SERVICES Website: www.co.wyandot.oh.us

Do not mail applications or verifications to the United States Department of Agriculture (USDA) address listed below.

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Form 4010 Prescribed by the Ohio Secretary of State (02/2026)

Ohio Voter Registration and Information Update Form

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

Please read instructions carefully and type or print clearly using blue or black ink. Sections in red are required.
For questions, visit VoteOhio.gov or call 877-767-6446.

I AM: ☐ **Registering as an Ohio voter** ☐ **Updating the address on my registration** ☐ **Updating the name on my registration**

1 **Are you a U.S. citizen? (required)**
☐ Yes ☐ No

2 **Will you be at least 18 years of age on or before the next general election? (required)**
☐ Yes ☐ No

Eligibility: To vote in Ohio you MUST meet all the following requirements:

1. You must be a citizen of the United States.
2. You must be at least 18 years old on or before the day of the general election.
3. You must be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

IF YOU ANSWERED NO TO EITHER QUESTION ONE OR QUESTION TWO, OR YOU DO NOT MEET ALL ELIGIBILITY REQUIREMENTS, DO NOT COMPLETE THIS FORM.

3 **Name (required)**

Last Name _____ Middle Name _____

First Name _____ Suffix (Jr, Sr, II, III, etc.) _____

4 **Residential Address (required)** - *No P.O. Boxes. Enter new address if changed.*

County _____

Address _____

City _____

Apt. or Lot # _____ ZIP Code _____

Residency Requirements: For voting purposes, your home address is the place you consider your permanent home. It is where you live and plan to return whenever you are away. If you do not have a fixed home but stay regularly at a shelter or another place, you can use that place as your residence for voting registration. If you have questions about your specific situation, contact your county board of elections.

5 **Mailing Address (optional)** - *Use this field if your mailing address is different from your home address, including a P.O. Box.*

_____

6 **Birthdate (required)** - *MM/DD/YYYY (not today's date)*

_____

7 **Phone Number (recommended)**

_____

8 **Identification (required)**

If you have a current Ohio driver license or state ID card, you **MUST** provide that number (two letters followed by six numbers).

_____

IF YOU DO NOT HAVE an Ohio driver license or state ID card, you must provide the last four digits of your Social Security number.

_____

☐ I have not been issued an Ohio driver license, state ID card, or Social Security number.

9 **Previous Address** - *Use this field if you are updating your address in your current registration.*

_____

Previous County _____

10 **Change of Name** - *Use this field if you are updating your name in your current registration.*

Former Legal Name _____ Former Signature _____

11 **Signature (required)** *Please write your cursive, handwritten signature or make your legal mark, taking care that it does not touch the surrounding lines, so when it is digitally imaged by your county board of elections, it can effectively be used to identify your signature.*

I declare under penalty of election falsification that I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Today's date (required) - *MM/DD/YYYY* _____

FOR PERSONS ASSISTING AN APPLICANT

➔ **Assistance Attestation**

☐ I completed this form on behalf of the applicant due to disability, blindness, or illiteracy. I attest that the applicant indicated that he/she desired to register to vote or update the applicant's name or residence.

_____
Printed Name of Assister

_____ _____
Signature of Assister for Applicant in Accordance with R.C. 3503.14 Address of Assister

➔ **Compensation Attestation** - *I registered this applicant and am paid to do so by my employer.*

_____ _____
Printed Name of Assister Name of Employer

_____ _____
Signature of Assister for Applicant in Accordance with R.C. 3503.14(A) Address of Assister

TO ENSURE YOUR INFORMATION IS RECEIVED, PLEASE DO THE FOLLOWING:

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address, please visit VoteOhio.gov/Boards.

If you have additional questions,
please call the office of the Ohio Secretary of State
at 877-SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

Any Ohio voter whose registration is up to date may cast an absentee ballot. Absentee ballot applications can be obtained from your county board of elections or from the Secretary of State online at VoteOhio.gov or by phone at 877-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please visit the Secretary of State's website at VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

Please note, if the applicant's driver license or ID contains a "NONCITIZEN" identifier (on the back), the identification requires additional proof of U.S. citizenship.

NOTICES

This form must be *received or postmarked* by the 30th day before an election in which you intend to vote. You will be notified by your county board of elections of your voting location. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Voter registration is subject to verification with state and federal databases.

printed in-house