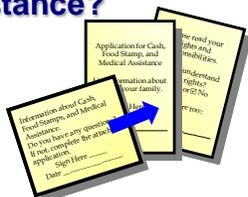


APPLICATION FOR CASH, FOOD, OR MEDICAL ASSISTANCE

Office Use Only - You will be given an appointment date and time after you complete the following application.

Appointment Date: _____ **Appointment Time:** _____

How do I apply for assistance?



You will need to:

1. Complete this application.
2. Submit this application to your local County Department of Job and Family Services (CDJFS).
3. Complete an interview.
4. Provide verification for the programs for which you are applying. Verification is explained on the next page.

Do you need help completing this application?



1. **If English is not your primary language:** The CDJFS will provide someone who can help you understand the questions on this application at the interview.
2. **If you have a disability, are hearing-impaired or visually-impaired:** We will help you complete this application and the interview.
3. **We will also help you at other times, such as:** When you report changes, or when you have questions about your case.

How do I complete this application?



1. **Fill out this application:** Answer as many questions as you can on the application. You have the right to apply for assistance the day you contact your local CDJFS. **Don't forget to indicate which program(s) you are applying for.**
2. **If you cannot fill out this application today:** Fill out page one of the application with your name, address, and signature and turn it in to your local CDJFS office so that we can provide assistance from today if you are eligible. You can fill out the rest of the application at home and return it to your CDJFS office.
3. **Applying for someone else:** You can choose someone to apply for assistance for you. This person is called an authorized representative. If you are applying for someone else, answer the questions as they relate to that person.

Where do I turn in this application?

1. **Turn in the application to your local CDJFS office:** This will start the application process for all assistance programs. Office hours vary by county. To search for your county office go to http://jfs.ohio.gov/County/County_Directory.pdf

How do I complete the interview?

1. **Your interview:** The county agency will provide you notice of the time, date and location of your interview. Your interview may be a telephone interview, office interview or a home visit.
2. **Missed Interview:** If you miss your interview, the county agency will notify you of the missed interview and explain that you are responsible for rescheduling. If you do not contact the county agency within 30 days from the date you file this application, we may deny your assistance and you will have to reapply.

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

What type of verification do I need?

The table below lists the items required for each program you are applying for. Contact your local CDJFS for examples of the documents you can use as proof. If you can't bring everything, come to the interview anyway and we will help you.

- If you are not a U.S. citizen and are only applying for alien emergency medical assistance, you do not have to verify your citizenship status or immigration status, or provide a social security number.
- Your food assistance amount may increase if you also bring proof of the following costs: child/dependent care, child support paid for children not living with you, housing, utilities, medical costs for people with disabilities or for people who are over age 60 (including prescriptions).

	Cash Assistance	Food Assistance	Medical Assistance Families and children	Medical Assistance Aged, blind or disabled
Proof you have applied for a Social Security Number (if you don't already have one)	✓	✓	✓	✓
Permanent Resident Card ("green card") or other INS documentation if not a U.S. citizen	✓	✓	✓	✓
Proof of U.S. citizenship if a U.S. citizen	✓		✓	✓
Proof of income or any other money coming into your household (such as pay stubs, tax records, award letters, child support)	✓	✓	✓	✓
Most recent statements for any bank accounts (such as checking, credit union, savings)	✓			✓
Proof of ownership of vehicles (such as car, truck, motorcycles, boats, RVs)				✓
Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	✓			✓
Proof of identity	✓	✓		
Proof of any child/dependent care costs	✓	✓	✓	
Proof of any child support paid for children not living with you	✓	✓	✓	✓
Proof of any housing and utility costs		✓		✓
Proof of any medical costs for people with disabilities or for people who are over age 60 (including prescriptions)		✓		✓
Proof of any health insurance			✓	✓

When will I receive assistance?



Cash and food assistance: We base eligibility for the cash and/or food assistance programs on the date we get your signed and dated application. Your eligibility for these programs is determined within 30 days from the date we receive your signed and dated application.

Medical assistance: We base eligibility for medical assistance on the date we get a signed and dated application. Your eligibility should be determined within 45 days unless you are claiming a disability. If you are claiming a disability, your eligibility should be determined within 90 days. If you have unpaid medical bills within three months prior to applying for Medicaid, you can request medical assistance for up to 3 months before the month we get your application.

What if I need food right away?



If you need food assistance right away, and are not currently receiving it: Answer the questions on pages one and two of the application. You may qualify to get food assistance quicker.

Do I have to be a Citizen?



No. Please do not let fear of the U.S. Citizenship and Immigration Services (USCIS) keep you from seeking needed assistance for your family. Many immigrants can receive cash, food, and medical assistance. Also, alien emergency medical assistance is available without regard to your immigration status.

What other services are available?



You may be eligible to receive other services such as: Child care assistance, prenatal care, housing costs, work skills, and help getting a job. These services may require a separate application. Ask your caseworker about these services. If you need help with child care costs, contact your local CDJFS for a child care application.

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

APPLICATION FOR CASH, FOOD, OR MEDICAL ASSISTANCE

1. 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.

2. Tell us which program(s) you are applying for

(select all that apply. Only the programs that are checked will be reviewed for eligibility.)

- Food Assistance Medical Assistance Cash assistance for families with a minor child(ren) or women who are at least 6 months pregnant; or for refugees within 8 months of arrival

3. Tell us about you *(the applicant)*

Complete this section for you or for the person for whom you are applying.

First Name Middle Initial

Last Name

Are you: **Do you need any of the following services?**

- Visually Impaired Interpreter Other: _____
 Hearing Impaired Sign Language _____

Office Use Only

Date Received: _____

Application Number: _____

Case Number: _____

Expedited Food Assistance: Yes No

PRC Requested: Yes No

Child Care Requested Yes No

Have you, or anyone living with you, ever received cash, food, or medical assistance? Yes No

If yes, who: _____ Where (City/County/State): _____

4. Tell us how to reach you

Complete this section for you or for the person for whom you are applying.

Street Address Check here if you are homeless

City County State Zip Code

Phone Number Best Time to Call Additional Phone Number E-mail Address

() ()

Mailing Address (if different):

Street Address

City County State Zip Code

5. Tell us if you are an authorized representative

An authorized representative is someone who assists the applicant by completing the application process. If you are filling out this form as an authorized representative, please fill out the following.

First Name Middle Initial Last Name

Street Address

City County State Zip Code

Phone Number Best Time to Call Additional Phone Number E-mail Address

() ()

6. Sign Here

Signature of Applicant or Authorized Representative Print Name Date

DON'T FORGET TO TELL US WHICH PROGRAM(S) YOU ARE APPLYING FOR IN QUESTION 2

7. Tell us if you need food assistance right away

These questions will help us decide if you qualify to get food assistance benefits quicker.

How many people live with you and buy, fix, and eat meals with you? _____

Answer the following questions for only the people who buy, fix and eat meals with you.

Is your total gross income before taxes for the current month less than \$150? Yes No

Is your total net income after taxes and paying for such things as housing costs, child/ dependent care costs, or child support payments for the current month zero? Yes No

Are your total resources in cash, checking, and savings accounts less than \$100? 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

8. Tell us about the people in your home

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, attach a separate piece of paper.

- **Social Security Number:** You only have to list a social security number for someone who is applying for cash, food, or medical assistance. You do not have to provide a social security number for someone applying for alien emergency medical assistance.
- **Sex (gender):** If your household is only applying for food assistance, you do not have to complete the sex (gender) question.
- **U.S. Citizen:** You only have to indicate if someone is a U.S. citizen if they are applying for cash, food, or medical 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 but the worker will enter an answer.

Name (First, Last)	Relationship to You (spouse, son, friend, etc.)	Social Security Number	Date of Birth	Sex Write M or F	U.S. Citizen Write Y or N	Hispanic or Latino Write Y or N	Race
	Self						

Are you married? Yes No Spouse's name: _____

Are you, or anyone you are applying for, pregnant? Only answer if applying for cash or medical assistance.

Yes No If yes, who and what month of pregnancy?

Do you, or anyone you are applying for, need nursing home / in-home care?

Yes No If yes, who? _____

What is your preferred language? Spoken: _____ Written: _____

9. Tell us about the people in your home (continued)

Is anyone 60 years of age or older? Yes No

If yes, answer the questions in this section. If no, please skip to question 10.

Is this person(s) receiving disability benefits? Yes No
 If yes, from what source? _____

Is this person(s) unable to prepare meals due to a disability? Yes No

If you answered "Yes" to the last three questions, does this person(s) wish to receive food assistance separately from the other people you live with? Yes No

Are you or anyone in your household caring for a disabled person in or outside of the home?
 Yes No If yes, who? _____

10. Tell us about your finances

Will you or the people in your home receive income this month? Yes No
 Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received

How much do you and the people in your home have in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?
 Give your best estimate of the total: \$ _____

Did anyone in your home leave a job or lose a job within the last 60 days? Yes No
 If yes, who? _____ When? _____
 For what reason? _____

Is anyone in your home on strike from a job? Yes No
 If yes, who? _____

11. Tell us about your expenses

Which expenses do you and the people in your home pay? Check all that apply. List the amount for each expense.

Day care costs for a child or other dependent(s)
 Estimated amount paid per month: \$ _____
 If you need help with child care costs, contact your local CDJFS for a child care application.

Child/spousal/medical support payments
 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, or other medical services. Do not include any medical support payments you entered in the check box above. Estimated amount paid per month: \$ _____

Rent / Mortgage payments
 Estimated amount paid per month: \$ _____

Utilities – Please check the utilities you pay for below.

Do you pay for heating and/or air conditioning? Yes No

Gas Telephone Garbage Electricity Water Sewer Other

12. Signature of person who completed this application

By signing this application:

- I understand 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 alien status of each household member applying for assistance.
- I state under penalty of perjury I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.
- I understand and agree to provide documents to prove what I have said.
- I understand and agree that the CDJFS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance.
- I understand that by signing this application and receiving Ohio Works First, I am assigning to the State of Ohio any rights to child/spousal support that is owed to me and/or the minor children in the assistance group during the Ohio Works First eligibility period.
- I understand that 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 children in the assistance group during the Medicaid eligibility period.
- I understand that I may be required to cooperate with the child support enforcement agency in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the child support enforcement agency, a referral will be submitted to the agency on my behalf. I also understand that if I am not required to cooperate with the child support enforcement agency, I may request child support services by completing the JFS 07076 "Application for Child Support Services."
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.
- I understand if I receive cash assistance on the electronic payment card that I must activate my card within 90 days from when benefits and my first card is issued. If the electronic payment card is not activated within 90 days my benefits will be removed from my account.

Signature of Applicant or Authorized Representative	If Authorized Representative, Relationship to Applicant	Date

13. What to do when you complete this application

Return this application to your local County Department of Job and Family Services office.

To search for your county office go to http://jfs.ohio.gov/County/County_Directory.pdf

Your civil rights

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

To file a complaint with the Ohio Department of Job and Family Services (ODJFS) write: ODJFS, Bureau of Civil Rights, 30 E. Broad St., 30th Floor, Columbus, OH 43215 or by fax at (614) 752-6381; or call (614) 644-2703 (voice), (866) 227-6353 (toll free), or (866) 221-6700 (TTY).

**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 www.OhioSecretaryofState.gov/boards.htm

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

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

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