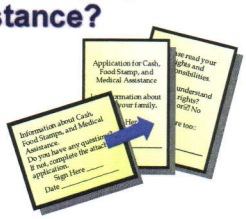
Ohio Department of Job and Family Services

# REQUEST FOR CASH, FOOD, AND 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.
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).

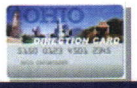
| | **Cash Assistance** | **Food Assistance** | **Medical Assistance** Families and children | **Medical Assistance** Aged, blind or disabled |
|---|---|---|---|---|
| Proof you have applied for a Social Security Number (if you don't already have one) | ✓ | ✓ | ✓ | ✓ |
| Permanent Resident Card ("green 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 30 days unless you are claiming a disability. If you are claiming a disability, your eligibility should be determined within 90 days. We will also explore medical assistance for the 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. --**

# REQUEST FOR CASH, FOOD, AND 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.**

## 2. 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:**
☐ Visually Impaired
☐ Hearing Impaired

**Do you need any of the following services?**
☐ Interpreter ☐ Sign Language ☐ Other: _____

**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): _____

## 3. 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 |
|---|---|---|---|
| | | | |

## 4. 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 |
|---|---|---|---|
| | | | |

## 5. Sign Here

| Signature of Applicant or Authorized Representative | Print Name | Date |
|---|---|---|
| | | |

## 6. 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 |

## 7. 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.
- **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.
- **Sex (gender):** If your household is only applying for food assistance, you do not have to complete the sex (gender) question.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. If you do not want to give us this information, it will have no effect on your case. If you do not give us this information, 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* | **Race** | **Hispanic or Latino** *Write Y or N* |
|---|---|---|---|---|---|---|---|
| | 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? _____

**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: _____

## 7. 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 8.

**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

## 8. 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? _____

## 9. 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

## 10. 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.

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

## 11. 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

Federal law and the policies of the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a discrimination complaint, write or call USDA, HHS, or ODJFS.

| Write or Call: | Write or Call: | Write or Call: |
|---|---|---|
| **USDA**<br>Director, Office of Civil Rights<br>Room 326-W, Whitten Building<br>1400 Independence Avenue, S.W.<br>Washington, D.C. 20250-9410<br>(202) 720-5964 (voice and TDD) | **HHS**<br>Region V, Office of Civil Rights<br>233 N. Michigan Ave., Suite 240<br>Chicago, Illinois 60601<br>(312) 886-2359 (voice)<br>(312) 353-5693 (TDD)<br>(312) 886-1807 (fax) | **ODJFS**<br>Bureau of Civil Rights<br>30 E. Broad St., 30th Floor<br>Columbus, OH 43215<br>(614) 644-2703 (voice)<br>1-866-227-6353 (toll free)<br>(614) 752-6381 (fax)<br>1-866-221-6700 (TTY) |

USDA, HHS, and ODJFS are equal opportunity providers and employers.

# Voter Registration Form

**Please read instructions carefully. Please type or print clearly with blue or black ink.**
**For further information, you may consult the Secretary of State's Web site at: www.OhioSecretaryofState.gov or call 1-877-767-6446.**

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will 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 the election laws.

**Use this form** to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE**: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

**Lines 1 and 2 below are required by law.** You *must* answer ***both*** of the questions for your registration to be processed.

## Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

## Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application **a copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

## Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

**Please see information on back of this form to learn how to obtain an absentee ballot.**

**FOLD HERE**

**1. Are you a U.S. citizen? ☐ Yes ☐ No**
**2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No**
**If you answered NO to either of the questions, do not complete this form.**

| 3. Last Name | First Name | Middle Name or Initial | Jr., II, etc. |
|---|---|---|---|
| | | | |

| 4. House Number and Street (Enter new address if changed) | Apt. or Lot # | 5. City or Post Office | 6. ZIP Code |
|---|---|---|---|
| | | | |

| 7. Additional Rural or Mailing Address (if necessary) | 8. County where you live |
|---|---|
| | |

| 9. Birthdate (MO-DAY-YR) (required) | 10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided) | 11. Phone No. (voluntary) |
|---|---|---|
| | | |

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

| Previous City or Post Office | County | State |
|---|---|---|
| | | |

| 13. **CHANGE OF NAME ONLY** Former Legal Name | Former Signature |
|---|---|
| | |

I declare under penalty of election falsification 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.

14. **Your Signature →**

Date_____/_____/_____
MO DAY YR

FOR BOARD USE ONLY
SEC4010 (Rev. 10/11)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

PLACE
STAMP
HERE

SECRETARY OF STATE
PO BOX 2828
COLUMBUS OH 43216-2828

## 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 1-877-767-6446.

## OHIO VOTER IDENTIFICATION REQUIREMENTS

R.C. 3503.19

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent 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. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's Web site at: www.OhioSecretaryofState.gov or call 1-877-767-6446.

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