

Ohio Department of Job and Family Services  
**REQUEST TO REAPPLY FOR CASH ASSISTANCE, SNAP AND/OR CHILD CARE**

<b>VOTER REGISTRATION APPLICATION ATTACHED- ASSISTANCE AVAILABLE</b>			
<b>If you are not registered to vote where you live now, would you like to apply to register to vote here today?</b>			
<input type="checkbox"/> <b>YES, I want to register to vote.</b>			
<input type="checkbox"/> <b>NO, I do not want to register to vote</b>			
<b>If you do not check either box, you will be considered to have decided not to register to vote at this time.</b>			
Case Number			
County Contact	County Contact Phone Number	County Contact Fax Number	
<b>Step 1: Read the information in this box and make corrections as necessary.</b>			
First Name Middle Initial and Last name			
Mailing Address		Street Address <i>(if different)</i>	
City	State	Zip Code	City State Zip Code
Email Address	Home Phone Number	Work Phone Number	Cell Phone Number
<b>Step 2: Please read this information carefully.</b>			
<p>To continue to get your benefits we must review your case to make sure that you are still eligible and that you are getting the correct amount of benefits. If you have questions, call your county agency listed at the top of this form.</p> <p><b>Medical assistance:</b> This form is not an approved application for medical assistance programs. Consumers should continue to reapply using approved medical assistance application forms. Any information provided during your interview will be used to update your case and may affect your medical assistance benefits.</p> <p><u>If you are currently getting <b>SNAP</b> or <b>Cash</b> benefits:</u></p> <p><b>Please sign and return this form to us before your appointment date &lt;Begin Date&gt; but no later than &lt;RE Date&gt;.</b> You may return this form to us by mail, fax, or by bringing it to us. If you bring it in, you will get a receipt. If you do not have an appointment date listed, you do not need to reapply for SNAP and/or cash assistance benefits at this time. But if you are reapplying for child care, you will need to fill out this form and return it.</p> <p>If you have an account, you may also complete this form online at <a href="https://ssp.benefits.ohio.gov/apspssp/index.jsp">https://ssp.benefits.ohio.gov/apspssp/index.jsp</a>. To complete this process online:</p> <ul style="list-style-type: none"><li>• Sign into your account</li><li>• Click the "Access" section to the right of the screen</li><li>• Select "Reapplication" and follow the prompts</li></ul> <p><b>If you have an appointment date listed and want to reapply for SNAP and/or cash assistance benefits you must sign and return this form. If we do not get this form back from you, we will stop your cash assistance and your SNAP will expire.</b></p> <p>Remember reapplying for benefits has two steps: 1. Signing and returning this form and 2. Completing an interview. You must complete both steps or your benefits will stop.</p>			

**If you are currently getting Child Care:**

Your current child care eligibility is scheduled to end on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. You must fill out this form and return it by \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. If we do not receive the completed form and all supporting documentation by the date your current eligibility ends, your child care assistance will be terminated and all authorizations to providers will be ended. If you do not have an eligibility end date listed, you do not need to reapply for child care benefits at this time. But if you are reapplying for SNAP and/or cash assistance benefits, you will need to sign and return this form.

Complete, sign and return this form to the county agency address, fax number or email address listed above, or if you have an account, complete it online at: <https://ssp.benefits.ohio.gov/apsspssp/index.jsp>. If a question says **ATTACH PROOF**, you **MUST** attach your proof to this form and submit it at the same time. If you need more space for your answers, write them on extra paper and attach them to this form. We will use the information you provide to determine your eligibility for the next eligibility period.

**Step 3: Please read, complete and sign the section below**

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers for the cash assistance and SNAP reapplication interview, and/or the answers I provide on this form, are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member reapplying for SNAP and/or cash assistance, or for child care, the citizenship or alien status of each child in need of care.
- I understand and agree to provide all documents to complete my telephone interview for cash assistance and SNAP, and my reapplication for child care.
- I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other organizations to obtain the necessary proof of my eligibility and level of benefits.
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine eligibility.
- I have received a copy of, and I have read, my rights and responsibilities (JFS 07501), and I understand them. I agree to fulfill my responsibilities as required.
- I understand that the CDJFS will assist me in obtaining required verifications for as long as I cooperate.
- I understand that information available through the Income Eligibility Verification System will be requested, used and may be verified through collateral contacts when discrepancies are found that the information received may affect my household's eligibility for benefits.
- I understand that my signature below gives the county agency permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child / spousal / medical support income. My signature below also gives consent to issue a system generated statewide student identifier (SSID) for each child on this application.
- I acknowledge and agree that the CDJFS and ODJFS may share certain details about the status of this application with the child care provider listed on this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.
- 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, my responsibility for reporting changes to the CDJFS and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.
- I understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, any required copayment (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of publicly funded child care benefits.
- I understand that if I am approved, I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf and cannot have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.
- I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS.
- I understand that I must report any changes which affect my child care eligibility to the CDJFS, including changes in family income, hours of employment/training/education, family size and address. **I understand that I must report changes within 10 days of the date they occur.**

Signature of Person Completing Form or Authorized Representative

Print Name of Authorized Representative, and Relationship to Applicant

Date

**Step 4: If you are applying for child care, please complete the information below**

**HOUSEHOLD COMPOSITION** How many people live in your house? \_\_\_\_\_ Please fill out the information below regarding the people who live in your household.

Name (First, Middle, Last)	Last 4 of SSN	Date of Birth	Gender M/F	Relationship To Applicant	Child needing care? (Y/N)	Moved In/Out Date

**HOUSEHOLD INCOME INFORMATION (ATTACH PROOF)**

<b>Caretaker 1</b> Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule
<b>Caretaker 2</b> Name and Address of Employer	Start Date	Rate of Pay	How often paid?	Schedule

Has the unearned income changed for any individual in the household, including income from sources such as child support, Social Security (SSA or SSI), unemployment benefits, disability benefits, workers' compensation, retirement/pension benefits, or rental income?

☐ Yes ☐ No If yes, identify the income source, the date the income began/changed, the monthly income amount, and  
**ATTACH PROOF**

Has your child support obligation changed since your last application?

☐ Yes ☐ No

If yes, what is your child support obligation per month? \_\_\_\_\_

**ATTACH PROOF**

Does your household have more than one million dollars in cash, checking or savings (such as bank accounts, annuities, stocks or bonds)? ☐ Yes ☐ No

Is anyone in your household in the military

☐ Yes ☐ No

If Yes, ☐ Active Duty ☐ National Guard/Reserve

**CARETAKER SCHOOL OR TRAINING (ATTACH PROOF)**

<b>Caretaker 1</b> Name and address of school or training location	Start date	<b>Caretaker 2</b> Name and address of school or training location	Start date
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**CHILDREN WHO NEED CARE**

<b>Child 1</b> Name (First, Middle, Last)	Child's Mother's Maiden Name	City of Birth	Is the child entering Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	Current Grade Level if the child is in school School year start date School year end date  Hours of school: from _____ to _____ _____ = _____ (hrs.)
Name and address of Child Care Provider		Name and address of child's school (if child attends Kindergarten or above)		

<b>Child 2</b> Name ( <i>First , Middle, Last</i> )	Child's Mother's Maiden Name	City of Birth	Is the child entering Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	Current Grade Level if the child is in school School year start date School year end date  Hours of school: from _____ to _____ _____ = _____ (hrs.)
Name and address of Child Care Provider		Name and address of child's school ( <i>if child attends Kindergarten or above</i> )		
<b>Step 5: Return this form to us. We must receive it by the deadline listed above.</b>				
<b>OFFICE USE ONLY- Do not use for medical assistance</b>				
Date Received		Caseworker		Caseworker Contact Number

# Voter Registration and Information Update 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 website at: [VoteOhio.gov](http://VoteOhio.gov) or call (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 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 following timely submission of this form, please contact your county board of elections.

**Numbers 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."

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

## Registering by Mail

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

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written 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.

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

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

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 Mailing Address (if necessary)				8. County (where you live)	<b>FOR BOARD USE ONLY</b> SEC4010 (rev. 4/15) City, Village, Twp.  Ward  Precinct  School Dist.  Cong. Dist.  Senate Dist.  House Dist.
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)			11. Phone Number (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		Previous County	Previous State		
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature			
14. 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.					
Your Signature			Date (MM/DD/YYYY)		

**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](https://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**

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: [VoteOhio.gov](https://VoteOhio.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: [VoteOhio.gov](https://VoteOhio.gov) or call (877) 767-6446.

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