

Ohio Department of Job and Family Services
APPLICATION TO REAPPLY FOR CASH AND/OR FOOD ASSISTANCE

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.

Case Number

County Contact

County Contact Phone Number

County Contact Fax Number

Step 1: Read the information in this box, and make corrections as necessary.

First Name, Middle Initial and Last Name

Mailing Address

Street Address (if different)

City

State

Zip Code

City

State

Zip Code

Step 2: Please read this information carefully.

To continue to get your benefits we must review your case to ensure that you are still eligible and that you are receiving the correct amount of benefits.

Please sign and return this form to us before your appointment date _____ but no later than _____.
Return this form to your county agency or the fax number listed above or complete it online at: <https://benefits.ohio.gov>.
If we do not receive this form your cash assistance will be terminated and your food assistance will expire.

Remember reapplying for benefits has two steps: **1.** Signing and returning this form and **2.** Completing an interview.

If we do not receive this form by the deadline, your cash assistance will be terminated and your food assistance will expire.

Medical assistance: 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 telephone interview will be used to update your case and may affect your medical assistance benefits.

Step 3: Please read, complete, and sign the sections below.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers for the reapplication interview are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member reapplying for assistance.
- I understand and agree to provide all documents to complete my telephone interview.
- I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other persons or 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 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 described.
- 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 and that the information received may affect my household's eligibility and benefit levels.

Phone Number

Alternate Phone Number

E-mail Address

Signature of Person completing form or Authorized Representative

If Authorized Representative, Relationship to Applicant

Date

Step 4: Return this form to us. We must receive it by the deadline listed above.

OFFICE USE ONLY – Do not use for medical assistance

Date Received

Caseworker/District Number

Case Worker Contact Number

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 and 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](#), (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](#) (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.

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 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.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address (if necessary)	8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp.
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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)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office	Previous County	Previous State
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13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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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) _____

FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

**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

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 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 or call (877) 767-6446.

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