IMPORTANT NOTICE

Mailing Date: Worker ID:
From: Case Number:
Phone: Ext: AG Name:

It is time for your Interim Report.

You must complete, sign and return the enclosed Supplemental Nutrition Assistance Program (SNAP) Interim Report to your caseworker by the 15th of this month.

If you do not return this Interim Report by the deadline, we will stop your SNAP benefits. If you have any questions or need assistance completing this Interim Report, please contact your caseworker at the phone number listed above.

This does not affect any medical assistance you are receiving from us.

Reminder: If your address changes, notify your caseworker immediately. If your caseworker does not have your correct address you will not receive the information you need to continue receiving assistance.

Please keep the first and second page for your records.

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.

Reset Form

Ohio Department of Job and Family Services

SNAP ASSISTANCE INTERIM REPORT
(Reply Required)

County Contact	County Address	
County Contact Phone Number	County Contact Fax Number	Case Number

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

First Name, Middle Initial and Last Name			Phone Number		
Mailing Address			Street Address *(if different)*		
City	State	Zip Code	City	State	Zip Code

Step 2: Please read this information carefully.

Why do you need to fill out this form?

It is time for us to review your case. You must complete, sign, and return this form to the address or fax number listed above or complete the process online. We will use the information you provide to make sure that you are still eligible and that you are receiving the correct amount of benefits. Reported changes may result in a reduction or termination of benefits. If you do not return this form by the deadline below, we will stop your benefits.

What changes do you need to report?

You must report changes that have occurred since your **LAST REAPPLICATION DATE** __/__/20__ .
If you have already reported and provided proof of a change, you do not need to report that change on this form; however, you still need to return this form or sign this form online. Below is your assistance group size and income that was last reported to us:

Assistance group size at: _____
Total Gross Income (both earned and unearned income) at: _____

(Any changes to your assistance group or income can be reported in Step 3 below.)

What do you do with this form?

You must:

- Fill out this form and return it to us by: **DEADLINE** __/15/20__.
- If a question says **ATTACH PROOF**, attach your proof to this form. Example: proof of income can be check stubs, self-employment records, award letters or other documents showing how much income you get.
- Sign and date at the bottom of page 2.
- If you need more space for your answers, write them on extra paper and attach them to this form.
- You may return everything to us by mail, fax, or by bringing it to us. If you bring it in, you will get a receipt. You may also complete this form online if you have an account at: https://ssp.benefits.ohio.gov/apspssp/index.jsp.

What if you have questions? Call your county contact listed above.

Step 3: Please fill in the information requested below.

(A) Has anyone moved into or out of your home since your last reapplication date in Step 2?

☐ No or I already reported the change to my county contact. ► GO TO NEXT QUESTION
☐ Yes or I am not sure. ► FILL IN THE BOXES BELOW

First Person's Name	Relationship	Birth date
☐ Moved in ☐ Moved out		Date
Second Person's Name	Relationship	Birth date
☐ Moved in ☐ Moved out		**Date**

Step 3 (continued)

(B) Has anyone had a change in their hourly rate of pay, salary, employment status (full/part time) or place of employment since your last reapplication date in Step 2?

☐ No or I already reported the change and gave proof to my county contact. ► **GO TO NEXT QUESTION**
☐ Yes or I am not sure. ► FILL IN THE BOXES BELOW AND **ATTACH PROOF**

Name of person	Type of income now	How much do they get a month now
Name of person	Type of income now	How much do they get a month now

If you are subject to the work requirement for able-bodied adults without dependents, have your hours decreased below 20 hours per week (or 80 hours per month) ☐ Yes ☐ No

(C) **Has anyone's unearned income changed by more than $100 since your last reapplication date in Step 2?**
Examples of unearned income: SSI, child support, unemployment.

☐ No or I already reported the change and gave proof to my county contact. ► **GO TO NEXT QUESTION**
☐ Yes or I am not sure. ► FILL IN THE BOXES BELOW AND **ATTACH PROOF**

Name of person	Type of income now	How much do they get a month now
Name of person	Type of income now	How much do they get a month now

(D) Has your household moved?

☐ No or I already reported the change and gave proof to my county contact. ► **GO TO NEXT QUESTION**
☐ Yes or I am not sure. ► FILL IN THE BOXES BELOW AND **ATTACH PROOF** IF YOU WOULD LIKE US TO USE YOUR HOUSING COST IN DETERMINING YOUR BENEFITS

Rent or mortgage per month now	Property taxes per month now
$	$
Homeowners insurance per month now	Now responsible for
$	☐ Telephone ☐ Trash ☐ Sewage ☐ Water ☐ Electric ☐ Gas

(E) Has your child support obligation changed since your last reapplication date in Step 2?

☐ No or I already reported the change and gave proof to my county contact. ► **GO TO NEXT QUESTION**
☐ Yes or I am not sure.. ► FILL IN THE BOXES BELOW AND **ATTACH PROOF**

Child support obligation per month now
$

(F) Have you or anyone in your household won $3,500 or more (before withholdings) in lottery or gambling winnings?

☐ No
☐ Yes or I am not sure ► FILL IN THE BOXES BELOW

Name of person	Date of Winnings	Amount of Winnings

Step 4: Please read carefully, sign and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this interim report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to $250,000, I may have to pay back benefits if I was not eligible to receive them, the first time I break the rules on purpose I will not be able to get food assistance for one year, the second time two years and after the third time I will not be able to receive food assistance again.
- I understand and agree to provide all documents to complete my interim report.
- 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 understand that any changes reported on this notice may result in a reduction or termination of benefits.
- I understand that after returning this form I am still required to report the following changes that may occur prior to my recertification: 1) when my gross monthly income goes above the 130% federal poverty level monthly income limit for my assistance group size, and 2) if me or a member of my assistance group is subject to the work requirement for able-bodied adults without dependents and my/their number of work hours falls below 20 hours per week or 80 hours averaged monthly and 3) if me or anyone in my household wins $3,500 or more in lottery or gambling winnings

Signature	Date

Step 5: Return this page of the form to us with proof of your changes. We must receive everything by the deadline in Step 2.