

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Food Stamps

Division

Mike Lynch

Contact

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5101:4-2-02

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Food assistance: categorically eligible assistance groups.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **111.15**

4. Statute(s) authorizing agency to adopt the rule: **5101.54**

5. Statute(s) the rule, as filed, amplifies or implements: **329.04, 329.042, 5101.54**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being amended to update the revision date of the JFS 07200.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule sets forth who is considered to be a categorically eligible food assistance group.

The revision date for the JFS 07200 was updated.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the "Info Center" link on the ODJFS web site (<http://jfs.ohio.gov/>) in accordance with 121.75 (E).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76 (A)(3).

This rule incorporates one or more dated references to a federal act or acts. This question is not applicable to any dated incorporation by reference to a federal act because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(C).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not Applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. 119.032 Rule Review Date: 3/1/2015

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0.00

No impact on current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not Applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

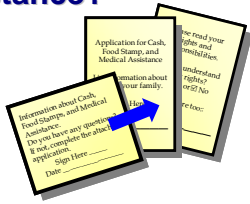
C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

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:

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): _____

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:

USDA

Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
(202) 720-5964 (voice and TDD)

Write or Call:

HHS

Region V, Office of Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
(312) 886-2359 (voice)
(312) 353-5693 (TDD)
(312) 886-1807 (fax)

Write or Call:

ODJFS

Bureau of Civil Rights
30 E. Broad St., 30th Floor
Columbus, OH 43215
(614) 644-2703 (voice)
1-866-227-6353 (toll free)
(614) 752-6381 (fax)
1-866-221-6700 (TTY)

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