

Ohio Department of Job and Family Services  
**REQUEST TO REAPPLY FOR CASH AND 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 complete, sign, and return this form to the address or fax number listed above or complete it online at:  
<https://odjfsbenefits.ohio.gov>. We must receive it by: **DEADLINE** \_\_\_\_\_.

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 my reapplication will be considered without regard to race, color, national origin, sex, age, disability, religion or political beliefs.

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