

0000001

IMPORTANT NOTICE

UCAS COUNTY DEPT OF JOB AND FAMILY SERVICES
.210 MONROE ST.
.O. BOX 10007
OLEDO OH 436990007



JANE DOE
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 01/16/2003
From: KERI A CHURCH
Phone: (419) 213-8796 Ext:

Worker ID: WKXC48
Case Number: 999999999
AG Name: JANE DOE

Dear JANE DOE

We will stop your participant expense allowance as of 02/01/2003. The reason for this action is that you are not participating in a work activity or employment as defined by your county department.

We based this action on Ohio Revised Code section 5107.66 and Ohio Administrative Code rule 5101:4-3-32.

RC: 692 AOCR 2 T1

KEEP READING >>>

Page 1 of 4

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

Ask for a State Hearing if you want to appeal.

Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake. At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

- **The first deadline is 01/31/2003. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 04/16/2003. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

Please use the next page ("State Hearing Request") to ask for a State Hearing. Save all the other pages of this notice.

Someone else may help you (a lawyer, social worker, friend, relative, etc.). Someone else may request a hearing for you and come to the hearing with you.

You can ask your local Legal Aid program for free help with your case. Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.

STATE HEARING REQUEST
If you want to appeal, get this to us by the deadline!

STEP 1 Check all the boxes that apply, then sign.

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)
- Food Stamps
- Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)
- PRC
- Other (please explain): _____

_____ (examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: _____ Date: _____ Phone: (____) _____

STEP 2 (Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.

My authorized representative is:

Name: _____ Phone: (____) _____
 Address: _____ Fax: (____) _____
 _____ E-mail: _____

STEP 3 Choose one of these ways to send this request to us. We must get this request by the deadline!

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODJFS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odjfs.state.oh.us". Please include all the information requested from Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>>

Page 3 of 4



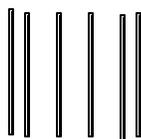
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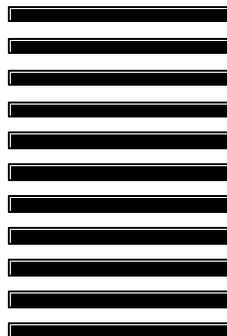
JANE DOE
111 MAIN ST

ANYWHERE

OH 99999-9999



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OHIO DEPT OF JOB AND FAMILY SERVICES
BUREAU OF STATE HEARINGS
P.O. BOX 182825
COLUMBUS, OHIO 43272-5376



000002

IMPORTANT NOTICE

UYAHOGA COUNTY DEPT OF JOB AND FAMILY SERVICES
FSC FAIRFAX
111 QUINCY AVE
LEVELAND OH 441040000



JANE DOE
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 01/16/2003
From: TORLIECE SHERRILL
Phone: (216) 391-5812 Ext:

Worker ID: WTXS18
Case Number: 999999999
AG Name: JANE DOE

Dear JANE DOE

We will lower your participant expense allowance from \$373.00 to \$0.00 each month starting 02/01/2003. The reason for this action is that your allowable work activity expenses or allowable employment expenses have gone down.

We based this action on Ohio Revised Code section 5107.66 and Ohio Administrative code 5101:4-3-32.

RC: 691 ADCR 3 R1

KEEP READING >>>

Page 1 of 4

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Ask for a State Hearing if you want to appeal.

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- **The first deadline is 01/31/2003. We will not stop or lower your benefits before your hearing if we get your hearing request by the first deadline.** (However, if you lose the hearing, you may have to repay any benefits you were not eligible to get.)
- The final deadline is 04/16/2003. If we get your hearing request after the first deadline, we will stop or lower your benefits before the hearing. You may still have a hearing but only if we get your request by the final deadline.

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STATE HEARING REQUEST
If you want to appeal, get this to us by the deadline!

STEP 1 Check all the boxes that apply, then sign.

I disagree with what you are doing or think you are making a mistake on my case. I want a State Hearing about (optional):

- Checks or cash assistance (OWF or DA)
- Food Stamps
- Medical assistance (Medicaid, Healthy Start, spenddown, patient liability, QMB, SLMB, DA Medical, etc.)
- PRC
- Other (please explain): _____

_____ (examples: child day care, child support, overpayments, etc.)

- I also want a County Conference. (A county conference is a meeting with you and staff from our County Department of Job and Family Services.)

My signature: _____ Date: _____ Phone: (____) _____

STEP 2 (Optional): Complete this if someone else has already agreed to represent you (a lawyer, social worker, friend, relative, etc.). If someone later agrees to represent you, tell us then.

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KEEP READING >>>>

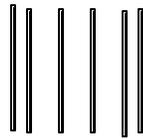


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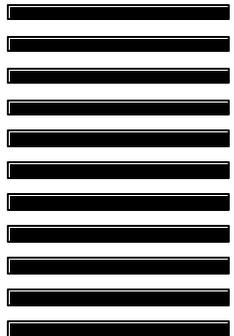
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JANE DOE
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BUREAU OF STATE HEARINGS
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COLUMBUS, OHIO 43272-5376



000003

IMPORTANT NOTICE

UYAHOGA COUNTY DEPT OF JOB AND FAMILY SERVICES
FSC VIRGIL E. BROWN
641 PAYNE AVE 2ND FLOOR
LEVELAND OH 441140000



JANE DOE
111 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 01/16/2003
From: ALFONSO WHITE
Phone: (216) 987-6523 Ext:

Worker ID: WAXWCF
Case Number: 999999999
AG Name: JANE DOE

Dear JANE DOE

We will raise your participant expense allowance from \$78.00 to \$.00 each month starting 02/01/2003. The reason for this action is that your allowable work activity expenses or allowable employment expenses have gone up.

We based this action on Ohio Revised Code section 5107.66 and Ohio Administrative Code rule 5101:4-3-32.

RC: 140 AOCR 4 I1

KEEP READING >>>

Page 1 of 4

SEQ# 0126191
DHS (Rev. 9/03)

THIS SPACE FOR OFFICIAL USE ONLY
999999999/ADCR/04

PRINT SEQ. 000003
NOTICE TYPE: WP0811

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

Ask for a State Hearing if you want to appeal.

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We must get your request for a State Hearing by the deadline: 04/16/2003.

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STATE HEARING REQUEST
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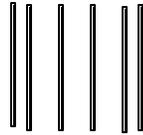
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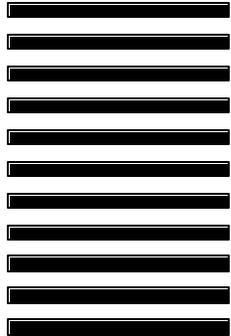


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COLUMBUS, OHIO 43272-5376

0000004

IMPORTANT NOTICE

USCARAWAS COUNTY DEPT OF JOB AND FAMILY SERVICES
.89 16TH ST. SW

NEW PHILADELPHI OH 446636401



JANE DOE
111 MAIN ST

ANYWHERE OH 99999-9999

Mailing Date: 01/16/2003
From: JANET M COUTS
Phone: (330) 339-7791 Ext:

Worker ID: WJMC79
Case Number: 9999999999
AG Name: JANE DOE

Dear JANE DOE

You will get a participant expense allowance of \$223.00 each month starting 02/01/2003. You will get this allowance as long as you are participating in a work activity or employment as defined by your county department.

We based this action on Ohio Revised Code section 5107.66 and Ohio Administrative Code rule 5101:4-3-32.

RC: 139 ADCR 2 A1



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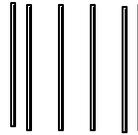
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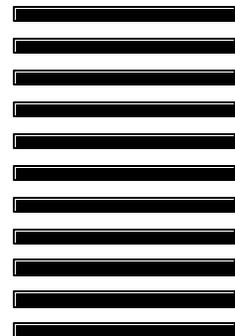


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