

Ohio Department of Job and Family Services  
**MEDICAID ELIGIBILITY REVIEW VERIFICATION REQUEST CHECKLIST**

Covered Group Name	Application/Review Date	Case Number	Interview Date	2 <sup>nd</sup> Notice Date
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Conditions of eligibility must be verified before the county Department of Job and Family Services is able to determine eligibility for Medicaid in accordance with chapter 5101:1-38 of the Administrative Code. The verifications you need to provide are marked below. If you are having difficulty obtaining the verifications, please contact me immediately for assistance.

Verifications still needed	Document Needed (if applicable)
<input type="checkbox"/> Citizenship verification (original birth certificate, state ID passport, etc.) or proof of qualified alien status	_____
<input type="checkbox"/> Utility bills and receipts	_____
<input type="checkbox"/> Income verification (pay-stub, tax record, award letter, child support, unemployment, worker's compensation)	_____
<input type="checkbox"/> Rent/mortgage receipt	_____
<input type="checkbox"/> Proof of child/dependent care costs	_____
<input type="checkbox"/> Proof of child support paid for children not living with you	_____
<input type="checkbox"/> Proof of payments made for those not living with you, but claimed as a dependent for IRS purposes	_____
<input type="checkbox"/> Recent bank account statements (checking, credit union, savings, etc.)	_____
<input type="checkbox"/> Proof of cash value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities, retirement account, etc.	_____
<input type="checkbox"/> Title to motor vehicles	_____
<input type="checkbox"/> Health Insurance Card - Copy of front and back	_____
<input type="checkbox"/> Medically verified pregnancy (number of fetuses)	_____
<input type="checkbox"/> Medical form(s) completed by doctor	_____
<input type="checkbox"/> Proof of family medical costs for individuals who are disabled, blind or those over 65 years of age (including prescriptions)	_____
<input type="checkbox"/> Past/Retroactive medical bills	_____
<input type="checkbox"/> Marriage Certificate	_____
<input type="checkbox"/> Other, specify: _____	_____

We must receive the verifications listed above by \_\_\_\_\_. If we do not have the required information or verifications by this date, your application may be denied or your current benefits terminated.

Report any change of address or contact information in the space provided below:

Return all verifications in the envelope provided or send to the address, e-mail, or fax number listed below:

Address P.O. Box 311	City New Lexington	State Ohio	Zip 43764
E-Mail		Fax Number (740) 342-5491	
Name of Caseworker	Date 4/10/2014 1:42:35	District 64	Telephone Number (740) 342-3551

# Perry County Job and Family Services

212 South Main Street • P.O. Box 311 • New Lexington, Ohio 43764  
 Phone: (740) 342-3551 • Toll Free 1-800-551-3551 • Fax: (740) 342-5491

## Release of Information

Person Asked to Supply the Information	For Office Use Only	
Name:	Recipient	Case Number
Address:	Name of CDJFS Representative	
Phone:	Unique Identifier	Date Requested
Fax:		

I agree that the person named above may release the following information to Perry County Job & Family Services:

Regarding: \_\_\_\_\_ SSN: \_\_\_\_\_

This authorization shall expire on \_\_\_\_\_ or until revoked by me in writing, whichever comes first.  
(Date or completion of "event"-reason the signed authorization is needed)

I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address:

The revoking or canceling of this authorization does not affect the use or disclosure of information that occurred prior to the date that the authorization was canceled.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.

This authorization is NOT for the release or use of protected health information (PHI) -- please use the appropriate medical release authorization form.

I am aware of my responsibility to report completely and fully all facts which bear upon my eligibility for all public assistance and/or food stamps. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

**Completion of this form is voluntary, but necessary to determine eligibility for assistance.**

Signature of Applicant/Recipient	Date
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This space is provided for the reply.

Signature of Person Supplying Information	Title	Telephone Number	Date

Ohio Department of Job and Family Services  
**EXPLANATION OF STATE HEARING PROCEDURES**

**What is a State hearing?**

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

**How to ask for a Hearing**

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

**How to Request a Telephone Hearing**

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

**Continuing Assistance or Services**

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

**County Conference**

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

**When will the Hearing be Held?**

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled.

**Where are Hearings Held?**

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

**Postponement of the hearing**

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

### **If you do not Attend the Hearing**

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want a continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

### **Before the Hearing**

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you don't know how to reach your local aid office, call 1-800-589-5888, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

### **Subpoena**

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

### **At the Hearings**

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

### **Group Hearings**

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

### **After the Hearing**

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

### **Compliance with the Hearing Decision**

If the hearing decision orders an increase in your food stamps, you should get the increase about 10 days of the date decision. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

### **Another Action Requires Another Hearing**

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.

# Prevention, Retention, and Contingency Program (PRC) Application

Name of Applicant	Present Address	<b>For Agency Use Only</b>	
SSN:		Case Number	
Phone # Where you can be reached		Date Sent	Date Rec'd.
		Perry	Caseworker

1. Have you ever received any type of public assistance from a Job and Family Services Department?  Yes  No  
 If yes, give the County JFS, the type of assistance received and the date received.

\_\_\_\_\_

2. Explain what you need and estimate the amount you are requesting. \_\_\_\_\_

\_\_\_\_\_

3. Give the name of other agencies you have contacted for help. \_\_\_\_\_

\_\_\_\_\_

4. Have any other agencies helped you with this need?  Yes  No  
 If yes, give the name and tell how you were helped. If no, tell why you were not helped.

\_\_\_\_\_

5. Is anyone in your household presently under a sanction or disqualification from any Job and Family Services Program?  Yes  No  
 If yes, give the name and the date the sanction or disqualification began.

\_\_\_\_\_

6. Has anyone in your household quit or refused a job in the last 90 days?  Yes  No  
 If yes, give the name, the date of the quit or refusal, and the reason for the quit or refusal.

\_\_\_\_\_

7. Complete the chart below for anyone living in your home, including yourself. You are required to verify income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$

If you are eligible, the agency will limit assistance under this program to actual documented amount of need.

Signature of Applicant	Date
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Ohio Department of Job and Family Services  
**NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE**  
*(Do not use to deny Food Stamp benefits, or to terminate cash or medical assistance)*

Name	Assistance Group	
Street Address	Case Number	Program
City, State, and Zip Code	County <b>PERRY #64</b>	Mailing Date 4/10/2014 1:46:30 PM

We denied your \_\_\_\_\_ application dated \_\_\_\_\_

The people affected by this action are \_\_\_\_\_

The reason for this action is \_\_\_\_\_

The rules that require this action are \_\_\_\_\_

Caseworker	Worker I.D.	Telephone Number 740-342-3551
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**Your Right to a State Hearing**

This 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 make a decision after the hearing.*

*We must receive your request for a State Hearing by this deadline \_\_\_\_\_.*

(Note: The deadline is 90 days after the Mailing Date at the top of this page. If a deadline falls on a Saturday, Sunday, or state or federal legal holiday, then the deadline is extended to the next workday.)

*Follow the instructions on page 2 of this notice if you want to ask for a State Hearing.*

*Someone else may help you (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.*

*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.*

AG Name	Case Number	Mailing Date 6/4/2012 11:25:52 AM
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**State Hearing Request**

If you disagree with what we are doing or think we are making a mistake, you may use this form to ask for a State Hearing.

**Step 1** If you would like to ask for a State Hearing, read, sign, date and fill in your phone number. Another person may sign this for you if they send us your signed authorization.

I want a State Hearing because I disagree with what you are doing or think you are making a mistake on my case.

Sign	Date	Phone
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**Step 2** Optional – You may check boxes and fill in blanks to help us schedule your State Hearing.

- I want a State Hearing about:
  - Checks or cash assistance (*OWF, DFA, RSS, Refugee Cash Assistance, etc.*)
  - Medical coverage (*Medicaid, Disability Medical, Alien Emergency Medical, Refugee Medical, etc.*)
  - Other benefits (*PRC, Child Care, Child Support, Work Allowance, etc.*) \_\_\_\_\_
- I want a State Hearing because \_\_\_\_\_
- I need an interpreter, a signer, or other assistance, at my State Hearing (*explain*) \_\_\_\_\_
- The days/times I cannot come to a State Hearing are \_\_\_\_\_
- I also want a County Conference (*a meeting with County Department of Job & Family Services staff*)
- This person has agreed to help me with my State Hearing (*my "authorized representative"*):

Name	Phone
Address	Fax
City, State and Zip Code	E-mail

**Step 3** You must choose one of the following ways to send this State Hearing request to us. We must receive this request by the deadline on previous page of this notice. You should keep proof of when and how you sent this hearing request to us.

- **Mall** -- Mail both pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.
- **Fax** -- Fax both pages of this notice to ODJFS Bureau of State Hearings at (614) 728-9574.
- **E-mail** -- E-mail the ODJFS Bureau of State Hearings at <[bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov)>. In the subject, put "State Hearing Request." In the message, put all the information from the boxes at the top of this page and from Steps 1 and 2.
- **Phone** -- Phone the ODJFS Consumer Access Line at 1-866-635-3748. Follow the instructions for State Hearings. Mention this notice.
- **Contact your caseworker** -- It is better to send your request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

Ohio Department of Job and Family Services  
**NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE**  
*(Do not use to approve food stamp benefits)*

Name	Assistance Group	
Street Address	Case Number	Program
City, State, and Zip Code	County PERRY #64	Mailing Date 4/10/2014 1:47:35 PM

We approved your \_\_\_\_\_ application dated \_\_\_\_\_

Starting \_\_\_\_\_ you will get \_\_\_\_\_

The people affected by this action are \_\_\_\_\_

The reason for this action is \_\_\_\_\_

The rules that require this action are \_\_\_\_\_

Caseworker	Worker ID.	Telephone Number 740-342-3551
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**Your Right to a State Hearing**

This 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 make a decision after the hearing.

*We must receive your request for a State hearing by this deadline \_\_\_\_\_.*

(Note: The deadline is 90 days after the Mailing Date at the top of this page. If a deadline falls on a Saturday, Sunday, or state or federal legal holiday, then the deadline is extended to the next workday.)

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AG Name	Case Number	Mailing Date 7/1/2009 8:33:47 AM
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### State Hearing Request

If you disagree with what we are doing or think we are making a mistake, you may use this form to ask for a State Hearing.

**Step 1** If you would like to ask for a State Hearing, read, sign, date and fill in your phone number. Another person may sign this for you if they send us your signed authorization.

I want a State Hearing because I disagree with what you are doing or think you are making a mistake on my case.

Sign	Date	Phone
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**Step 2** Optional – You may check boxes and fill in blanks to help us schedule your State Hearing.

- I want a State Hearing about:
  - Checks or cash assistance (*OWF, DFA, RSS, Refugee Cash Assistance, etc.*)
  - Medical coverage (*Medicaid, Disability Medical, Alien Emergency Medical, Refugee Medical, etc.*)
  - Other benefits (*PRC, Child Care, Child Support, Work Allowance, etc.*) \_\_\_\_\_
- I want a State Hearing because \_\_\_\_\_
- I need an interpreter, a signer, or other assistance, at my State Hearing (*explain*) \_\_\_\_\_
- The days/times I cannot come to a State Hearing are \_\_\_\_\_
- I also want a County Conference (*a meeting with County Department of Job & Family Services staff*)
- This person has agreed to help me with my State Hearing (*my "authorized representative"*):

Name	Phone
Address	Fax
City, State and Zip Code	E-mail

**Step 3** You must choose one of the following ways to send this State Hearing request to us. We must receive this request by the deadline on previous page of this notice. You should keep proof of when and how you sent this hearing request to us.

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- **Contact your caseworker** -- It is better to send your request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

# Perry County Job and Family Services

212 South Main Street • P.O. Box 311 • New Lexington, Ohio 43764  
Phone: (740) 342-3551 • Toll Free 1-800-551-3551 • Fax: (740) 342-5491

## Prevention, Retention, & Contingency REPAYMENT AGREEMENT & PROMISSORY NOTE

I \_\_\_\_\_ understand that with the receipt of PRC Assistance, I am obligated to pay back the monies received by me from the Perry County Job & Family Services for failure to complete the following requirements.

Failure to retain employment through job quit or willful action on the part of the recipient in the six months following the issuance of PRC will allow the Job & Family Services to pursue the collection of PRC.

### Repayment Options

Further more I agree to allow the Job & Family Services to issue a Voluntary Withholding Order to any current or future employer. The Job & Family Services will contact the employer and require the employer to deduct \$50.00 dollars per week or 25% of the employee's gross wages for recovery of PRC monies issued.

I agree to repay \$ \_\_\_\_\_ in (weekly/bi-weekly/monthly) payments as negotiated with the Perry County Job & Family Services.

I agree to volunteer for community service hours at a rate of PRC payment amount divided by current federal minimum wage. \$ \_\_\_\_\_ (amount of PRC) divided by \$7.30 (current federal minimum wage) equals \_\_\_\_\_ total hours of community service.

I agree to repay \$ \_\_\_\_\_ (weekly/bi-weekly/monthly) payments as well as volunteer to do \_\_\_\_\_ hours per (week/month) at an approved site until the debt is fully paid off. The number of volunteer hours is calculated by dividing the amount of PRC I wish to repay by the federal minimum wage.

When work is done in lieu of cash payments, a schedule will be given to the PRC assistance group and must be completed and signed daily by the individual at the site to verify hours and dates of work. The site must be approved by the Perry County Job & Family Services before the volunteer work is completed.

**I AGREE TO REPAY THE PRC AMOUNT OF: \$ \_\_\_\_\_**

All parties to this note, including the makers, endorsers, sureties, and guarantors, and whether bound by this or by separate instrument or agreement, waive presentment for payment, demand, protest, notice of nonpayment, or dishonor and of protest, and any and all other notices and demands whatsoever, and consent that at any time, or from time to time, payment of any sum payable under this note may be extended without notice, whether for a definite or indefinite time.

In the event any such party to this note defaults in the payment of any obligation due any creditor, then, at the option of the holder and with notice, this note, together with accrued interest and all other loan charges, shall become immediately due and payable.

In the event the indebtedness evidenced by this note is collected by or through an attorney, the holder shall be entitled to recover reasonable attorney fees to the extent permitted by applicable law.

This note shall be governed by and construed in accordance with the laws of the State of Ohio.

\_\_\_\_\_  
Signature of PRC Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date