

Ohio Department of Job and Family Services
CASH AND FOOD ASSISTANCE INTERIM REPORT
(Reply Required)

Caseworker	County Address	
Caseworker Phone Number	Caseworker Fax Number	Case 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.

Why do you need to fill out this form?

It is time for us to review your case. You must fill out this form and return it to us, with your proof, by the deadline below. We will use the information to make sure that you are still eligible and that you are receiving the correct amount of benefits. If you do not return this form and proof 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** _____

If you have already reported and provided proof of a change to your caseworker, you do not need to report that change on this form however, you still need to return this form. At your last reapplication you reported your:

Assistance group size at: _____

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

What do you do with this form?

You must:

- Fill out this form and return it to us, with your proof, by the **DEADLINE DATE** _____.
- 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 or fax, or by bringing it to us. If you bring it in, we will give you a receipt.

What if you have questions?

Call your caseworker. Your caseworker's name and phone number are 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 caseworker. ► **GO TO NEXT QUESTION**

Yes or I am not sure. ► **FILL IN THE BOXES BELOW**

First Person's Name	Relationship	Birth date	Social Security Number
<input type="checkbox"/> Moved in <input type="checkbox"/> Moved out		Date	
Second Person's Name	Relationship	Birth date	Social Security Number
<input type="checkbox"/> Moved in <input type="checkbox"/> Moved out		Date	

Step 3 (continued)

(B) Has anyone's income changed since your last reapplication date in Step 2? Examples of income: money from wages, SSI, child support, unemployment, or money from any other source.

- No or I already reported the change and gave proof to my caseworker. ► 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
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

(C) Have the housing costs for your household changed since your last reapplication date in Step 2? Examples of housing costs: rent, mortgage, taxes, insurance or utilities.

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

Rent or mortgage per month now \$	Property taxes per month now \$
Homeowners insurance per month now \$	Now responsible for <input type="checkbox"/> Telephone <input type="checkbox"/> Trash <input type="checkbox"/> Sewage <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Gas

(D) Have any of the following changes occurred since your last reapplication date in Step 2?

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

Child support obligation per month now \$	Child or dependent care costs per month now \$
Medical expenses per month now for person who is disabled or who is age 60 or older \$	

(E) Do you expect any changes you reported to be the same next month?

- Yes ► GO TO STEP 4
 No ► PLEASE EXPLAIN HERE:

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 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.
- In accordance with federal law, the CDJFS is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write to: USDA, Director, Office for Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call 1-800-795-3272 (Voice) or (202) 720-5964 (TDD).

Signature	Date
-----------	------

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