

Ohio Department of Job and Family Services  
REQUEST TO REAPPLY FOR CASH ASSISTANCE, SNAP AND/OR CHILD CARE

**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  
928212748

County Contact County Department of Job and Family Services	County Contact Phone Number (740) 652-7889, (800) 450-8845	County Contact Fax Number (740) 689-4848
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**Step 1: Read the information in this box and make corrections as necessary.**

First Name Middle Initial and Last name  
Simulated Trinidad Montalbano

Mailing Address 555 Us Highway 1 S	Street Address (if different) 3930 Hanover Court
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City State Zip Code Lima Center, Georgia 34592	City State Zip Code Brm Springfield, Connecticut 94441
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Email Address rubio239@outlook.com	Home Phone Number 858-349-4741	Work Phone Number 236-910-2035	Cell Phone Number 278-660-5712
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**Step 2: Please read this information carefully.**

To continue to get your benefits we must review your case to make sure that you are still eligible and that you are getting the correct amount of benefits. If you have questions, call your county agency listed at the top of this form.

**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 interview will be used to update your case and may affect your medical assistance benefits.

**If you are currently getting SNAP or Cash benefits:**

Please sign and return this form to us before your appointment date 11/15/2021 but no later than 11/20/2019. You may return this form to us by mail, fax, or by bringing it to us. If you bring it in, you will get a receipt. If you do not have an appointment date listed, you do not need to reapply for SNAP and/or cash assistance benefits at this time. But if you are reapplying for child care, you will need to fill out this form and return it.

If you have an account, you may also complete this form online at <https://ssp.benefits.ohio.gov/apsspssp/index.jsp>. To complete this process online:

- Sign into your account
- Click the "Access" section to the right of the screen
- Select "Reapplication" and follow the prompts

**If you have an appointment date listed and want to reapply for SNAP and/or cash assistance benefits you must sign and return this form. If we do not get this form back from you, we will stop your cash assistance and your SNAP will expire.**

Remember reapplying for benefits has two steps: 1. Signing and returning this form and 2. Completing an interview. You must complete both steps or your benefits will stop.

**If you are currently getting Child Care:**

Your current child care eligibility is scheduled to end on 10/21/2022. You must fill out this form and return it by 11/15/2021. If we do not receive the completed form and all supporting documentation by the date your current eligibility ends, your child care assistance will be terminated and all authorizations to providers will be ended. If you do not have an eligibility end date listed, you do not need to reapply for child care benefits at this time. But if you are reapplying for SNAP and/or cash assistance benefits, you will need to sign and return this form.

Complete, sign and return this form to the county agency address, fax number or email address listed above, or if you have an account, complete it online at: <https://ssp.benefits.ohio.gov/apspssp/index.jsp> If a question says ATTACH PROOF, you MUST attach your proof to this form and submit it at the same time. If you need more space for your answers, write them on extra paper and attach them to this form. We will use the information you provide to determine your eligibility for the next eligibility period.

**Step 3: Please read, complete and sign the section below**

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers for the cash assistance and SNAP reapplication interview, and/or the answers I provide on this form, are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member reapplying for SNAP and/or cash assistance, or for child care, the citizenship or alien status of each child in need of care.
- I understand and agree to provide all documents to complete my telephone interview for cash assistance and SNAP, and my reapplication for child care.
- I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other 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 have 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 required.
- I understand that the CDJFS will assist me in obtaining required verifications for as long as I cooperate.
- I understand that information available through the Income Eligibility Verification System will be requested, used and may be verified through collateral contacts when discrepancies are found that the information received may affect my household's eligibility for benefits.
- I understand that my signature below gives the county agency permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child I spousal / medical support income. My signature below also gives consent to issue a system generated statewide student identifier (SSID) for each child on this application.
- I acknowledge and agree that the CDJFS and ODJFS may share certain details about the status of this application with the child care provider listed on this application and any amendment thereto, as well as to any child care provider who I authorize to receive information regarding my application.
- I have received an explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the CDJFS and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits, including misuse of the automated child care attendance tracking system.
- I understand that I will be able to use publicly funded child care benefits only for children who are eligible and only up to the maximum hours authorized by the county agency. To remain eligible for publicly funded child care benefits, any required copayment (if applicable) must be paid to the provider. Failure to pay the required copayment may result in termination of publicly funded child care benefits.
- I understand that if I am approved. I will be responsible for accurately recording my child's attendance at the child care program by utilizing an automated attendance tracking system. This includes registering in the system and creating personal identification information that I will use to access the system and to serve as my electronic signature. I understand that my child care provider is not permitted to record my child's attendance on my behalf and cannot have access to my personal identification information. I understand that the attendance tracking system may take my photo or a photo of my designee/sponsor as part of the login and logout process. I understand that I am responsible for approving any changes that my provider makes in the attendance tracking system regarding my child's attendance at the program.
- I understand that if my child attends a Step Up To Quality rated program, and if an assessment is completed on my child, the data will be collected and reported to ODJFS. • I understand that I must report any changes which affect my child care eligibility to the CDJFS, including changes in family income, hours of employment/training/education, family size and address. **I understand that I must report changes within 10 days of the date they occur.**

Signature of Person Completing Form or Authorized Representative

*Simulated Trinidad Montalbano*

Print Name of Authorized Representative, and Relationship to Applicant

Simulated Trinidad Montalbano  
Aunt

Date

12/11/2016

Step 4: If you are applying for child care, please complete the information below						
HOUSEHOLD COMPOSITION How many people live in your house? 7 Please fill out the information below regarding the people who live in your household.						
Name (First, Middle, Last)	Last 4 of SSN	Date of Birth	Gender M/F	Relationship To Applicant	Child needing care? Y/N	Move In/Out Date
Abraham Rickie Krouse	5453	12/18/2018	Male	Sibling	No	11/23/2017
Garret Reita Petit	9294	12/16/2020	Male	Sibling	Yes	11/23/2018
Leanne Ray Hixon	6288	10/25/2018	Male	Caregiver	No	11/18/2022
Adrienne Buena Giraldo	4716	12/19/2022	Female	Aunt	No	12/28/2022
HOUSEHOLD INCOME INFORMATION (ATTACH PROOF)						
<b>Caretaker 1</b> Name and Address of Employer Griffd Enterprises Llc 20162 Jefferson Avenue, Kingston Mines, Illinois 20107		Start Date 10/12/2018	Rate of Pay 590	How often paid? bi-weekly	Schedule Thursday	
<b>Caretaker 2</b> Name and Address of Employer Global Cyber Risk 3330 Cumberland Blvd, Wilsona, Louisiana 88043		Start Date 11/20/2018	Rate of Pay 108	How often paid? bi-weekly	Schedule Wednesday	
Has the unearned income changed for any individual in the household, including income from sources such as child support, Social Security (SSA or SSI), unemployment benefits, disability benefits, workers' compensation, retirement/pension benefits, or rental income?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   If yes, identify the income source, the date the income began/changed, the monthly income amount, and ATTACH PROOF  aligned development strategies, incorporated						
Has your child support obligation changed since your last application?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is your child support obligation per month? <b>582</b>			Does your household have more than one million dollars in cash, checking or savings (such as bank accounts, annuities, stocks or bonds)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Is anyone in your household in the military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If Yes, <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserve			
ATTACH PROOF						
CARETAKER SCHOOL OR TRAINING (ATTACH PROOF)						
<b>Caretaker 1</b> Name and address of school or training location Patrick Henry Community College 19843 Crabbs Branch Way, Parrottsville, Tennessee 13326		Start date 10/14/2019	<b>Caretaker 2</b> Name and address of school or training location Virginia Military Institute 6909 Timber Creek Court, Mixon, Texas 29866		Start date 12/10/2019	
CHILDREN WHO NEED CARE						
<b>Child 1</b> Name (First, Middle, Last)  Nilsa Nobuko Faria	Child's Mother's Maiden Name  Rios	City of Birth  Idaho State Tax Commission	Is the child Entering Kindergarten? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	Current Grade Level if the child is in school <b>7th grade</b> School year start date <b>10/30/2018</b> School year end date <b>12/22/2016</b>  Hours of school: from <b>7:30 am</b> to <b>5:00 pm = 6</b> (hrs.)		
Name and address of Child Care Provider Boulter Family Day Care Center 3056 Lawrence Street, Arco-Plaza, California 45446			Name and address of child's school (if child attends Kindergarten or above) Fields Road Elementary School 10914 Lincoln Avenue, Paradise, Texas 39050			
<b>Child 2</b> Name (First, Middle, Last)  Danielle Adela Ness	Child's Mother's Maiden Name  Pillow	City of Birth  Clearwater	Is the child Entering Kindergarten? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Full Day	Current Grade Level if the child is in school <b>4th grade</b> School year start date <b>11/13/2022</b> School year end date <b>10/24/2017</b>  Hours of school: from <b>6:00 am</b> to <b>7:30 pm = 7</b> (hrs.)		
Name and address of Child Care Provider Children's Country Day School 19768 Devon Court, Cobbtown, Georgia 19305			Name and address of child's school (if child attends Kindergarten or above) Lutherville Laboratory 8923 Locust Street, Mt Pleasant, Florida 25282			