

Ohio Department of Job and Family Services
APPLICATION / REAPPLICATION VERIFICATION REQUEST CHECKLIST

Assistance Group Name	Application Date	Case Number	Interview Date/2 nd Notice Date
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Certain eligibility factors must be verified before the county department of job and family services can determine your eligibility for _____. Checked below are the documents you still need to provide:

Verifications still needed:	Time period:
<input type="checkbox"/> Birth certificate/Birth verification/Citizenship verification (Birth certificate, passport or similar document)	
<input type="checkbox"/> Health insurance card (copy of front and back)	
<input type="checkbox"/> Income verification (pay stubs, tax records, award letters, child support)	
<input type="checkbox"/> Marriage certificate	
<input type="checkbox"/> Medical form completed by doctor	
<input type="checkbox"/> Pregnancy verification (including number of fetuses)	
<input type="checkbox"/> Proof of any child/dependent care costs	
<input type="checkbox"/> Proof of any child support paid for children not living with you	
<input type="checkbox"/> Proof of any medical costs for people with disabilities or for people who are age 60 and over (including prescriptions)	
<input type="checkbox"/> Proof of identity (driver's license, state ID, passport)	
<input type="checkbox"/> Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	
<input type="checkbox"/> Recent statements for any bank accounts (checking, credit union, savings)	
<input type="checkbox"/> Rent/Mortgage receipt	
<input type="checkbox"/> Rights and Responsibilities	
<input type="checkbox"/> School attendance verification	
<input type="checkbox"/> Social security cards (or proof you have applied) for:	
 <input type="checkbox"/> Title to motor vehicles	
<input type="checkbox"/> Unemployment compensation/Worker's compensation verification	
<input type="checkbox"/> Utility receipts or copy of bills	
<input type="checkbox"/> Other, specify:	

If you are unable to get any of the above verifications, we may be able to help you. Please contact me immediately if you cannot get the verifications.

We must have 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 stopped.

Return all verifications to:

Address		
City	State	Zip Code
E-Mail	Fax Number	

Name of Caseworker	Date	District	Telephone Number
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Your Civil Rights:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.