

**Richland County Job and Family Services
Comprehensive Title XX Social Services Plan**

2025 – 2027

Richland County Comprehensive Title XX Social Services Plan

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**Comprehensive Title XX Social Services Plan
Richland County Job and Family Services
October 1, 2025 through September 30, 2027**

Introduction

Pursuant to Chapter 5101:2-25 of the Ohio Administrative Code, the Ohio Department of Job and Family Services is the State agency responsible for administering the Title XX Social Services Block Grant program. In turn, county Title XX Social Services programs are administered by County Departments of Job and Family Services. Richland County Job and Family Services intends to emphasize those Title XX services which will help prevent or reduce dependency on public assistance while increasing opportunities for self-sufficiency for the families of Richland County.

Richland County Title XX Social Services meet the goals set forth in Section 5101:2-25 of the Ohio Administrative Code:

- A. Achieving or maintaining economic self support to prevent, reduce, or eliminate dependency.
- B. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
- C. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families.
- D. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- E. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Development of Richland County Title XX Plan

The plan was developed, and continues to be modified, through an in-house committee using the most current knowledge of the community's needs. For the biennium covered under this plan, services to be provided were determined based on work with clients and discussions with social services providers in the community.

Services provided are a combination of direct services implemented by employees of Richland County Job and Family Services and indirect services provided through contracts with community social service agencies. The services are identified in the body of this plan.

Timeline of Events

The timeline for the development of the Richland County Title XX Social Services Plan follows the State's timeline of events. Richland County's timeline is as follows:

Dates	Activities
March through April	Training (if necessary)
April	Legal Notice of Public Hearing published
April	Title XX Public Hearing held with testimony from social service providers and public
April 2 through May 2	Public comment period
May	County Hearing Summaries and public notice sent to ODJFS; pre-contract packets mailed to providers/received into agency
June 13	Final Title XX county profile due to ODJFS (reporting portal)

Richland County Comprehensive Social Services Plan

According to Ohio Revised Code, Section 5101.46, the County Departments of Job and Family Services are responsible for the preparation and revision of a biennium Comprehensive Social Services Plan and intended use of funds that meet all the requirements of applicable State and Federal laws and regulations. Each County Department is required to develop a method for obtaining public comment during the development of the plan and following its completion. The timeline for activities related to the Comprehensive Social Services Biennium Plan is noted in the previous section. The United Way and other organizations periodically survey the community to formally determine the needs of the community and identify available services. More informally, community customers and providers of services provide invaluable feedback regarding services available in the community and the needs of consumers.

Richland County Job and Family Services conducts a public hearing on the county plan prior to its implementation. A public notice of the hearing and comment period is published in the local newspaper prior to the date of the hearing and on www.rcjfs.net. During the Public Hearing and through the public comment period, community members and service providers have the opportunity to address the comprehensiveness of the county plan and to make suggestions or recommendations. A summary of the comments collected at the public hearing and through the comment period are forwarded to the Ohio Department of Job and Family Services prior to the submission of the county profile.

Each county is required to adopt a county profile outlining the provision of services. The Richland County Board of Commissioners reviews and signs the county profile upon its completion. The Richland County Title XX County Profile includes the services to be provided and, for each service, the estimated, unduplicated number of persons to be served and the estimated, total expenditures of services. The signed county profile is submitted to the Ohio Department of Job and Family Services in June of the final year of the current biennium period after the Public Hearing and public comment period. Services identified in the county profile comply with the definitions and requirements contained in Chapter 5101:2-25 of the Ohio Administrative Code.

Services to be Provided

As a result of the aforementioned needs analysis and in accordance with Ohio Administrative Code, Section 5101:2-25-01, the following services will be provided in Richland County:

A. Direct

Case Management Services:

- (1) Services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families.
- (2) Component services and activities may include individual service plan development, counseling, monitoring, developing, procuring, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Information & Referral Services:

Services or activities designed to provide information about services provided by public and private service providers which may include a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to community resources.

Protective Services for Adults:

- (1) Services or activities designed to prevent or remedy abuse, neglect, or exploitation of adults who are unable to protect their own interests. Services will be provided to individuals age sixty or older according to their individual case plans in accordance with state and federal requirements.
- (2) Situations that may require protective services include injury due to maltreatment or domestic violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources.
- (3) Component services or activities may include investigation; immediate intervention; arranging emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and family; assessment/evaluation of family circumstances; arranging alternative or improved living

arrangements; preparing for foster care placement, if needed; and case management and referral to service providers.

Transportation Services:

Services or activities that provide or arrange for travel including travel costs of individuals in order to access services or obtain medical care. Richland County Job and Family Services does not use Title XX funds to provide transportation for employment. Individuals requesting employment transportation are referred to other supportive services.

Richland County Specific Services

Richland County Job and Family Services considers Title XX funded local transportation to be transportation to destinations within Richland County and the surrounding areas to include Galion, Crestline and Ashland. Whenever an individual is on a bus line and is able to ride the bus, bus tickets will be issued for local transportation.

Local transportation is provided to eligible individuals for purposes of medical care or to access social services. The first priority for all categories of eligibility is medical appointments.

The Richland County Job and Family Services does not provide emergency transportation. Transportation will not be provided to individuals who are living in a nursing home facility and receiving skilled, protective, or intermediate levels of care or individuals who are living in other institutional settings which are responsible for transportation services for the residents. Richland County Job and Family Services does not provide assisted transportation; riders need to be ambulatory, need to be able to get in and out of the van without assistance, and need to be able to locate their medical providers independently. Richland County Job and Family Services will decide, in consultation with the recipient of service, whether another individual may ride with the recipient to provide assistance.

Richland County Job and Family Services reserves the right to require individuals who apply for Title XX transportation services to utilize other free or reduced fare services such as public transportation and other social service transportation programs in the community prior to approving Title XX applications. Such decisions shall be based on the client's situation including medical needs, cost, and timeliness concerns. Case documentation will include the rationale for decisions.

B. Purchase Services (Indirect)

Case Management Services:

- (1) Services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families.
- (2) Component services and activities may include individual service plan development; counseling; monitoring; developing; procuring; and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling Services:

- (1) Services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances.
- (2) Problem areas may include family and marital relationships, parent-child problems, or drug abuse.

Day Care Services for Adults:

- (1) Services or activities provided to adults who require care and supervision in a protective setting for a portion of a twenty-four-hour day.
- (2) Component services or activities may include opportunity for social interaction, companionship and self-education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.

Education and Training Services:

- (1) Services provided to improve knowledge of daily living skills and to enhance cultural opportunities.
- (2) Services may include, but not be limited to, instruction or training in consumer education, health education, community protection and safety education, literacy education, English as a second language, and general educational development (GED).
- (3) Component services or activities may include screening; assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; transportation; and referral to community resources.

Family Planning Services:

- (1) Educational, comprehensive, medical, or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.
- (2) Services and activities may include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption).
- (3) Specific component services and activities may include pre-conceptional counseling, education, and general reproductive health care, including diagnosis and treatment of

infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

Home Based Services:

- (1) In-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being.
- (2) Services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child or an adult.
- (3) Major service components may include homemaker services, chore services, home maintenance services, and household management services.
- (4) Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

Protective Services for Adults:

- (1) Services or activities designed to prevent or remedy abuse, neglect, or exploitation of adults who are unable to protect their own interest.
- (2) Situations that may require protective services include injury due to maltreatment or domestic violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources.
- (3) Component services or activities may include investigation; immediate intervention; arranging emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; and case management and referral to service providers.

Indirect services for emergency shelter are for a period of time not to exceed 90 days. Guardianship and Payee services are considered Protective Services for Adults and may be available for individuals age 60 and older.

Residential Treatment Services:

- (1) Short-term residential care and comprehensive treatment services for children or adults whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities.
- (2) Component services and activities may include room and board for alcohol and drug detoxification services.

Special Services for persons with developmental or physical disabilities or persons with visual or auditory impairments:

- (1) Services or activities to maximize the potential of persons with disabilities, to help alleviate the effects of physical, mental or emotional disabilities, and to enable those persons to live in the least restrictive environment possible.
- (2) Component services or activities may include personal and family counseling; respite care; family support; recreation; transportation; aid to assist independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills.
- (3) Residential and medical services may be included only as an integral, but subordinate, part of the services.

Transportation:

- (1) Services or activities that provide or arrange for travel including travel cost of individuals in order to access services or obtain medical care.
- (2) Component Services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

Title XX Eligibility Guidelines/Reimbursement

- A. Reimbursement under Title XX for expenditures for services delivered to individuals is contingent upon the following:
 1. The service is included in the Comprehensive Title XX Social Services Plan (CSSP).
 2. The individual who receives the service has been determined eligible for the service.
 3. Richland County Job and Family Services reserves the right to limit eligibility contingent upon the availability of funds and resources.

B. Categories of eligibility under Richland County's Title XX programs are as follows:

Services	Without Regard to Income	Free	For a Fee
Case Management		X	
Counseling		X	
Day Care for Adults		X	
Education and Training		X	
Family Planning		X	
Home-Based Services		X	
Information and Referral	X No application required		
Protective Services for Adults	X Age 60 and older		
Protective Services for Children	X		
Residential Treatment		X	
Special Services for Persons with Developmental or Physical Disabilities or Persons with Visual or Auditory Impairments		X	
Transportation		X	

*The "Free" category of eligibility for direct transportation services includes the following: recipients of TANF, SSI, Medicaid (only); individuals and/or families with income levels at or below 200% of Federal Poverty Guidelines; and individuals age 60 and older.

C. Each provider of services (direct and indirect) will make a determination of eligibility within thirty (30) days of the date of the initial application or request for services. A proper determination of eligibility is one based on a correct assessment of all necessary information. Eligibility is determined by each Provider according to the rules and regulations governing Title XX.

Transportation Priorities

Richland County Job and Family Services adheres to written policies regarding scheduling, cancellations, and protocol for using a transportation service when providing Title XX Transportation services. The guidelines shall be provided to all applicants who are approved for transportation services.

Title XX funded transportation will be provided to local medical and social services appointments on a first-request/first-scheduled basis. Medical appointments will be the first service priority across all categories of eligible consumers.

Local transportation shall be provided to categories of eligible consumers in the following order of priority:

1. Recipients of TANF, SSI, Medicaid, and income eligible individuals/families, and
2. Individuals 60 years of age and older.

Client Rights and Responsibilities

Richland County Job and Family Services and all Title XX service providers must ensure client rights and responsibilities and the right to a state hearing are explained to consumers of services. Each consumer must be advised of his/her rights and obligations relative to receiving services within the limitations set forth in Chapter 5101:2-25 of the Ohio Administrative Code. The explanation of rights and obligations includes the following:

- A. Right to apply for services and have eligibility determined within thirty calendar days of receipt of the application.
- B. Right to receive any available, needed services provided all eligibility factors are met and sufficient funds are available to provide services.
- C. Right to a state hearing as described in Section 5106:6 (Hearings) of the Ohio Administrative Code.
- D. Right to be advised of the eligibility requirements for social services.
- E. Right to safeguarding of information reported by or about the consumer, to the extent permitted by law.
- F. Responsibility to report information that may affect eligibility within ten calendar days.
- G. Responsibility to provide documentation to substantiate eligibility.
- H. Responsibility to cooperate with efforts to monitor the eligibility process.

Title XX Administration

- A. Richland County Job and Family Services will administer Title XX services in accordance with the requirements of Title XX of the Social Security Act, 88 Stat. 2337 (1974), 42 U.S.C. 1397 (2010), section 5101.46 of the Revised Code and Chapter 5101:2-25 of the Administrative Code. A Title XX program year is October 1st through September 30th.
- B. Richland County Job and Family Services will provide Title XX services through direct services or purchased services, as defined in the current Comprehensive Title XX Social Services Plan. Methods of delivery may change during a program year as need occurs and funding and/or resources are available. Richland County Job and Family Services

will not use Title XX funds for prohibited services as defined in 5101:2-25-02 (N) of the Ohio Administrative Code.

Contracted or purchase (indirect) services will be monitored. In the event that funding is diminished, direct services will be the first priority. Indirect services will be prioritized based on need and availability of funding.

- C. An individual service plan is required when providing Title XX services, with the exception of Information and Referral Services, as defined in 5101:2-25-02 of the Administrative Code.
- D. Richland County Job and Family Services nor contracted providers of services under Title XX funding shall employ or contract with excluded individuals pursuant to 5101:2-25-02 (L) of the Ohio Administrative Code.
- E. Richland County Job and Family Services will purchase Title XX services not provided directly by staff.
 - 1. All Providers of Title XX services must comply with any licensing, certification or approval required by state and federal law or regulation.
 - 2. All prospective Title XX Providers will provide written testimony of need and services, present oral testimony at the public hearing in April, and complete a pre-contract packet outlining units of service, unit costs, etc. Contracts will be negotiated with providers of services prior to October 1st.
 - 3. Providers of services may request to amend contracts during the biennium. Amendments to a contract will become part of the original contract.
 - 4. Reimbursement will be made for services and service activities included on the Title XX County Profile (JFS 01821) only and for administrative support directly related to the provision of such services.
 - 5. Richland County Job and Family Services will monitor purchased services through the monthly invoice. Monitoring of purchased services contracts will be conducted through desk reviews and/or site visits.


Lori Bedson, Director


Date

ATTACHMENTS



Lori Bedson
Director

March 26, 2025

Mansfield News Journal
ATTN: LEGAL NOTICE SECTION

Please publish the following notice:

Richland County Job and Family Services is conducting a Title XX Public Hearing on **Thursday, April 24, 2025, at 1:30 PM** at Richland County Job and Family Services, 171 Park Avenue East, Main Conference Room, Mansfield, Ohio 44902.

Richland County Job and Family Services administers Title XX services in accordance with the requirements of Title XX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301 (2012), section 5101.46 of the Revised Code and Chapter 5101:2-25 of the Administrative Code. Title XX Social Services funds are funds made available to communities to expand social services to individuals and families.

Public comment is being solicited on the current Richland County Title XX Social Services Plan during the period of April 2, 2025 through May 2, 2025 and will be accepted during the Public Hearing.

Anyone wishing to review the current Richland County Title XX Social Services Plan may access the plan via the internet at www.rcjfs.net or may request a copy of the plan by e-mail from Title XX Public Comment at Richland-ContactUs@jfs.ohio.gov. Comments may also be e-mailed to Richland-ContactUs@jfs.ohio.gov.

Please run the notice on April 2, 2025. Please send the invoice, along with a copy of the published notice, to Richland County Job & Family Services, ATTN: Toby Borders, 171 Park Avenue East, Mansfield Ohio 44902.

Respectfully,

A handwritten signature in blue ink, appearing to read "Cindy Schunatz".

Cindy Schunatz, MSW
Social Services Supervisor

**2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE
DISTRICT OF COLUMBIA**

200% of the Federal Poverty Guidelines – January 2025

Persons in family/household	Income
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300



Lori Bedson
Director

April 3, 2025

<<Name>>
<<Address>>
<<CSZ>>

Re: Title XX Public Hearing

The Title XX Public Hearing has been scheduled on April 24, 2025 at 1:30 PM in the main conference room at Richland County Job and Family Services, 171 Park Avenue East, Mansfield, Ohio. The purpose of the hearing is to listen to testimony for funding requests of the Title XX Social Services Block Grant.

1. Please submit two copies of the testimony by e-mail to Cindy Schunatz at cindy.schunatz@jfs.ohio.gov no later than 12:00 Noon on April 22, 2025.
2. Please include the following information in your written and verbal testimony and limit the testimony to 10 minutes:
 - Introduction
 - Purpose of testimony or description of need
 - Agency/program description
 - Indicate Title XX services for which you are requesting the money
 - Services description
 - Length of time receiving Title XX (if you are currently receiving funding)
 - Number of individuals to be served by Title XX
 - Specify staff to be funded by Title XX
 - Percentage of Title XX requests to overall agency budget
 - Statistics
 - Unmet need description
 - Other funding sources
 - Other pertinent unusual financial features not described elsewhere
 - Cite evidence (qualitative & quantitative) that supports your request

If you have any questions, please contact me at 419-774-5430.

Respectfully,

A handwritten signature in blue ink that reads "Cindy Schunatz".

Cindy Schunatz, MSW
Social Services Supervisor

Richland County Job and Family Services
Request for Non-Emergency Transportation Services

Name of Applicant	Social Security Number	Date of Request
Street Address	City/State/Zip Code	Phone Number

SECTION I: Medicaid

1. Are you receiving Medicaid (excludes SLMB, QI-1 and QMB unless SSI recipient with QMB eligibility)? ___ Yes ___ No
2. Are the medical services for which you are requesting transportation covered under Medicaid? ___ Yes ___ No

SECTION II: Title XX

4. Are you an OWF recipient? ___ Yes ___ No
5. Are you a SSI recipient? ___ Yes ___ No
6. Is your income at or below 200% of the FPL? ___ Yes ___ No
7. Are you 60 years old or older? ___ Yes ___ No

Section III: Alternative Resources

8. Are you pregnant (Healthchek/PRS)? ___ Yes ___ No
9. Are you residing in a long-term care facility? ___ Yes ___ No
10. Do you have transportation services through your Medicaid Managed Care Provider (MCP)? ___ Yes ___ No

SECTION IV: Miscellaneous

11. If you are requesting gas cards for transportation, will you be using your own car (copy of current driver's license and proof of insurance needed)? ___ Yes ___ No ___ N/A
12. If you are requesting gas cards for transportation, will a relative or friend transport you (copy of current driver's license and proof of insurance for the driver needed)? ___ Yes ___ No ___ N/A
13. Can you use the City's bus service/RCT for any of your medical appointments? ___ Yes ___ No
14. Do you require transportation for medical services outside the county? ___ Yes ___ No ___ Possibly

To be Completed by RCJFS Staff

Type of Services Approved: ___ Medicaid/OB # ___/Eligibility Period ___ Title XX

Date Approved/Denied: ___ Date Approval/Denial Mailed: ___

Reason for Denial: Does not meet eligibility requirements for NET transportation services (OAC 5160-15)

Signature of Eligibility Determiner

Date

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

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

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	District	Telephone Number
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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.

IF YOU DISAGREE WITH THIS DECISION, YOU CAN ASK FOR A STATE HEARING

Ask for a State Hearing: You can ask for a state hearing, if you disagree with the agency's action or think that the agency may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. The agency proposing the action will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Case Name	Case Number	Mailing Date
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If you disagree with the information on this notice and you wish to request a state hearing, follow these steps:

Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed "authorized representative" notice.

Signature	Date	Telephone Number
-----------	------	------------------

Step 2: What program(s) is your hearing for? (*Check all that apply.*)

- | | | |
|---|--|---|
| ☐ OWF (cash assistance) | ☐ Child Care (Title XX) | ☐ Prevention, Retention, and Contingency (PRC) |
| ☐ Medicaid | ☐ Medicaid - Prior Authorization | ☐ Child Support (Title IV-D) |
| ☐ Medicaid Waiver Services | ☐ Medicaid - Disability Determination | ☐ Medicaid - Managed Care |

Fill out this information, only if applies to your situation.

- ☐ I want to do my hearing by telephone. The phone number to call is _____.
- ☐ I need an interpreter at my state hearing. The language needed is _____.
- ☐ I am not available for a hearing on _____.
- (Please note: ODJFS may not be able to give you the preferred date.)
- ☐ I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative")

Name		Telephone Number
Address		Fax
City, State, Zip	Email	

ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

Please only submit your hearing request one time.

Electronically - Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.ifs.ohio.gov/SHARE> Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov); or

Email - Email the ODJFS Bureau of State Hearings at bsh@ifs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and any additional information below; or

Phone - Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

Fax - Fax **both pages** of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

Mail - Mail **both pages** of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Contact your caseworker - It is better to send this 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 DENIAL OF YOUR APPLICATION FOR ASSISTANCE

Name	Assistance Group		
Street Address	Case Number	Program	
City, State, and Zip Code	County	Mailing Date	

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 (###) ###-####
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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.

IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING

Ask for a State Hearing: You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. The agency will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

AG Name	Case Number	Mailing Date
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Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number (###) ###-####
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Step 2: What is your hearing for? *(Check all that apply.)*

- | | | |
|---|--|---|
| ☐ OWF (cash assistance) | ☐ Child Care (Title XX) | ☐ Prevention, Retention, and Contingency (PRC) |
| ☐ SNAP (food assistance) | ☐ Medicaid - Disability Determination | ☐ Child Support (Title IV-D) |
| ☐ Medicaid | ☐ Medicaid - Prior Authorization | ☐ Medicaid - Managed Care |
| ☐ Medicaid Waiver Services | | |

Step 3: Fill out the information, as it applies to your situation.

- ☐ I want to do my hearing by telephone. Phone Number _____
- ☐ I need an interpreter at my state hearing. Language _____
- ☐ I am not available for a hearing on: _____
(Please note: ODJFS may not be able to give you the preferred date.)
- ☐ I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- ☐ This person has agreed to help me with my state hearing (my “authorized representative”)

Name	Telephone Number (###) ###-####
Address	Fax (###) ###-####
City, State, Zip	Email

Step 4: ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

Please only submit your hearing request one time. Return both pages of this notice.

Electronically - Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE> Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov); or

Email - Email the ODJFS Bureau of State Hearings at bsh@jfs.ohio.gov. In the subject, put “State Hearing Request”. In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

Phone - Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

Fax - Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

Mail - Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Contact your caseworker - It is better to send this 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
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 the action 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, you will receive a state hearing request form. Fill out the request 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 assistance, you may request a hearing on the amount of your food assistance 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 of your hearing 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, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, 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 county 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 will also 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 that is 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 in 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 assistance 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 do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it 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 do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings 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 receiving 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 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 to subpoena.

At the Hearing

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 Bureau of State Hearings 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 assistance, 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 assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

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 hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.