

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 90<sup>th</sup> 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
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**Step 2:** What program(s) is your hearing for? (*Check all that apply.*)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> OWF (cash assistance)    | <input type="checkbox"/> Child Care (Title XX)               | <input type="checkbox"/> Prevention, Retention, and Contingency (PRC) |
| <input type="checkbox"/> Medicaid                 | <input type="checkbox"/> Medicaid - Prior Authorization      | <input type="checkbox"/> Child Support (Title IV-D)                   |
| <input type="checkbox"/> Medicaid Waiver Services | <input type="checkbox"/> Medicaid - Disability Determination | <input type="checkbox"/> 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.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](http://ssp.benefits.ohio.gov)); or

**Email** - Email 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 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.