

LAWRENCE COUNTY DEPARTMENT JOB AND FAMILY SERVICES
PO BOX 539
IRONTON OH 45638



Notice Date: 01/24/2023
Case Number: 6172073
Case Name: Robert Corbin

ROBERT E CORBIN
215 MEMORIAL ST
COAL GROVE OH 45638-3125

Questions? Ask your worker.

TDD - For the
Hearing Impaired: 7-1-1
County Phone: (844) 640-6446
Office Hours: Mon-Fri 8:00am-4:30pm

NOTICE OF ACTION

This information is about your benefits. Please read all pages.

We have made decisions about your Supplemental Nutrition Assistance Program (SNAP) benefits. You can appeal if you disagree with any of our decisions. This notice explains our decisions and how you can appeal. You can reapply at any time if we denied or stopped your benefits.

If you are unable to read English and need this notice translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this notice; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing impaired may call TDD 7-1-1.

Esta información trata sobre sus beneficios. Por favor, lea todas las páginas.

Hemos hecho decisiones sobre su dinero, comida, o beneficios médicos. Usted puede presentar una apelación si no está de acuerdo con cualquiera de nuestras decisiones. Este aviso explica nuestras decisiones y cómo usted puede presentar una apelación. Usted puede presentar una nueva solicitud en cualquier momento si denegamos o ponemos fin a sus beneficios.

Si necesita una traducción u otro tipo de ayuda para leer este aviso o para comunicarse con nosotros, comuníquese con su asistente social. Encontrará el nombre y teléfono de su asistente social debajo de la fecha de envío (Mailing Date), más arriba. Si su asistente social no le puede ayudar, comuníquese con la Agencia de Derechos Civiles de ODJFS (ODJFS Bureau of Civil Rights) llamando al 1-866-227-6353, o con TDD llamando al 7-1-1 (gratuitamente).

Supplemental Nutrition Assistance Program (SNAP) benefits will STOP on 02/28/2023, due to:

One or more eligibility requirements for the program have not been met.

Spanish

The people affected by this action are:

(1) Robert E. Corbin (08/13/1986) - Not Eligible

Robert E. Corbin has been denied for Supplemental Nutrition Assistance Program (SNAP) benefits, due to:

- Robert E. Corbin is fleeing to avoid felony prosecution, custody or confinement. Ohio Administrative Code Rule 5101: 4-2-03.
- All individuals have failed eligibility requirements. Ohio Administrative Code Rule 5101: 4-2-11.

Additional Information

Please contact your county JFS office if you have any questions or if you need to give us more information. If you would like help finding training or a job please visit <https://ohiomeansjobs.ohio.gov/wps/portal/gov/omj/> or <https://www.ohiohighered.org/workforce>.

You can ask for a State Hearing and a County Conference if you disagree with our actions. See the end of this notice to learn how to ask for a State Hearing and a County Conference.

You can reapply for SNAP at any time. If your situation changes, we may be able to approve your new application. For example, if everyone is approved for OWF, PRC, and/or SSI benefits, your household may be "categorically eligible." Categorically eligible households do not have to pass the gross income, net income, or resource test.

Sign up now to use our website.

To sign up follow these steps:

1. Find your Case Number on the top of the first page of this notice.
2. Go to our website <https://benefits.ohio.gov>. Follow the instructions to set up your account.

What you can do online:

1. Complete, electronically sign and submit your reapplication form. (You will still have to complete an interview with your county contact.)
2. Report changes:
 - Your phone number or address
 - The people who live with you
 - Your household's income or assets
 - Your housing or utility expenses
3. You can view:
 - Your current and past benefits from the last 12 months
 - A list of frequently asked questions and answers
 - Your case information
 - Any notification of "What's New"
 - A list of notices you received
 - View and print commonly used forms

Any changes reported online through any of these processes may affect the cash, food or medical benefits we provide you. You still have the option to report changes in person, by mail or by fax, and you will still receive paper copies of your interim report and reapplication forms. The web site is just one more way for you to report and submit forms quickly, easily and at any time. If you do not have a computer, you may be able to use one for free at a library or community center.

After you activate your account, you may use our website at any time. For more information please visit our website <https://benefits.ohio.gov> or contact your county agency.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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, audiotape, 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.

This institution is an equal opportunity provider.

Ask for a State Hearing if you want to appeal.

Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake. At the hearing, you can explain your reasons and we will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

If you want a hearing, we must receive your request by . If the 90th day falls on a holiday or weekend, the deadline will be the next work day. If your benefits have been reduced or terminated, you may be able to receive fair hearing benefits, if we receive your state hearing request by . However, if you receive fair hearing benefits and the hearing decision is not in your favor, you may have to repay them.

Please use the next page ("State Hearing Request") to ask for a State Hearing. Save all other pages of this notice.

Someone else may help you with your State Hearing (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.

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.

You can ask for a hearing in one of the following ways:

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.)

Email – bsh@jfs.ohio.gov. In the subject line, put “State Hearing Request”. In the Message, include your name, case number, and reason for requesting a hearing, or attach a copy of this completed form.

Phone – Call the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings, and mention this notice.

Fax – Complete and sign this form, and fax it to (614) 728-9574.

Mail – Complete and sign this form, and mail it to Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. Keep a copy for your records.

Contact your county DJFS office -- It is better to send this form using one of the methods above. But, you may complete and sign this form, and contact your local CDJFS.

STATE HEARING REQUEST FORM

You may use this form to request a State Hearing to appeal the actions proposed in the Notice of Action mailed on 01/24/2023. You may request a state hearing online by visiting <https://hearings.jfs.ohio.gov/SHARE>.

Review this information:

If any of the following information has changed, please cross out the old information and write in the new information. You must also notify your County Department of Job & Family Services (CDJFS) of your new information.

Person Requesting the Hearing ROBERT E CORBIN			Worker Portal Case # 6172073
Address 215 MEMORIAL ST			Telephone Number (740)583-3339
City COAL GROVE	State OH	Zip 45638-3125	County Lawrence

Check all boxes that apply:

I disagree with the actions proposed in the Notice of Action mailed 01/24/2023 for:

<input type="checkbox"/>	Termination of Supplemental Nutrition Assistance Program (SNAP) benefits for all applicants
<input type="checkbox"/>	Robert E. Corbin: denial of Supplemental Nutrition Assistance Program (SNAP) benefits.

Note: To appeal any action or lack of action by your local CDJFS not listed above, please call our Customer Access Line at 866-635-3748 to request your hearing.

Check all boxes that apply:

- ☐ I understand I may get fair hearing benefits until the hearing is decided, but I do not want them.
- ☐ I would like to receive text messages regarding my state hearing.** My cell phone number is: (____)____-____
- ☐ I need an interpreter at my State Hearing. My language is: _____
- ☐ In addition to requesting a State Hearing, I would like someone from the Bureau of State Hearings to see if my issue can be resolved without a hearing.
- ☐ I want a county conference. (This is a meeting to discuss your case with your local CDJFS.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative"):

Name			Telephone Number
Address			Fax
City	State	Zip	E-mail

Sign and date:

If you are an authorized representative signing for the person requesting the State Hearing, you must provide an authorization signed by that person along with this hearing request.

Sign here	Date	Telephone Number () -
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**Service fees may apply, please check with your service provider.

For State Hearing Only:1000;1705;1070

Mailing Steps:

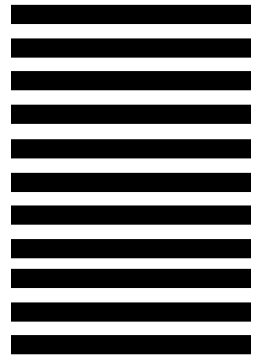
(1) Fold this page only along the dotted lines.

(2) Tape after folding

ROBERT E CORBIN
215 MEMORIAL ST
COAL GROVE OH 45638-3125



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPT OF JOB AND FAMILY SERVICES
BUREAU OF STATE HEARINGS
P.O. BOX 182825
COLUMBUS, OH 43218-2825

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