


Mailing Date: 10/19/2023
Your Case Number: 8346750
Your Case Name: JENNIFER CUTSHAW

JENNIFER L CUTSHAW
2482 MABERT RD
PORTSMOUTH, OH 45662-2728

Need Help? 

County: (740) 353-2218, Mon-Fri 8:00am-4:30pm
¿Hablas español? More Languages: (740) 353-2218
Hearing Impaired: 7-1-1 



We **APPROVED** your Supplemental Nutrition Assistance Program (SNAP) Application for **10/11/2023**.

JENNIFER L. CUTSHAW (05/24/1981) - Eligible

More Information About Your Benefits*

Your First Month's Payment:

\$197.00 added to your Ohio Direction Card for the month of October 2023

Ongoing Monthly Amount (for as long as you are eligible):

\$291.00 added to your Ohio Direction Card on the 2nd of every month

If you have never received an Ohio Direction Card before, look for one in the mail soon.
If you no longer have your Ohio Direction Card, refer to the next page for instructions.

Reminder: You must turn in the **Request to Recertify Application** (JFS Form 07204) **by 09/30/2024**, to receive benefits for the next year. Your county JFS office will send this to you.

Note: If you see any incorrect personal information on this notice, please contact your county JFS office within 10 days of the date of this notice and provide corrections. Your benefits may be changed as a result.

*Refer to the last page for more information about SNAP policy.



Eligibility Breakdown

View details about your Supplemental Nutrition Assistance Program (SNAP) Eligibility Determination below.



Reporting Changes

Learn about changes you must report to us in the Reporting Changes section.

Ohio Direction Card

How to Use Your Card:

- 1 Follow the directions on the card to activate your account
- 2 Present your Ohio Direction Card (similar to a debit card) at stores
- 3 Enter your 4-digit Personal Identification Number (PIN) at checkout



Note: In order to protect your benefits from potential scams such as skimming or card cloning, it is recommended that you select a PIN that is not easily guessed, change your PIN frequently (especially after any online purchases), monitor your balance often, and do not share your card number or PIN with anyone you do not know and trust to use SNAP benefits on your behalf.

Where to Use Your Card:

- Most grocery stores, convenience stores, and farmers' markets accept your card.
- Visit jfs.ohio.gov/cash-food-and-refugee-assistance/food-assistance/ohio-direction-card-ebt/information-for-customers to locate farmers' markets in your area.



You may use your card to buy: fruit, vegetables, meat, dairy, seafood, non-alcoholic beverages, and other cold grocery items at major retailers or online



You may NOT use your card to buy: alcohol, tobacco, premade meals, and items you cannot eat (ex: toilet paper and diapers)

Need Help with Your Ohio Direction Card?



Call Customer Service at (866) 386-3071, toll free and available 24/7.

Customer Service will help you with:

- Answering Frequently Asked Questions (FAQs) about your card
- Activating your Ohio Direction Card
- Selecting or changing your PIN
- Checking your account balance
- Reporting and replacing a lost, stolen, or damaged Ohio Direction Card
- Reporting benefits fraud
- Finding your Ohio Direction Card number, if you do not know it



You must use your card at least once every 9 months, or unused benefits will be deducted.

Your SNAP Eligibility Determination

The SNAP amount you get is based on income and deductions allowed by state and federal law:

Your Monthly Income	
Gross Earned Income (before any taxes or other deduction)	\$ 0.00
Gross Unearned Income (before any deductions)	\$ 0.00
Total	\$ 0.00

Your Monthly Expenses	
Medical Expenses (ONLY if disabled or 60 or older)	\$ 0.00
Dependent or Child Care Expenses	\$ 0.00
Child Support Expenses (amount actually paid)	\$ 0.00
Housing Expenses (rent, mortgage, and certain other housing costs aside from utilities)	\$ 0.00
Total	\$ 0.00

Deductions We Used Depending on Your Circumstances	
Farm Loss Deduction	\$ 0.00
Earned Income Deduction	\$ 0.00
Standard Deduction	\$ 198.00
Utilities Allowance	\$ 0.00
Benefits Withheld to Repay an Overpayment	\$ 0.00
Housing Deductions	\$ 0.00

Reporting Changes

Three Changes You Must Report:

- 1 If your monthly income before taxes becomes more than \$1,580.00 for an assistance group size of 1
- 2 If you or a member of your assistance group is an Able-Bodied Adult Without Dependents (ABAWD) who is working, you must report if hours worked are less than 20 hours weekly or 80 hours monthly
- 3 If you or a member of your assistance group wins \$4,250 or more (before withholdings) in lottery or gambling winnings



You have until the 10th of the month following when a change occurs to tell your county JFS office about any changes.

Example: If your income changes during April, you must report the change by May 10.

Note: If your assistance group members also receive Ohio Works First (OWF) or Medicaid, all changes must be reported within 10 days, including changes greater than \$50.

Ways to Report Changes:

Note: Any changes you report may affect your food, cash, or medical benefits

- **Online:** Use your online account or create an account at ssp.benefits.ohio.gov
- **Phone:** (740) 353-2218
- **Mail:** Send the requested information to the county JFS office listed on Page 1
- **In-person:** Visit your county JFS office
- **Fax:** (740) 354-3351



If Your Address Changes: Notify your county JFS office right away. If JFS does not have your correct address, you will not get the information you need to continue receiving assistance.

Penalty Warning:



The information you provide to your county JFS office will be reviewed for accuracy. **If you knowingly provide false information**, you may be fined, denied SNAP benefits, barred from SNAP for 12+ months or permanently, subject to prosecution, and/or imprisoned.

Appeal This Decision

If you disagree with any decision that has affected your benefits or eligibility, **you have the following options to appeal (you can request one or both):**



Request a County Conference: This is an informal meeting with your county JFS office. Check the box on the attached State Hearing form or contact the county JFS office.



Request a State Hearing: This is a virtual meeting with a hearing officer from the Ohio Department of Job and Family Services (ODJFS) and a representative from your county JFS office; **you will not have to go to court**. Complete the State Hearing Request form. You can call in to participate in your state hearing by telephone or by video using your smart phone, tablet, or computer.

Note: You may ask someone to attend your hearing in your place with your signed authorization. This person is called an Authorized Representative. They do not have to live with you but must be a responsible adult. Your hearing request may be denied without your signed authorization.

State Hearing Deadlines

The first deadline below is for continuing benefits until your hearing and the second deadline is your final date to request a hearing.

Deadline to File for a Hearing and Keep Benefits Until Your Hearing: 11/03/2023

If your benefits have been reduced or terminated, you may be able to **keep receiving benefits** until a hearing is held.

Note: If the hearing decision is not in your favor, you may have to return these benefits.

Deadline to File for a Hearing: 01/17/2024

You have **90 days** from the date on this notice to appeal.

Note: If that date falls on a holiday or weekend, the deadline will be the next work day (Mon-Fri).

Ways to Appeal:



Turn in the hearing request online through the Bureau of State Hearings SHARE Portal at hearings.jfs.ohio.gov/SHARE.

- You can request a hearing 24 hours a day. No login is required. If you have a SHARE account, you can login to access your state hearing records.



Email bsh@jfs.ohio.gov and 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 the completed State Hearing Form.



Mail the attached State Hearing Form to:

ODJFS Bureau of State Hearings
P.O. Box 182825
Columbus, OH 43218-2825



Call the ODJFS Consumer Access Line at **(866) 635-3748** and follow the instructions for State Hearings

Contact your county JFS office by phone, mention this notice and complete the attached form.



Fax the attached State Hearing Form to **(614) 728-9574**

Need Help with Your Case?

Call your **local Legal Aid program** at **(866) 529-6446** for free help.

Using the Online Site

If you do not have internet access, you may be able to use a computer at a library or community center for free.



Steps to Get You Started Online:

1

Use the Case Number found at the top of this page

2

Go to the Website at ssp.benefits.ohio.gov

3

Follow the Instructions on the Website to set up your online account

Note: If you receive other benefits (ex: Medicaid, Child Care), you can link them together on the website to view everything in one place.

What Can You Do Online?



Apply or Recertify for SNAP benefits

Note: You can also apply for a variety of other benefits.



Complete, Sign, and Turn In Forms to get or keep SNAP benefits.

Note: You may still have to complete an interview with your local county JFS office, even if you have completed one before.



Turn In Requested Verifications (ex: state-issued ID, utility bill, pay stubs, assistance group verification form.)



Report Changes (ex: phone number, address, expenses, income, assistance group members.) You can still report changes in person, by phone, by mail, or fax.

Note: You will still get paper copies of your Interim Report and Recertification forms, even if you plan to complete your Interim Report, Recertification, or report changes online.




Review Your SNAP Benefits Case (ex: new notices and a list of notices that have been sent to you, your up-to-date case information, and current and past benefits from the last 12 months.)



View Additional Resources (ex: a list of frequently asked questions, answers, and commonly used forms.)

Need Help Finding a Job? Please Visit:

- **OhioMeansJobs:** Post your resume and search for jobs
Website: ohiomeansjobs.com | **Contact:** Complete contact form online |
Phone: (888) 296-7541
- **Ohio Higher Ed:** Learn about degree programs and financial aid
Website: ohiohighered.org/workforce | **Contact:** hotline@highered.ohio.gov |
Phone: (614) 466-6000
- **Aspire:** Learn about free educational services for adult learners, including English for Speakers of Other Languages (ESOL)
Website: highered.ohio.gov/educators/workforce-adult-ed/aspire |
Contact: aspirestudents@highered.ohio.gov | **Phone:** 833-8Aspire or (833) 827-7473
- **Opportunities for Ohioans with Disabilities:** Get employability support to increase independence and receive assistance with Social Security disability determination outcomes
Website: ood.ohio.gov | **Phone:** (614) 438-1200 | **Relay Service:** 7-1-1 



How Are You Feeling? Let's Talk.

- **Ohio CareLine:** Call or text for free, anonymous, 24/7 emotional support
Website: mha.ohio.gov/home | **Phone:** (800) 720-9616 | **Text:** 4hope to 741-741
- **988 Suicide & Crisis Lifeline:** Call for free, anonymous, 24/7 support
Website: 988lifeline.org | **Phone:** 9-8-8 or (800) 273-8255



- **Imagination Library:** Dolly Parton's Imagination Library of Ohio provides free books for Ohio children up to the age of 5. Children receive one free book each month in the mail until their 5th birthday.
Website: ohioimaginationlibrary.org




You Have a Right to be Safe.

• **Ohio Domestic Violence Network:** Call, chat online, or find a local shelter
Website: odvn.org | **Phone:** (800) 934-9840



• **National Domestic Violence Hotline:** Call, chat online, or text with live advocates

Website: thehotline.org | **Phone:** (800) 799-7233 | **TTY:** (800) 787-3224 

If you are experiencing domestic violence, please contact the above resources. **Calls to these hotlines are anonymous.**

Domestic violence is when you or someone in your assistance group is hurt by a partner, spouse, boyfriend or girlfriend, a family member, or someone living in your home. This can include hitting, making threats, following you or preventing you from coming or going freely.

If you are unable to meet certain requirements for OWF, SNAP, or Child Support programs due to domestic violence, please contact your county JFS office for more information.

For Additional Community Resources, please call 2-1-1.



Case Number: 8346750

A total amount of **\$291.00** will be added to your card on the 2nd of each month.


Key Reminders:

- Report any changes by the **10th day of next month**
- **02/15/2024** - Complete the **Interim Report** by this date to continue receiving benefits.
- **09/30/2024** - Complete your **Recertification** by this date to receive benefits for the next year.
- **11/03/2023** - Request a State Hearing by this date **if your benefits have been reduced or terminated**. You may be able to keep receiving benefits until a hearing is held if you submit your request by this date.
- **01/17/2024** - Submit your request for a State Hearing by this date.

For more information about SNAP rules and policy, visit: emanuals.jfs.ohio.gov/CashFoodAssist/FACM

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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**. 

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **(833) 620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. **The completed AD-3027 form or letter must be submitted to:**



mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or



fax:

(833) 256-1665 or (202) 690-7442; or




email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.


Please do not send information, such as applications or verifications, to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. Please send application materials or verifications to your local county JFS office.

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. 

Spanish

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). 

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State Hearing Request Form

Use this form to request a State Hearing by phone if you disagree with a decision related to your benefits. You have the right to appeal the actions proposed in the Notice of Action mailed on 10/19/2023. You may also request a State Hearing online by visiting hearings.jfs.ohio.gov/SHARE. If your reason for appealing is not listed on this form, please call the Customer Access Line at **(866) 635-3748** to request your hearing.

Step 1: Read the information in this box and make corrections as necessary

Person Requesting the Hearing: JENNIFER CUTSHAW		Worker Portal Case #: 8346750	
Mailing Address: 2482 MABERT RD		Phone Number: (256) 251-0779	
City: PORTSMOUTH	State: OH	ZIP Code: 45662-2728	County: Scioto

Note: You must notify your county JFS office of your new information. If you need more space, write your answers on an extra piece of paper and attach it to this form.

Step 2: Check all the boxes that apply

I disagree with the actions proposed in the Notice of Action mailed 10/19/2023, for:

- ☐ Prorated Supplemental Nutrition Assistance Program (SNAP) benefits of \$197.00
- ☐ Ongoing Supplemental Nutrition Assistance Program (SNAP) benefits of \$291.00

Step 3: Check all the boxes that apply

- ☐ **If benefits have been reduced or terminated:** I understand I may be able to keep receiving benefits until a hearing is held, but I do not want them.
- ☐ 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 (a meeting to discuss your case with your local county JFS office).

Step 4: Check all the boxes that apply for accommodations

- ☐ 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: _____.
- ☐ I want an Authorized Representative to help me with my hearing. If so, please fill out the box below:

Authorized Representative Name:		Phone Number:	
Mailing Address:		Fax:	
City:	State:	ZIP Code:	Email:

Your Signature _____ **Email** _____ **Date** _____

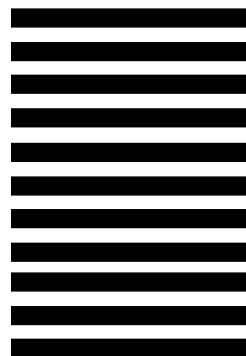
Mailing Steps:

- (1) Fold this page only along the dotted lines.
- (2) Tape after folding

JENNIFER L CUTSHAW
2482 MABERT RD
PORTSMOUTH, OH 45662-2728



NO POSTAGE
NECESSARY
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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

END