

Automatic Medicaid Renewal Notice

Notice Date: 08/21/2023

Case Number: 1026586

JENNIFER L COTTRILL
315 TYLER AVE
CUYAHOGA FALLS, OH 44221-1418

Questions? Ask your worker.

TDD - For the

Hearing Impaired: 7-1-1

County Phone: 1 (844) 640-6446

Office Hours: Mon-Fri 8:00am-4:00pm

Your household's Medicaid coverage has been automatically renewed.

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

Si no puede leer inglés y necesita este formulario traducido a su idioma preferido, póngase en contacto con el trabajador a cargo de su caso. Por favor llame al número mencionado arriba para asistencia.

Haddii aanad awood u lahayn in aad akhrido oo aad u baahantahay in loo turjumo foomkan luqadda aad doorbidayso, la xidhiidh shaqaalaha kiiskaaga. Fadlan wac lambarka kor ku qoran wixii caawimo ah.

You recently received a notice that your Medicaid benefits were renewed. The information you previously provided to the Ohio Department of Medicaid or your county Department of Job and Family Services was used to renew Medicaid coverage for the individuals listed on the notice for one year.

The following information was used during this process.

You must call the number listed above within 10 days of receipt of this notice, if:

- Any of the information listed below is incorrect, or
- Any individual not listed below lives in your household, or
- Any individual in your household has information not listed below.

Individuals Living in Your Household

Individuals identified below as an SSI Individual have had medical assistance benefits extended for at least one year. If we receive information that an individual is no longer an SSI Recipient, medical assistance benefits may be discontinued.

Name	SSI Individual	Date of Birth
Jennifer Cottrill		09/09/1989

Your Household Has the Following Income Sources

If there is no income listed for an individual within the household below, our records indicate there is no income reported by the household. Please contact your County Department of Job and Family Services if information is incorrect.

Name	Income Type	Source	Frequency	Amount
------	-------------	--------	-----------	--------

Immigration Status for Individuals within Your Household

The individual(s) listed below has a current immigration status of non-citizen. If there are no individuals listed below, our records indicate that all household individuals are U.S. Citizens. If this information is not correct, please contact your worker or make the change in the Self-Service Portal.

Name	Non-Citizen Type
------	------------------

Resource Information for Individuals within Your Household

If there are no resources listed below, our records indicate there have been no resources reported by your household. Please contact your County Department of Job and Family Services if information is incorrect.

Owner	Type	Value	Make	Model
Jennifer Cottrill	Automobile	\$1.00	CHEVY	PRISM

If this information is correct, no action is needed at this time.

If your household no longer requires Medicaid coverage, please call the number listed above for assistance so benefits can be discontinued.

You must report within ten (10) days any changes, such as changes in your household income, immigration status, resources, medical condition, or household situation. Any change can be made using the Self-Service portal or by contacting your county Department of Job and Family Services.

Voter Registration Information

A Voter Registration and Information Update Form is included with this notice. If you would like to register to vote, you may fill out the form and mail it to the Ohio Secretary of State at the address below. You may also fill out the form online: <https://olvr.ohiosos.gov>. Or you may download an electronic copy of the form: <https://www.sos.state.oh.us/publications/#vrf>.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. You may contact the toll-free Help Desk (1-844-640-OHIO) or the Ohio Secretary of State's toll-free number (1-877-SOS-OHIO/1-877-767-6446). You may also call or visit your local county office. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

To locate your county prosecutor's contact information, you may review a roster of county prosecutors online:
<http://www.ohiopa.org/roster.html>.

Or you may contact the Ohio
Department of Medicaid at:
50 West Town Street, Suite 400
Columbus, Ohio 43215
Telephone: (800) 324-8680

THIS PAGE INTENTIONALLY LEFT BLANK

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Please see information on back of this form to learn how to obtain an absentee ballot.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Identification Requirements

If you have a current Ohio driver's license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver's license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.


Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No
2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No
If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office	
6. ZIP Code			7. Additional Mailing Address (if necessary)		
8. County (where you live)			9. Birthdate (MM/DD/YYYY) (required)		
10. Ohio driver's license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided)			11. Phone Number (voluntary)		
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		Previous County		Previous State	
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature	
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.					
Your Signature  Date (MM/DD/YYYY) _____					

FOR BOARD USE ONLY
SEC4010 (rev. 2/7/23)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit VoteOhio.gov/Boards

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State online at VoteOhio.gov or by phone at 877-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please visit the Secretary of State's website at VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling County Shared Services at the toll-free phone number 1-844-640-6446; individuals with a hearing impairment may call TDD 7-1-1.

Spanish:

Para ayudarle a entender este aviso, se ofrecen asistencia con el idioma, servicios de interpretación y ayudas y servicios auxiliares a solicitud sin costo alguno para usted. Los servicios disponibles incluyen, entre otros, traducción oral, traducción por escrito y ayudas auxiliares. Para solicitar estos servicios o ayudas auxiliares, llame sin costo a Servicios Compartidos del Condado al teléfono 1-844-640-6446; las personas con discapacidad auditiva pueden llamar a TDD 7-1-1.

Arabic

لمساعدتك على فهم هذا الإخطار، تتوفر المساعدة اللغوية وخدمات الترجمة الفورية والأدوات والخدمات المساعدة عند الطلب مجاناً وبدون أي تكلفة. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر: الترجمة الشفهية والترجمة التحريرية والأدوات المساعدة. يمكنك طلب هذه الخدمات و/أو الأدوات المساعدة عن طريق الاتصال بخدمات المقاطعة المشتركة على رقم الهاتف المجاني 1-844-640-6446؛ يمكن للأفراد الذين يعانون من ضعف السمع الاتصال برقم الهاتف النصي 7-1-1.

Somali:

Si lagaaga caawiyo inaad fahanto ogeysiiskan, caawin luqadeed, adeegyada turjumaanka, iyo qalabka iyo adeegyada naafada ayaa la heli karaa marka la codsado iyadoo aan kharash kaa bixin. Adeegyada la heli karo waxaa ka mid ah, laakiine aan ku xaddidnayn: Tarjumaadda afka ah, turjumaad qoraalka ah, iyo qalabka naafada. Waxaad ku codsan kartaa adeegyadaa iyo/ama qalabka naafada adigoo ka wacaya Adeegyada la wadaago ee degmada (County Shared Services) taleefanka lacah la'aanta ah ee lambarka 1-844-640-6446; Dadka maqalka ku dhiban waxay wici karaan TDD 7-1-1.

Russian:

Чтобы помочь вам понять это уведомление, по вашему запросу бесплатно предоставляется языковая помощь, услуги устного перевода, а также дополнительные средства и услуги. В число доступных услуг входят, в частности, устный перевод, письменный перевод и вспомогательные средства. Вы можете обратиться за этими услугами и/или вспомогательными средствами, позвонив в County Shared Services по бесплатному телефону 1-844-640-6446; лица с нарушением слуха могут позвонить по номеру TDD 7-1-1.

French:

Pour vous aider à comprendre cette communication, une assistance linguistique, des services de traduction et des aides/services auxiliaires sont disponibles gratuitement sur demande. Les services disponibles comprennent, entre autres : traduction orale, traduction écrite et aides-auxiliaires. Vous pouvez consulter ces services et/ou des aides-auxiliaires en appelant les Services Partagés des Comtés (County Shared Services) au numéro gratuit suivant : 1-844-640-6446 ; les personnes ayant une déficience auditive peuvent appeler TDD 7-1-1.

Vietnamese:

Để giúp quý vị hiểu được thông báo này, dịch vụ hỗ trợ ngôn ngữ, dịch vụ thông dịch và các dịch vụ và trợ giúp bổ sung được cung cấp miễn phí cho quý vị khi có yêu cầu. Các dịch vụ có sẵn bao gồm nhưng không giới hạn ở: phiên dịch miệng, biên dịch và trợ giúp bổ sung. Quý vị có thể yêu cầu các dịch vụ này và/hoặc trợ giúp bổ sung bằng cách gọi cho Dịch vụ Chia sẻ của Quận theo số điện thoại miễn cước 1-844-640-6446; người khiếm thính có thể gọi đến TDD 7-1-1.

Swahili:

Ili kukusaidia kuelewa notisi hii, usaidizi wa lugha, huduma za ukalimani, na vifaa vya kusikia na huduma za kusikia zinapatikana ukiomba bila gharama yoyote kwako. Huduma zinazopatikana zinajumuisha, lakini sio tu: tafsiri kwa usemi, tafsiri kwa maandishi, na vifaa vya kusikia. Unaweza kuomba huduma hizi na/au vifaa vya kusikia kwa kupiga simu kwa County Shared Services (Huduma Zinazoshirikiwa za Kaunti) kwa nambari ya simu ya bila malipo 1-844-640-6446; watu walio na ulemavu wa kusikia wanaweza kupiga simu kwa TDD 7-1-1.

Ukrainian:

Для того, щоб Ви могли зрозуміти це повідомлення, за Вашим запитом безкоштовно надається мовна підтримка, послуги усного перекладу, а також допоміжні засоби та послуги. Послуги, що надаються, охоплюють, серед іншого: усні та письмові переклади, а також допоміжні засоби. Ви можете отримати ці послуги та/або допоміжні засоби, зателефонувавши до Центру надання муніципальних послуг округу за безкоштовним телефоном 1-844-640-6446; особи з вадами слуху можуть зателефонувати за номером 7-1-1 за допомогою телекомунікаційного приладу для глухих.

Kinyarwanda (Burundi):

Kugira ngo tugufasha gusobanukirwa iri tangazo, ubwunganizi mu by'indimi, serivisi z'ubusemuzi n'ubufasha na serivisi by'ibanze btangwa iyo ubisabye kandi nta kiguzi. Serivisi zitangwa zikubiyemo, ariko ntizigarukira kuri: ubusemuzi mu magambo, ubusemuzi mu nyandiko, n'ubufasha bw'ibanze. Ushobora gusaba izi serivisi no/cyangwa ubufasha bw'ibanze uhamagara County Shared Services kuri terefone itishyurwa numero 1-844-640-6446; abantu bafite ubumuga bwo kutumva bashobora guhamagara TDD 7-1-1.

Afghani

برای اینکه کمک تان کنیم تا این اطلاعیه را درک کنید، مساعدت زبان، خدمات ترجمه شفاهی و کمک‌ها و خدمات حمایتی حین درخواست بطور رایگان برای شما موجود است. خدمات موجود شامل این موارد می‌شود، ولی تنها محدود به این موارد نمی‌باشد: ترجمه شفاهی، ترجمه کتبی و کمک‌های حمایتی. شما می‌توانید این خدمات و/یا کمک‌های حمایتی را با زنگ زدن به County Shared Services با شماره رایگان 1-844-640-6446 درخواست کنید؛ افرادی که در بخش شنوایی مشکل دارند می‌توانند به شماره 7-1-1 TDD زنگ بزنند.