

CUYAHOGA JOB AND FAMILY SERVICES  
1641 PAYNE AVE  
CLEVELAND OH 44114



**Notice Date:** 05/04/2023  
**Case Number:** 5224353  
**Case Name:** AN'TWAN AYERS

ANTWAN AYERS  
2100 LAKESIDE AVE  
CLEVELAND OH 44114

Questions? Ask your worker.

**TDD - For the**  
**Hearing Impaired:** 7-1-1  
**County Phone:** (844) 640-6446  
**Office Hours:** Mon-Fri 9:00am-4:00pm

## 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).

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**We APPROVED your Supplemental Nutrition Assistance Program (SNAP) application of 05/01/2023 under division 5101:4 of the Ohio Administrative Code. We will add \$281.00 to your Ohio Direction Card account on your issuance day each month beginning May 2023 through 04/30/2024. Your SNAP benefits will be available on 05/04/2023.**

Spanish

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**The people affected by this action are:**

(1) ANTWAN AYERS (04/15/1978) - Eligible

**Reminder:** If your address changes, notify your case worker immediately. If your caseworker does not have your correct address you will not receive the information you need to continue receiving assistance.

**How did we determine your eligibility for SNAP benefits?**

In making our determination we only counted income and deductions allowed by state and federal law as shown below:

**Your monthly income**

Gross earned income (before any taxes or other deductions)	\$0.00
Gross unearned income (before any deductions)	\$0.00

**Your monthly expenses**

Medical expenses (only if disabled or 60 or over)	\$0.00
Dependent or child care expenses	\$0.00
Child support expenses (amount actually paid)	\$0.00
Shelter expenses (rent, mortgage and certain other shelter costs aside from utilities)	\$0.00

**Deductions we used depending on your circumstances**

Farm loss deduction	\$0.00
Earned income deduction	\$0.00
Standard deduction	\$193.00
Utility allowance	\$0.00
Benefits withheld to repay an overpayment	\$0.00
Shelter deductions	\$0.00

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ANTWAN AYERS is eligible for Supplemental Nutrition Assistance Program (SNAP) beginning on 05/01/2023.

**Additional Information**

ATTENTION: If you see any information on this notice that is incorrect, please contact your county agency within 10 days of the date of this notice to correct any errors or omissions. Your benefits may be adjusted accordingly.

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. To sign up, go to [ohioimaginationlibrary.org](http://ohioimaginationlibrary.org).

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>.

**CASH-OUT OPTIONS:** Most Ohioans must use an Ohio Direction Card to get their monthly SNAP benefits. However, some residents of Cuyahoga County, who are eligible for the "Cash-Out" project, may choose to get their benefits by check or direct deposit instead. If everyone listed below is also eligible for SSI, or is age 65 or older, they may be included in this project. If you believe you are eligible for "Cash-Out" and want to get your benefits by check or direct deposit, contact your assigned Cuyahoga County Department of Job and Family Services agency.

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.

## REPORTING CHANGES

For SNAP the only changes you must report are:

1. If your assistance group's gross monthly income goes above the amount below:

Assistance group size: 1.0

Income limit: \$1,473.00

2. You are required to report when you or a member of your household wins \$4250 or more (before withholdings) in lottery or gambling winnings. In Ohio, lottery or gambling winnings is a cash payout won in a single game and may include but are not limited to payouts from: casinos, racinos, slot machines, poker, keno, and other forms of gambling. A household is not eligible to participate in SNAP when a member of the household has substantial lottery or gambling winnings. Your household may reapply for benefits once you meet the allowable income and resource eligibility requirements.

3. If you or a member of your assistance group is an able-bodied adult without dependents who is working you must report if their hours fall below 20 hours weekly or 80 hours monthly.

You must report these changes to your caseworker within 10 days after the last day of the month in which the change first happened. For example: If your income goes over the income limit listed above in November, you must report the change to your caseworker by December 10th. NOTE: If your assistance group is receiving Ohio Works First or Medicaid you are still required to report all changes in circumstances within 10 days of the change, including changes of more than \$50 in your assistance group's gross monthly income.

If you are required to complete an interim report and need help completing the form or have questions, please contact your county JFS office.

You can use your SNAP benefits as soon as they are loaded each month. You must use your card to buy some food or make a return at least once every 273 days (9 months) or we will deduct unused benefits older than 9 months from your account. Additionally, the total balance of each Ohio Direction Card account associated with the members of your assistance group will be deducted if at any point all members of your assistance group have passed away.

**Penalty Warning:** The information you provide to your caseworker in writing, electronically or by phone will be subject to verification by federal, state, and local officials. If any information is found to be inaccurate, you may be denied SNAP benefits, you may be barred from the SNAP Program for 12 or more months, or permanently; fined; and/or imprisoned and subject to prosecution for knowingly providing false information.

You may use your SNAP benefits when you shop for food by presenting your Ohio Direction Card and entering your 4-digit personal identification number (PIN). The Ohio Direction Card is similar to a debit card and should be kept in safe place. 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. Call Ohio Direction Customer Service at 1-866-386-3071, toll free, if you have questions or need help with your card or your account (for example: to activate your card; to select or change your PIN; to obtain your account balance; to report a mistake in your account; to report your card as lost, stolen, or damaged; etc.). Customer Service is open 24 hours a day, 7 days a week.

There may be farmers' markets in your county that accept SNAP benefits. Visit <http://jfs.ohio.gov/ofam/InfoCustomer.stm> to locate farmers' markets in your area that accept SNAP.

If you are only receiving SNAP and you later apply for Ohio Works First, or Medicaid assistance we will help you reapply for SNAP at that time so that in the future you can have your reapplication appointments for all assistance at the same time.

You have been authorized to receive the following information about the Ohio CareLine. The Ohio CareLine is toll-free emotional support call service created by the Ohio Department of Mental Health and Addiction Services and administered in community settings. Behavioral health professionals staff the CareLine 24 hours a day, 7 days a week. They offer confidential support in times of personal or family crisis when individuals may be struggling to cope with challenges in their lives. When callers need additional services, they will receive assistance and connection to local providers. If you would like to learn how the Ohio CareLine can benefit you, please visit <https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Emergency-Preparedness/Coronavirus/Ohio-CareLine>, or call 1-800-720-9616 to speak to a licensed clinician or Text "4hope" to 741-741.

**Domestic Violence: You have a right to be safe.**

If you are a victim of domestic violence, you can get free confidential help by contacting:

- \* National Domestic Violence Hotline at 800-799-7233, TTY 800-787-3224, or [www.ndvh.org](http://www.ndvh.org)
- \* Ohio Domestic Violence Network at 800-934-9840 or [www.odvn.org](http://www.odvn.org)

Also, if you are unable to do certain requirements for the Ohio Works First, SNAP, or Child Support programs because you are a victim of domestic violence, you may be able to be excused from those requirements. Talk to your caseworker for more information.

Domestic violence is when someone in your household is hurt by someone who is or was a partner, spouse, boyfriend or girlfriend, or a part of your household or family. Domestic violence includes hitting, hurting, threatening, or making you afraid by following you or preventing you from moving around freely.

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](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](mailto: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](https://ssp.benefits.ohio.gov/).)

**Email** – [bsh@jfs.ohio.gov](mailto: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 05/04/2023. 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 ANTWAN AYERS			Worker Portal Case # 5224353
Address 2100 LAKESIDE AVE			Telephone Number (440)855-4719
City CLEVELAND	State OH	Zip 44114	County Cuyahoga

**Check all boxes that apply:**

I disagree with the actions proposed in the Notice of Action mailed 05/04/2023 for:

<input type="checkbox"/>	Ongoing Supplemental Nutrition Assistance Program (SNAP) benefits of \$281.00
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**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:

Mailing Steps:

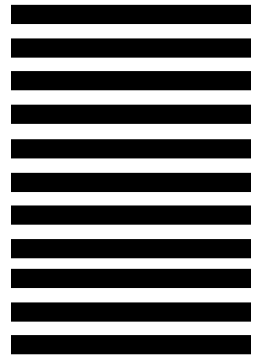
(1) Fold this page only along the dotted lines.

(2) Tape after folding

ANTWAN AYERS  
2100 LAKESIDE AVE  
CLEVELAND OH 44114



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

END