


Mailing Date: 05/01/2026


Your Case Number: [REDACTED]

Your Case Name: [REDACTED]

Need Help? 

County: (844) 640-6446, Mon-Fri 9:00am-4:00pm

¿Hablas español? More Languages: (844) 640-6446

Hearing Impaired: 7-1-1 



Supplemental Nutrition Assistance Program (SNAP) **benefits will STOP on 05/31/2026.**

More Information About Your Case:

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

Note: If you see any incorrect personal information on this notice or have questions, 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.

[REDACTED] - Not Eligible

- All individuals have failed eligibility requirements. Ohio Administrative Code Rule 5101: 4-2-11.
- [REDACTED] did not meet the work requirements for able-bodied adults. Please provide information to your county agency if you have or will complete your hours. Ohio Administrative Code Rule 5101: 4-3-13.

Options

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

Appeal This Decision

Ask for a State Hearing by **05/18/2026**, to appeal this decision. More information can be found under the Appeal This Decision section.

Reapply

You can reapply for benefits at any time in person, online, by mail or fax. More information can be found under the Reapply at Anytime section.

You may get SNAP again at any time if you complete 80 hours of work or a work program in any 30 consecutive days, meet an exemption from ABA work requirements, or reapply when the 36 month period expires.

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: 05/18/2026

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: 07/30/2026

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.

Reapply at Anytime



Steps to Reapply:

1

Complete, sign, and turn in either one of the forms below:

- Application for Supplemental Nutrition Assistance Program (SNAP), Cash, Medical, or Child Care Assistance (JFS Form 07200)
- Request to Recertify for Supplemental Nutrition Assistance Program (SNAP), Cash, or Child Care Assistance (JFS Form 07204)

2

Complete an interview with your county JFS office

3

Provide additional documents that may be requested by your county JFS office

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.)



Scan the QR code with your smartphone camera to access the Ohio Benefits Self-Service portal.



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
- Are you or someone in your home age 16-24? **Job Corps can CHANGE your life!** Earn a diploma/GED! Learn a career trade. Campus living or local bus pass provided, meals & MORE! Earn \$\$ while you LEARN! 120 centers nationwide! Learn more at jobcorps.gov
- **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




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- **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:** [REDACTED]

Key Reminders:


- **05/18/2026** - 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.
- **07/30/2026** - 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

Do not mail applications or verifications to the United States Department of Agriculture (USDA) address listed below.

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 **(866) 632-9992**, 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:**

1. **Mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **Fax:**
(833) 256-1665 or (202) 690-7442; or
3. **Email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.


Do not send applications or verifications to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. **Mailing your applications to USDA in Virginia will delay the local county JFS from processing your case.** 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 05/01/2026. 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: [REDACTED]		Worker Portal Case #: [REDACTED]	
Mailing Address: [REDACTED]		Phone Number: ([REDACTED]) [REDACTED]-[REDACTED]	
City: [REDACTED]	State: OH	ZIP Code: [REDACTED]	County: Cuyahoga

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 05/01/2026, for:

- Termination of Supplemental Nutrition Assistance Program (SNAP) benefits for all applicants

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).

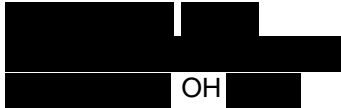
Step 4: Check all the boxes that apply for accommodations

- 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:

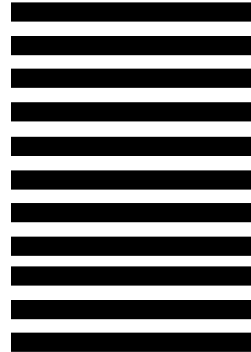
Authorized Representative Name:		Phone Number:	
Mailing Address:		Fax:	
City:	State:	ZIP Code:	Email:

Your Signature _____	Email _____	Date _____
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- Mailing Steps:
(1) Fold this page only along the dotted lines.
(2) Tape after folding



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