CASH AND FOOD ASSISTANCE INTERIM REPORT (Reply Required)

County Contact	County Address							
County Contact Phone Number	County Contact Fax Number			Case Number				
Step 1: Read the information in this	box, and make	e correction	s as nec	essarv.				
First Name, Middle Initial and Last Name	,			one Number				
	2007 (4110) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Mailing Address	Stre			t Address (if different)				
City	State Zip C	City		State	Zip Code			
Step 2: Please read this information carefully.								
Why do you need to fill out this form?	· · · · · · · · · · · · · · · · · · ·							
still eligible and that you are receiving the correct amount of benefits. Reported changes may result in a reduction or termination of benefits. If you do not return this form by the deadline below, we will stop your benefits. What changes do you need to report? You must report changes that have occurred since your LAST REAPPLICATION DATE//20 If you have already reported and provided proof of a change, you do not need to report that change on this form; however, you still need to return this form or sign this form online. Below is your assistance group size and income that was last reported to us: Assistance group size at: Total Gross Income (both earned and unearned income) at: What do you do with this form? You must: Fill out this form and return it to us by: DEADLINE/21/20 If a question says ATTACH PROOF, attach your proof to this form. Example: proof of income can be check stubs, self-employment records, award letters or other documents showing how much income you get. Sign and date at the bottom of page 2.								
 If you need more space for your answers, write them on extra paper and attach them to this form. You may return everything to us by mail, fax, or by bringing it to us. If you bring it in, you will get a receipt. You may also complete this form online at: http://odjfsbenefits.ohio.gov 								
What if you have questions? Call your county contact listed above.								
Step 3: Please fill in the information	requested belo	ow.						
(A) Has anyone moved into or out of your home since your last reapplication date in Step 2? ☐ No or I already reported the change to my county contact. ► GO TO NEXT QUESTION ☐ Yes or I am not sure. ► FILL IN THE BOXES BELOW								
First Person's Name	Relati	onship			Birth Date			
☐ Moved in	☐ Moved	out	Date					
Second Person's Name	Relati	onship			Birth Date			
☐ Moved in	☐ Moved	out		Date				

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Step 3 (continued)								
(B) Has anyone had a change in their hourly rate of pay, salary, employment status (full/part time) or place of								
employment since your last reapplication date in Step 2? ☐ No or I already reported the change and gave proof to my county contact. ► GO TO NEXT QUESTION								
Yes or I am not sure. FILL IN THE BOXES BELOW AND ATTACH PROOF								
Name of person	Type of income now	I	How much do they get a month now					
Name of person	Type of income now	I	ow much do they get a month now					
(C) Has anyone's unearned income changed by more than \$50 since your last reapplication date in Step 2?								
Examples of unearned income: SSI, child support, unemployment.								
No or I already reported the change and gave proof to my county contact. ► GO TO NEXT QUESTION								
	N THE BOXES BELOW AND ATTACH PROOF							
Name of person	Type of income now	I	How much do they get a month now					
Name of person	Type of income now	I	ow much do they get a month now					
- The section of the	- JF		· · · · · · · · · · · · · · · · · ·					
(D) Has your household moved?	1							
No or I already reported the change and gave proof to my county contact. ► GO TO NEXT QUESTION								
Yes or I am not sure. ► FILL IN THE BOXES BELOW AND ATTACH PROOF IF YOU WOULD LIKE US TO USE YOUR HOUSING COST IN DETERMINING YOUR BENEFITS								
Rent or mortgage per month now		Property taxes per month	now					
Homeowners insurance per month now		Now responsible for						
\$		Telephone	☐ Trash ☐ Sewage					
S								
No or I already reported the change and gave proof to my county contact. ► GO TO NEXT QUESTION								
Yes or I am not sure. ► FILL IN	THE BOXES BELO	OW AND ATTACH I	PROOF					
Child support obligation per month now								
Stop 4. Please weed correfully sign and date								
Step 4: Please read carefully, sign and date. By signing this form:								
I understand and certify, under penalty of perjury, that all my answers on this interim report are correct and								
complete to the best of my knowledge.								
• I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to receive them, the first time I break the rules on purpose I will not be able to get								
food assistance for one year, the second time two years and after the third time I will not be able to receive food assistance again.								
 I understand and agree to provide all documents to complete my interim report. I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other persons or 								
I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.								
• I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to								
determine eligibility. • In accordance with federal law, the CDJFS is prohibited from discriminating on the basis of race, color, national origin, sex, age,								
• In accordance with federal law, the CDJFS is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write to: USDA, Director, Office for Civil Rights,								
Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call 1-800-795-3272 (Voice) or								
(202) 720-5964 (TDD). Signature			Date					
Step 5: Return this form to us wi	ith your proof. W	e must receive every	ything by the deadline in Step 2.					

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