

Ohio Department of Job and Family Services
FOOD ASSISTANCE CHANGE REPORTING

To be Completed by Caseworker	
Name	Assistance Group Number
Return Form to County Address	Date Received
Caseworker Phone	Caseworker Fax

If you are receiving food assistance you must report if:

If you or a member of your assistance group is subject to the work requirement for able-bodied adults without dependents you must report if your work hours fall below 20 hours weekly or 80 hours averaged monthly.

Your gross monthly income goes above the allowable gross monthly income limit for your assistance group size. See the chart below:

2019 Food Assistance Gross Monthly Income Guideline Reference Table (effective October 2018)										
130% FPG	1	2	3	4	5	6	7	8	9	10
	\$1316	\$1784	\$2252	\$2720	\$3188	\$3656	\$4124	\$4592	\$5060	\$5528

Gross monthly income means the amount of all income before taxes (i.e. wages, child support, Social Security, Supplemental Security Income (SSI), unemployment compensation, annuities, pensions, retirement, veterans' or disability benefits) received by your assistance group prior to any taxes or deductions.

You are not required to report any other changes for food assistance until you receive your interim report or at recertification. This does not change your reporting requirements for other programs. If your assistance group contains an elderly or disabled member and you are already over the gross monthly income limit listed above you only need to report if your income changes.

Reminder: If your address changes notify your caseworker immediately. If your caseworker does not have the correct address for you, you will not receive required information to continue receiving your benefits.

CHECK YOUR TOTAL GROSS MONTHLY INCOME AT THE END OF EVERY MONTH

Earned Income (i.e. job, self employment)		Unearned Income (i.e. SSI, social security, child support)	
1 st week	\$ _____	1 st week	\$ _____
2 nd week	\$ _____	2 nd week	\$ _____
3 rd week	\$ _____	3 rd week	\$ _____
4 th week	\$ _____	4 th week	\$ _____
5 th week	\$ _____	5 th week	\$ _____
Total:	\$ _____	Total:	\$ _____

Add the total amount of all earned and unearned income

Earned total:	_____
Unearned total:	+ _____
Total gross monthly income:	= _____

CHANGES IN ABAWD EMPLOYMENT STATUS AND GROSS MONTHLY INCOME MUST BE REPORTED ON PAGE TWO OF THIS FORM.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR CASEWORKER

Return this Page to your caseworker to report your changes.

Does your household's income exceed the gross monthly income limit? Yes No

What is your current gross monthly income? \$

ABAWDS: Did your weekly hours of employment drop below 20 per week Yes No

Will the change(s) you reported continue beyond the report month? Yes No

If no, explain in this space

Reminder:

If you have verification of your new income amount please send copies of pay stubs, award letter(s), a letter from your employer, court support order, etc. to your caseworker.

To receive a deduction for the following expenses you must report and provide verification to your caseworker of: rent or mortgage payment, utility and/or other shelter costs, medical expenses, and legally-obligated child support paid to a non-household member. Failure to report or verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for the expense.

➡ Please read the penalty warning below before signing, dating, and returning this form.

PENALTY WARNING

The information provided on this form will be subject to verification by federal, state, and local officials. If any information is found inaccurate, you may be denied food assistance benefits, and/or be subject to criminal prosecution for knowingly providing false information. If your assistance group receives food assistance benefits, it must follow the rules listed below. Any member of your assistance group who breaks any of these rules on purpose can be barred from the Food Assistance Program for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws. A court can also bar you from the Food Assistance Program for an additional 18 months.

Any individual found guilty of food assistance trafficking by a federal, state, or local court shall be barred for 24 months for the first offense and permanently for a second offense involving the sale of a controlled substance for food assistance benefits, and permanently barred for the first offense involving the sale of firearms, ammunition, or explosives for food assistance benefits or trafficking of food assistance benefits of \$500 or more. An individual found to have made a false statement or knowingly provided false information with respect to identity and residence in order to receive more than one benefit at the same time can be barred from the Food Assistance Program for 10 years.

- **Do not give false information or withhold information in order to continue receiving food assistance benefits.**
- **Do not give, trade, or sell food assistance benefits, authorization cards, or any authorization document.**
- **Do not alter authorization cards or any other authorization document to get food assistance benefits you are not entitled to receive.**
- **Do not use food assistance benefits to buy unauthorized items, such as alcoholic beverages, tobacco, paper products, pet foods, soap and other cleaning goods.**
- **Do not use someone else's food assistance benefits for your assistance group.**

YOUR SIGNATURE:

I understand the penalty for withholding information. I also understand I would have to repay any food assistance benefits I received because I did not fully report required changes to my caseworker. If asked, I agree to prove changes I report. My answers on this form are correct and complete to the best of my knowledge.

Your Signature

Date

Telephone Number

Your Civil Rights:

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, 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.

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