Department of Job and Family Services
Russell M. Pry Building
1180 S. Main Street, Suite 102
Akron, OH 44301-1256
844.640.OHIO (6446)
866.351.8292 *Fax*
SummitDJFS.org

E-mail your documents/verifications
SummitE-Docs@JFS.Ohio.gov

Reset Print

Change Report

Type of report	Case number	Date of report
☐ Walk-in ☐ Call Center ☐ Cashier ☐ Other _____		

Case name	Person reporting *(if different from case name)*	Telephone number where you can be reached

WHAT BENEFITS ARE YOU CURRENTLY RECEIVING?

☐ TANF (cash) ☐ SNAP (food) ☐ Child Care ☐ Medicaid ☐ Other _____

ADDRESS, MAILING ADDRESS, OR HOUSEHOLD EXPENSES (VERIFICATION IS MANDATORY):

NEW	**Address, city, state, ZIP code**
OLD	**Address, city, state, ZIP code**

The above address is	Effective date of the	Did you move outside Summit County?	How many people live at the new address?	New rent amount
☐ Residence address ☐ Mailing address only	☐ Move ☐ Expected move _____	☐ Yes ☐ No *If yes, list name of new county* _____		$ _____ **Are utilities included?** ☐ Yes ☐ No

EMPLOYMENT

Name of new employer or old employer	Hire date	End date	Reason for ending employment

Date expecting first pay?	Date of final pay *(if reporting loss of employment)*	Hours per week	Hourly pay rate	Pay frequency	Child care expenses
					$

SCHOOL ATTENDANCE OR OTHER APPROVED ACTIVITY

Name of school or activity	Start date	End date	Hours per week

Reason for ending school or activity	Child care expenses
	$

HOUSEHOLD COMPOSITION

	Name(s) *Last*	*First*	*MI*	SSN	Date of birth	Effective date
☐ Add ☐ Remove						
☐ Add ☐ Remove						
☐ Add ☐ Remove						
☐ Add ☐ Remove						

REQUEST CASE BE CLOSED

Reason	Effective date

CONTINUED ❯❯

CHILD CARE PROVIDER OR HOURS

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

You must report if your child has

- *Stopped attending a child care provider*
- *Changed the number of hours attending day care*
- *Started attending a new child care provider*

NEW PROVIDER

Provider name	**Start date**	**Hours needed**
Previous provider name		**End date (must give 10-day notice)**
Provider name	**Start date**	**Hours needed**
Previous provider name		**End date (must give 10-day notice)**

CHANGE IN HOURS

Current provider name	**Hours needed for each child**
Current provider name	**Hours needed for each child**

OTHER CHANGES

Tell us about any other changes that may affect your eligibility:

- *Someone becoming disabled*
- *Someone recovering from a disability*
- *Someone dropping out of school, etc.*
- *Other changes*

If you are unable to obtain any of the requested verifications, please contact your case manager immediately. Failure to submit the required verifications may result in a delay or termination of benefits. **THE FOLLOWING CHECKED (✔) FORM(S) MUST BE COMPLETED AND RETURNED TO YOUR CASE MANAGER BY** _____.

☐ 7002 Employment/Wage Verification

☐ Other _____

▶ _____ ▶ _____
Client, authorized representative **Date**

▶ _____ ▶ _____
DJFS representative **Date**

Non-Discrimination Statement

https://www.fns.usda.gov/cr/fns-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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.htm 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.

USDA is an equal opportunity provider, employer, and lender.

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).

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