

Mailing Date:
Case Number:
Case Name:

Need Help?



County: ,

¿Hablas español? More Languages:

Hearing Impaired: 7-1-1 



It is time to complete your Supplemental Nutrition Assistance Program (SNAP) Interim Report.

Please fill out this form and sign it. If you leave a section blank, you are indicating that there are no changes from what you previously told us, or the section does not apply to you. You must give us proof of changes you report on the form.

Return the signed form and your proof of changes to your county Job and Family Services (JFS) office **by the 15th of this month.**

Your SNAP benefits **WILL STOP** if you do not return this form. This does not affect any Medicaid assistance you are receiving from us.

What is an Interim Report and Why Do I Need to Fill Out This Form?

- An Interim Report is a mid-point check-in to review your case for any changes. Your county JFS office will use the information you give to make sure that you are still eligible and that you are getting the correct amount of benefits. Reported changes may result in an increase, decrease, or ending of benefits.
- **If you do not return this form by the deadline, your benefits will stop. If you need help completing the form or have questions, please contact your county JFS office.**

How Do I Submit my Interim Report?

After you fill out this form and sign it, you can submit it and your proof of changes to your county JFS office, in person, by email, mail, or fax. If you bring it in person, you will receive a receipt. You can also fill out this form, sign it, and submit proof of changes online - please see below.

Completing your Interim Report Online:

- 1 Sign in or create an account at ssp.benefits.ohio.gov
- 2 Click the "Access" section to the right of the screen
- 3 Select "Interim Reporting" and follow the prompts

**This Interim Report
cannot be submitted over
the telephone.**

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 **833-620-1071**, 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:**



Mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or



Fax:

833-256-1665 or 202-690-7442; or



Email:

FNSCivilRightsComplaints@usda.gov

This institution is an equal opportunity provider.

Please do not send information, such as applications or verifications, to the United States Department of Agriculture (USDA) address listed above. **This address is for civil rights complaints only.** Please send application materials or verifications to your local county JFS office.

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 ODFS Bureau of Civil Rights at 1-866-227-6353, the hearing-impaired may call TDD 7-1-1.

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SNAP INTERIM REPORT

Please fill out this form and sign it. If you leave a section blank, you are indicating there are no changes from what you previously told us, or the section does not apply to you. You must give us proof of changes you report.

Your Interim Report will be complete, and no further action will be needed from you when you:

- Report any changes in STEP 1 and/or STEP 2 and submit proof; and/or
- Leave a section in STEP1 and/or STEP2 blank because there is no change to the information we have now, or it does not apply to you.

Note: If you need more space, write your answers on an extra piece of paper and attach it to this form.

Below is your information last reported to your county JFS office:

Household Size	Total Gross Income (both earned and unearned income)
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Step 1: Complete the information in this box or make corrections as necessary

Name (First, Middle Initial, Last)			Primary Phone Number		
Mailing Address			Street Address (if different)		
City	State	Zip Code	City	State	Zip Code

If you reported a move above, tell us about the shelter costs at your new residence.

Rent or Mortgage per Month	Property Taxes per Month	Homeowner Insurance per Month
\$	\$	\$

I pay for the following utilities (check all that apply):

Note: Please attach proof for **each expense**

- | | | |
|------------------------------------|-----------------------------------|---------------------------------|
| ☐ Telephone | ☐ Trash | ☐ Sewage |
| ☐ Water | ☐ Electric | ☐ Gas |

EXAMPLES OF PROOF TO ATTACH:

- Utility Bills
- Rental Leases
- Home Insurance

Step 2: Report changes to your household in this box

(A) Tell us below if there has been a change in the members of your household.

First Person's Name (First, Middle Initial, Last)	Relationship	Birth Date
☐ Added ☐ Removed		
Second Person's Name (First, Middle Initial, Last)	Relationship	Birth Date
☐ Added ☐ Removed		

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(B) Tell us below if you or anyone in your household had a change in their gross (pre-tax) monthly earned income.
(ex: include changes in hourly rate of pay, salary, full or part time employment status)

Name (First, Middle Initial, Last)	Change Type	How much do they earn a month? \$
Name (First, Middle Initial, Last)	Change Type	How much do they earn a month? \$
Name (First, Middle Initial, Last)	Change Type	How much do they earn a month? \$

(C) If you or anyone in your household is subject to the work requirement for Able Bodied Adults Without Dependents (ABAWDS), and is NOT working or volunteering at least 20 hours per week (or 80 hours per month), list the weekly hours below:

Name (First, Middle Initial, Last)	Weekly Hours
Name (First, Middle Initial, Last)	Weekly Hours
Name (First, Middle Initial, Last)	Weekly Hours

(D) Tell us below if your household's total unearned income changed by more than \$100. (ex: SSI, child support, unemployment)

Name (First, Middle Initial, Last)	Income Type	How much do they get a month? \$
Name (First, Middle Initial, Last)	Income Type	How much do they get a month? \$
Name (First, Middle Initial, Last)	Income Type	How much do they get a month? \$

(E) Tell us below if you or anyone in your household had a change in the amount of child support they pay.

Name (First, Middle Initial, Last)	Child Support Obligation per Month
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(F) Tell us below if you or anyone in your household won \$4,500 or more (before withholdings) in lottery or gambling winnings.

Name (First, Middle Initial, Last)	Date of Winnings	Winnings Amount \$
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This Form Continues on the Next Page



Step 3: 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 SNAP for one year, the second time two years, and after the third time I will not be able to receive SNAP again.
- I understand and agree to provide all documents to complete my Interim Report.
- I understand and agree that my county JFS office 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 my county JFS office to make whatever contacts are necessary to determine eligibility.
- I understand that any changes reported on this notice may result in a reduction or termination of benefits.
- I understand that after returning this form I am still require to report the following changes that may occur prior to my recertification:
 - 1) When my gross monthly income goes above the 130% federal poverty level monthly income limit for my assistance group size,
 - 2) If a member of my assistance group is subject to the work requirement for Able-Bodied Adults Without Dependents (ABAWD) and my/their number of work hours falls below 20 hours per week or 80 hours averaged monthly and,
 - 3) If anyone in my household wins \$4,500 or more in lottery or gambling winnings.

In accordance with federal law, the county JFS office 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 4: Return this form with proof of any changes by the deadline on page 1