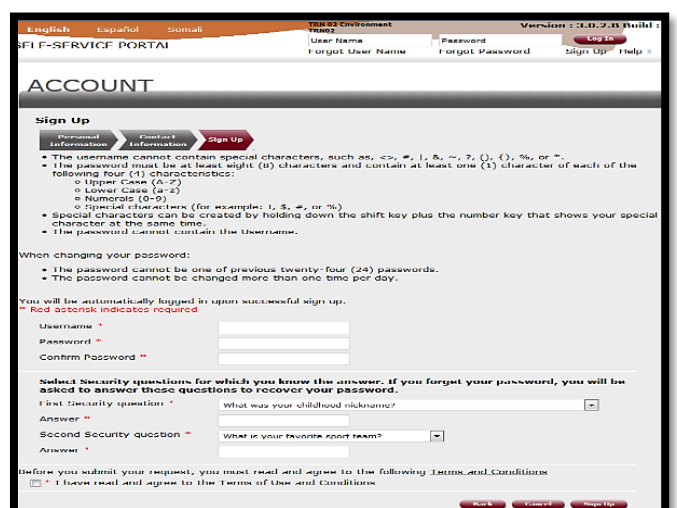
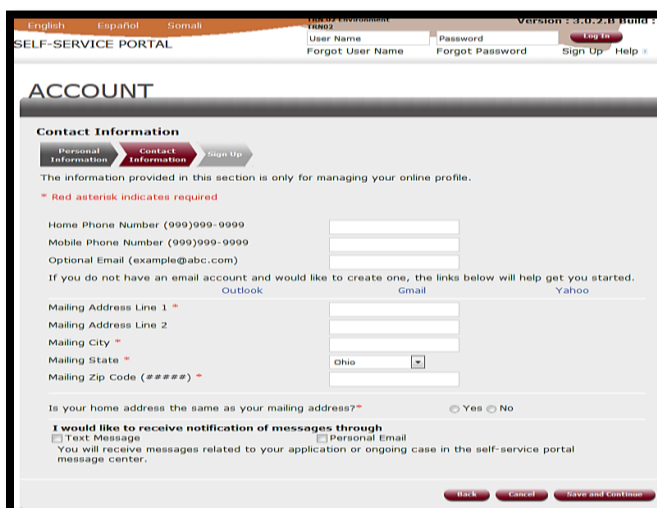
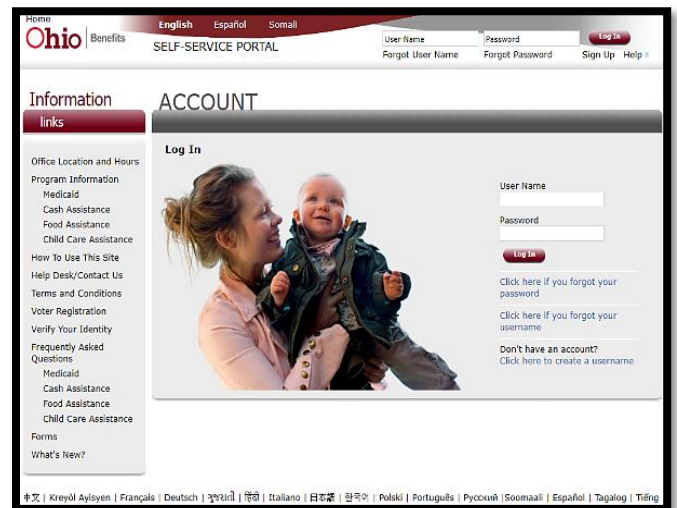




How to Use: <https://benefits.ohio.gov>

1. Visit the Ohio Benefits website to apply, reapply, and make updates to Food, Medical, and Cash Assistance cases.
2. An Ohio Benefits Self-Service Portal account must be created, to apply or update a case.
3. Once an account is created, the user will be directed to the Self-Service Portal to Log In.
4. Once logged into the Self-Service Portal, there are available options to check eligibility, apply for assistance, view current application status, **link the user account to an existing case**, add an authorized representative, and access the secure message center.



Home Ohio Benefits SELF-SERVICE PORTAL

Information links

Office Location and Hours
Program Information
Medicaid
Cash Assistance
Food Assistance
Child Care Assistance
How to Use This Site
Help Desk/Contact Us
Terms and Conditions
Authorized Representatives
Voter Registration
Verify Your Identity
Frequently Asked Questions
Medicaid
Cash Assistance
Food Assistance
Child Care Assistance
Forms
What's New?

CHECK Medicaid, Food & Cash Eligibility
• What benefits could I receive?

APPLY Medicaid, Food & Cash Benefits
• Apply for assistance
• View application status

ACCESS Medicaid, Food & Cash Benefits
• Link My Case(s)

APPLY Child Care Benefits
• Apply for assistance

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Home Ohio Benefits SELF-SERVICE PORTAL

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Food Assistance
Child Care Assistance
Forms
What's New?
Request Appointments

ACCESS my benefits
Link My Case(s)
You can submit a request to link your case(s) here.
Once linked you will be able to view your benefits, payment details, information and report changes to your case(s) through this account.
* Red asterisk indicates required

User Details

First Name Middle Name Last Name Suffix
Date of Birth (mm/dd/yyyy) Social Security Number (ie 123-45-6789)
Note: To change or modify the above details go to My Account section.
Case Number* (ie 9999999)

Contact Details

Home Phone Number (999)999-9999 Mobile Phone Number (999)999-9999 Personal Email Address (example@abc.com)

Certification
Before you submit your request, you must read and agree to the following Terms and Conditions
* I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct and complete.
Check to Sign* Name* Description*
Submit Request Cancel and Exit

English Español Somali SELF-SERVICE PORTAL

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Apply for benefits

View Application Status
You can search for applications by selecting the required date range and clicking the 'search' button.
* Red asterisk indicates required

Submitted Date Range*
Last 30 days Search

Application Date	Program	Application Number	Action
Not Submitted	Medicaid, SNAP	2036364	View

Results 1 of 1

DETAILS

Authorized Representative Request
In order to view and manage benefit information for a benefit recipient online, you must submit a request to link your account.
In order to link your account, you must already be an active Authorized Representative on the case.
In order to become an Authorized Representative, you must be 18 years of age and the benefit recipient must designate you to act on their behalf, in writing.
* Red asterisk indicates a required field

First Name Middle Name Last Name Suffix
Do you represent an Assisting or Community-Based Organization?* Yes No
Identity Validation
While the following information is not required to be an Authorized Representative, it may be required to verify your identity when applying for or managing a Medicaid case on behalf of another person.
Date of Birth (mm/dd/yyyy) Social Security Number (i.e. 123-45-6789)

Contact Information

Home Phone Number (999)999-9999 Mobile Phone Number (999)999-9999 Email Address (example@abc.com)
I would like to receive messages through (Note: You will still receive paper copies of all notices)
 Email
Spoken Language English
Mailing Address Line 1*
Mailing Address Line 2*
City* State* Ohio Zip Code (*****)*
Back Save and Continue

Home Ohio Benefits SELF-SERVICE PORTAL

Message 4 New Message(s)

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CHECK Medicaid, Food & Cash Eligibility
• What benefits could I receive?

APPLY Medicaid, Food & Cash Benefits
• Apply for assistance
• View application status
• View/upload my documents
• Withdraw my completed application

ACCESS Medicaid, Food & Cash Benefits
• Link My Case(s)
• View pending verifications
• View my benefits
• Renew my Benefits See more...

APPLY Child Care Benefits
• Apply for assistance

Home Ohio Benefits SELF-SERVICE PORTAL

Message

Your Mailbox
Click on the subject line to read a message.
To archive a message check the appropriate box near to the message and then click on Archive.
* Red asterisk indicates required

Inbox	From	Subject	Received
<input type="checkbox"/>	Automatic,Processor-2014	Benefits Determination Complete	Thu 10/04/2018 05:41 AM
<input type="checkbox"/>	Automatic,Processor-2014	Notice of Missed Interview	Thu 09/20/2018 05:09 AM
<input type="checkbox"/>	Automatic,Processor-2014	Customer Call-In Intake Appointment Letter	Sat 09/15/2018 02:46 AM
<input type="checkbox"/>	Automatic,Processor-2014	Text/Email Notification Preference	Wed 09/05/2018 02:43 PM
<input type="checkbox"/>	ACSSP Support - 99	Application Submitted Successfully	Wed 09/05/2018 02:43 PM
<input type="checkbox"/>	ACSSP Support - 99	Voter Registration Notice of Rights	Wed 09/05/2018 02:43 PM

Archive

TRN 02 Environment TRN02 Version : 3.0.2.B Build :