



Ohio Benefits Self Service Portal Assistor Toolkit

Step-By-Step Walk Through

There are two different processes that have to be completed in order for an individual to apply for Medicaid coverage:

Process 1

Completing the “Landing Page”

When visiting Benefits.Ohio.Gov, individuals are prompted to answer a series of questions that help determine if they are potentially eligible for Medicaid coverage. These questions also help decide the best place for an individual to apply for medical benefits.

Process 2

Completing the Medicaid Application

Once the “Landing Page” questions are answered, individuals are directed to create an account and to complete an application for Medicaid benefits. This application has the potential to go through the “No Touch” process, where eligibility is determined in near real time without caseworker intervention. If an eligibility determination cannot be made in near real time, the application is sent to the county Job and Family Services (JFS) office in the applicant’s county of residence to gather verifications and determine eligibility.

Note: The following images are for demonstration purposes only. Information can be better viewed directly on the Ohio Benefits Self Service Portal.

Walk Through of Completing the “Landing Page” – Screens 1 and 2

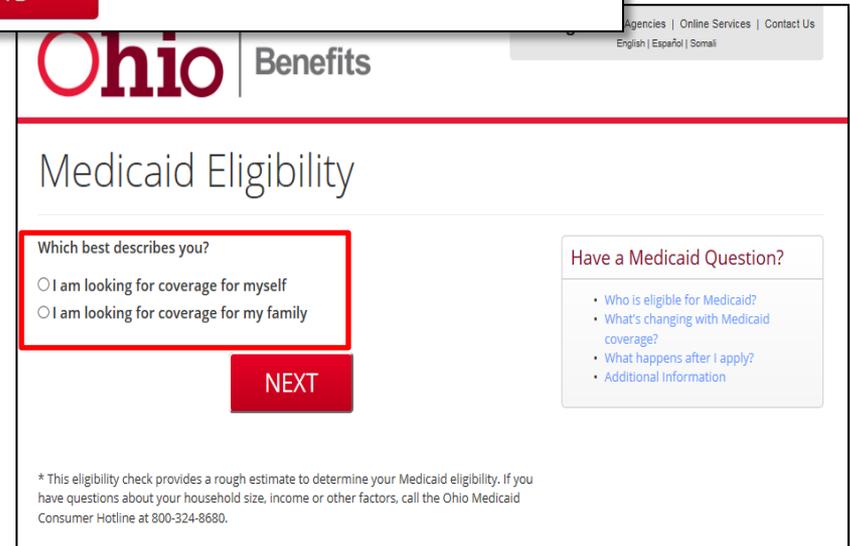
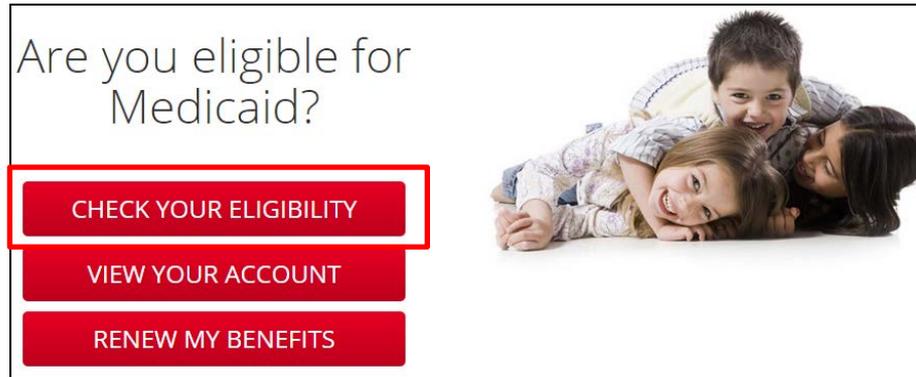
Below are the initial “Landing Page” screens.



Steps

1. Go to Benefits.Ohio.Gov and click “CHECK YOUR ELIGIBILITY” if the individual does not have an existing account.
2. Indicate if the individual is applying for coverage for himself/herself or his or her family.

Screenshot



Walk Through of Completing the “Landing Page” – Screens 3 and 4

Below are additional “Landing Page” screens.



- | Steps | Screenshot |
|--|---|
| <ol style="list-style-type: none">3. Enter the number of people who are in the applicant's household.4. Enter the monthly household income.5. Enter the applicant's zip code. <p>Helpful Hints</p> <ul style="list-style-type: none">• If the individual only provides a yearly income amount, divide the yearly amount by 12.• At this point, the yearly income can be an estimate. The individual must provide accurate income amounts on the Medicaid application.• After clicking Next a pop up window will appear from OhioMeansJobs.com, the state's premier job bank. | <p>Ohio Benefits</p> <h2>Medicaid Eligibility</h2> <p>First, tell us about your household.</p> <p>How many people are in your household? <input type="text" value="1"/> ?</p> <p><small>(Count everyone who is on the same tax return as you and all of your minor children who live with you.)</small></p> <p>Questions?</p> <p>If you have questions about your household size, income or other factors, call the Ohio Medicaid Consumer Hotline at 800-324-8680.</p> <p>NEXT</p> <p><small>* This eligibility check provides a rough estimate to determine your Medicaid eligibility.</small></p> |
| | <h2>Medicaid Eligibility</h2> <p>Next, tell us about your household income.</p> <p>Monthly Household Income: \$ <input type="text"/> USD ?</p> <p>Home Zip Code: <input type="text"/></p> <p>Upon clicking "Next," a separate window will appear featuring local employment opportunities available through the Ohio Means Jobs website. This window will remain open as you finalize your benefits application. You can always refine or broaden the job search criteria to meet your needs or interest. If the window does not open please check the Pop-up settings of your browser.</p> <p>NEXT</p> <p><small>* This eligibility check provides a rough estimate to determine your Medicaid eligibility.</small></p> |

Below is an additional “Landing Page” screen.



Steps

6. Answer the series of “Yes” or “No” questions on this page.

Helpful Hint

- If the individual responds “Yes” to the question, “Have you or your spouse ever served/are serving in the US military?“, they are directed to apply for veteran benefits. Answering “Yes” to this question has no bearing on the individual’s Medicaid eligibility or application, however some veterans are not aware of benefits for which they may be eligible. Depending on how the individual answers the following questions, this information is routed to veteran benefits, and someone from veteran services may contact him or her regarding possible services.

Screenshot

The screenshot shows the Ohio Benefits website header with the logo and navigation links. Below the header is a search bar. The main content area is titled "Medicaid Eligibility". A red box highlights a section titled "Do any of the following questions apply to you?" which contains a list of seven questions, each with "Yes" and "No" radio button options. Below the list is a red button labeled "FIND OUT NOW". To the right of the list is a "Questions?" box with contact information for the Medicaid Consumer Hotline. At the bottom of the screenshot, there is a small asterisked note: "* This eligibility check provides a rough estimate to determine your Medicaid eligibility."

Do any of the following questions apply to you?	
Are you pregnant?	<input type="radio"/> Yes <input type="radio"/> No
Are you age 18 or younger?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a disability or are you blind?	<input type="radio"/> Yes <input type="radio"/> No
Are you seeking Long Term Care or a waiver?	<input type="radio"/> Yes <input type="radio"/> No
Are you receiving Medicare or are you age 65 or older?	<input type="radio"/> Yes <input type="radio"/> No
Were you in foster care in Ohio at age 18 and are now 26 or younger?	<input type="radio"/> Yes <input type="radio"/> No
Have you or your spouse ever served/are serving in the U.S. military?	<input type="radio"/> Yes <input type="radio"/> No

The system uses the answers provided to the questions on the previous page to determine if the individual is potentially eligible for Medicaid. When the individual is found potentially eligible, the following message is displayed: **Based on your answers, you may be eligible for Ohio Medicaid.** Click “APPLY” to help the individual complete the full Medicaid application.

Ohio | Benefits

Ohio.gov State Agencies | Online Services | Contact Us
English | Español | Somali

Medicaid Eligibility

Based on your answers, you may be eligible for Ohio Medicaid.

[If you need help applying, view the tutorial.](#)

APPLY

Important Information Before You Apply

Not applying for coverage for yourself? You don't have to answer some questions.

The Ohio Benefits Medicaid application portal is still under development. Right now, it asks some questions that you may not have to answer if you are not applying for coverage for yourself.

Social Security Number (SSN)

Early in the application, you will be asked if you have an SSN. If you do, providing your SSN may speed up the eligibility decision process. Your SSN will be used to help verify your income, which will be used to determine eligibility of your family members, even if you are not applying for coverage for yourself.

You are not required to provide your SSN if you are not applying for coverage for yourself. If you prefer not to provide your SSN, please answer "no" to the question that asks whether you have an SSN.

Citizenship / Immigration Status

If you are not applying for coverage for yourself, you do not have to answer any questions about your citizenship or immigration status.

Other Questions about your health and history

If you are not applying for coverage for yourself, you do not need to answer questions about whether you:

- Owe medical bills from the last 3 months,
- Were ever in foster care, or
- Have lost health coverage from a job.

Helpful Hints

- If individuals are determined by the “Landing Page” as not potentially eligible for Medicaid, they can **still proceed** and fill out a full Medicaid application.
- Do not discourage anyone from applying for Medicaid.
- Keep in mind that this information is important to have when assisting an individual with completing a full Medicaid application.

Now that we have walked through how to complete the “Landing Page” screens, the individual can proceed with the Medicaid application.

The application includes three sections:

**Setting Up an
Account**

**Applying for
Benefits**

**Filling Out a
Medicaid
Application**

For each section, the toolkit provides step-by-step instructions for completing each application page and helpful hints and reminders to support accurate entry of application information.

How to Set Up an Account on the Ohio Benefits Self Service Portal

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Once you click “APPLY” the following page populates in a separate browser window.

The screenshot shows the Ohio Benefits Self-Service Portal. The top navigation bar includes the Ohio logo, 'Benefits', and links for 'Home', 'English', 'Español', and 'Somali'. The main content area is titled 'Medicaid Eligibility' and features a red 'APPLY' button. Below this, a blue-bordered box highlights the 'Information links' section, which contains a list of links: Office Location and Hours, Program Information, How To Use This Site, Help Desk/Contact Us, Terms and Conditions, Voter Registration, Frequently Asked Questions, and Forms. To the right, the 'ACCOUNT' section is visible, featuring a 'Log In' form with fields for 'User Name' and 'Password', and a 'Log In' button. Below the form, there are links for 'Click here if you forgot your username' and 'Click here if you forgot your password'. A red-bordered box highlights the text 'Don't have an account? Click here to create an username'.

The “Information Links” section of the page provides helpful information including county JFS offices information.

Select “Click here to create a username” if the individual does not already have an account.

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

All fields marked with an asterisk (*) are mandatory and must be completed. The more information you provide, the quicker the application can be processed.

The screenshot shows a web form titled "ACCOUNT" with a sub-section "Personal Information". At the top, there are three navigation tabs: "Personal Information" (selected), "Contact Information", and "Sign Up". Below the tabs, a note states: "The information provided in this section is only for managing your online profile." A red asterisk is used to denote required fields. The form includes the following fields: "First Name*" (text input), "Middle Name/Initial" (text input), "Last Name*" (text input), "Suffix" (dropdown menu), "Date of Birth (mm/dd/yyyy)" (text input with a calendar icon), and "Social Security Number (ie 123-45-6789)" (text input). The "Social Security Number" field is highlighted with a blue box. At the bottom right, there are two buttons: "Cancel" and "Save and Continue".

Helpful Hints

- Click "Save and Continue" after all available information is entered.
- Although it is not a required field, enter the individual's Social Security Number if available.
- Do not enter in a dummy Social Security Number if you do not know this information.

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

All fields marked with an asterisk (*) are mandatory and must be completed. The more information you provide, the quicker the application can be processed.

ACCOUNT

Contact Information

Personal Information | **Contact Information** | Sign Up

The information provided in this section is only for managing your online profile.

* Red asterisk indicates required

Home Phone Number (999)999-9999

Mobile Phone Number (999)999-9999

Email

Mailing Address Line 1 *

Mailing Address Line 2

Mailing City *

Mailing State *

Mailing Zip Code (#####) *

Is your home address the same as your mailing address?* Yes No

I would like to receive messages through

Text Message Personal Email

You will receive messages related to your application or ongoing case in the self-service portal message center.

Helpful Hints

- Click “Save and Continue” after all available information is entered.

- If the applicant answers “No” to the question, “Is your home address the same as your mailing address?” he or she is prompted to answer additional questions.

Is your home address the same as your mailing address?* Yes No

Do you have a home address?* Yes No

Do you spend most of your time at the mailing address?* Yes No

Where do you usually live and sleep? * Select a County

Your Home address will be set as the County Office address from the County location chosen above.

- If the applicant answers “No” to the following questions they will be asked to provide their County of residence. The County Office address will then serve as their Home address.

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

All fields marked with an asterisk (*) are mandatory and must be completed. The more information you provide, the quicker the application can be processed.

ACCOUNT

Sign Up

Personal Information → Contact Information → **Sign Up**

The username cannot contain special characters, such as, <>, #, |, &, ~, ?, (), {}, %, or *.
The password must be at least eight characters and contain at least three of the following four characteristics:
Upper Case, Lower Case, Numerals or Special characters.
The password cannot contain Username.
You will be automatically logged in upon successful sign up.

* Red asterisk indicates required

Username *

Password *

Confirm Password *

Select Security questions for which you know the answer. If you forget your password, you will be asked to answer these questions to recover your password.

First Security question *

Answer *

Second Security question *

Answer *

Before you submit your request, you must read and agree to the following [Terms and Conditions](#)

* I have read and agree to the Terms of Use and Conditions

Back Cancel Sign Up

Helpful Hints

- You will be asked to confirm your address(es) and select the County where your Home Address is located before you can continue to the Sign Up screen (shown here).
- Use only letters and numbers as a username.
- Passwords **MUST** be 8 characters long and **MUST** meet 3 of the 4 following criteria: an upper case letter, a lower case letter, a number and a special character.
- Suggest that the individual choose something easy to remember for his/her username and password.
- This checkbox to acknowledge “Terms and Conditions” must be checked to move forward in the application.

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Below is the confirmation page. This page confirms that an account has been successfully created. Click “Continue” to move forward. The applicant will next be asked to verify their identity before they can “Apply for Benefits”.

Information ACCOUNT

links

- Office Location and Hours
- Program Information
- How To Use This Site
- Help Desk/Contact Us
- Authorized Representatives**
- Terms and Conditions
- Voter Registration
- Frequently Asked Questions
- Forms
- Verify Your Identity**

Sign Up Success

Thank you for signing up.
You have successfully created your username and password.

Identity Verification: Verifying your identity electronically is not required in order to apply for any kind of assistance. However, verifying your identity may allow us to determine if you are eligible for medical assistance as you complete your application. Identity verification also allows you to complete the annual renewal process for Medicaid online.

If you want to verify your identity, you can begin the process by clicking 'Continue'. If you have a problem during the process, you can stop the identify verification process and move on to filling out an application by clicking the Home / Ohio Benefits icon in the upper left-hand corner of the page. If you do not want to attempt identity verification, you can immediately begin the application process. To do this, click the Home / Ohio Benefits icon in the upper left-hand corner of the page to start your application.

Continue

Authorized Representatives and Verify Your Identity appear in the Information links list.

Helpful Hint

Write the individual’s username and confirmation number on the “Take Home Sheet” included in the toolkit. Give this sheet to the individual at the conclusion of the application.
If the individual forgets their password when signing back into their account they will be asked to provide the answers to the security questions they chose when creating an account.

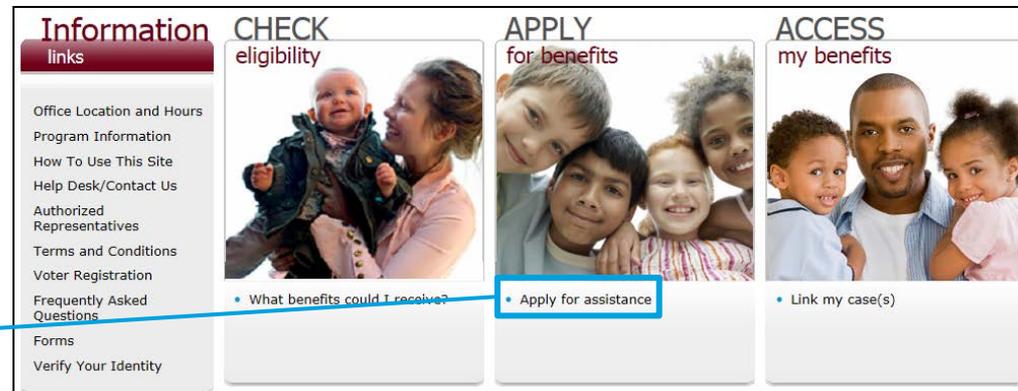
Step-By-Step Instructions Regarding Applying for Benefits

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Click “Apply for assistance” to indicate that the individual is applying for benefits.

A screenshot of the 'APPLY for benefits' form. The title 'APPLY for benefits' is at the top. Below it is the section 'Household Application Information'. A red box highlights the question: 'Is anyone in the household applying for Medicaid? *'. There are two radio button options: 'Yes, at least one person is applying for Medicaid' and 'No, the household would like to apply for a Subsidized or Unsubsidized Qualified Health Plan (QHP)'. Below the question, there is a link 'HERE' and a list of reasons for applying: 'Help paying for long term care services, waiver services, or', 'Medical assistance for someone age 65 or older, or', and 'Medical assistance for someone receiving Medicare'. At the bottom of the form are 'Back' and 'Continue' buttons.

Once the Household Application Information page appears, the applicant must choose if anyone in the household is applying for Medicaid.

APPLY for benefits

Let's get started

Here are some things to know before you start the application.

We will be asking you questions about you and the people who live in your home. Here are some things you may need to apply:

- Social Security numbers (or document numbers for any legal immigrants who need and are applying for medical coverage.)
We need this if you want health coverage and have an SSN. Providing your SSN can be helpful even if you don't want health coverage, because it may speed up the application process. We use Social Security Numbers to check income and other information to see who's eligible for health coverage costs.
- Birth dates
- Employer & income information for everyone in your family (it would be helpful to have paystubs or Forms W-2, Wage and Tax Statements)
- Policy numbers for any current medical coverage
- Information about any job-related medical coverage available to your family

We ask about income and other information to make sure you and your family get the most benefits possible. We'll keep all the information you provide private, as required by law.

If we are able to process your application electronically, you should receive information about your eligibility within 1 - 2 days. Otherwise, we will be in contact within the next 2 weeks to request more information.

If you get Medicaid after you turn 55 or while you are considered permanently institutionalized, after your death Medicaid will seek to be repaid from your estate for the cost of services and/or managed care premiums provided to you. (Ohio Medicaid Estate Recovery - ODM 07408)

*I agree to allow my information to be used and retrieved from data sources for this application. I have consent for all people I will list on the application that allows their information to be retrieved and used from data sources for this application.

Continue

Read through the entire screen before selecting the checkbox marked with a red asterisk and clicking "Continue".

APPLY for benefits

Instructions

As you go through the pages in this application, there are tabs at the top of each page to show the question topics. You are not required to answer all the questions, but it is best to answer as many questions as you can. The progress bar below the tabs tell you how close you are to completing the application.

* You'll see some questions with a star (*) next to them. You must answer these questions before you can go on to the next page. However, you can navigate to the "Submit Application" tab at any point to submit your application.

Check this box next to the item you want to select.

Check this button next to the item you want to select.

Save and Continue The Save and Continue button takes you to the next page.

Save and Exit The Save and Exit button takes you to the home page.

Continue The Continue button takes you to the next page.

Back The Back button takes you to the page before the one you are on now.

Edit The Edit button takes you to a person's information so you can make changes.

Link Text Text that is blue is a hyperlink. Clicking this text will direct you to another web page.

Submit Application The Submit Application button sends your application. When you click this button, the application is sent to the correct office location.

OK. Let's start the application.

Back

Continue

Helpful Hints

- Review the "Instructions" after the individual has agreed to the terms on the previous screen. These instructions are an explanation of the different features within the application.
- Click "Continue" to move forward.

Walk Through of Filling Out a Medicaid Application – Start Application

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

1. Mandatory fields are marked with a * (red asterisk).
2. Click “Save and Continue” to move on to the next screen.

Helpful Hints

- Applicants who opt to receive messages through text or email only receive messages regarding his or her account, not about their Medicaid application. All online communication about Medicaid applications can be accessed via the message center on the applicant’s account. Applicants access their account by signing into the portal using his or her username and password.
- If the applicant answers “No” to the question, “Is your home address the same as your mailing address?” he or she is prompted to provide a home address. Next the applicant must confirm their address.

Screenshot

The screenshot shows the 'APPLY for benefits' page. At the top, there is a progress bar with steps: Welcome, Start Application (highlighted), People, Job and School, Other Income, Expenses, Other, and Submit Application. Below the progress bar, it says 'Percent Complete: 25.0%'. A red asterisk indicates required fields. The form is divided into sections: Applicant's Information (First Name*, Middle Initial, Last Name*, Suffix, Maiden Name), Contact Information (Home Phone Number, Mobile Phone Number, Personal Email Address), Address Information (Mailing Address Line 1*, Mailing Address Line 2, Mailing City*, Mailing State*, Mailing Zip Code (####)*), and Program Information (Are you applying for benefits?*, What benefits are you applying for?*). A callout box highlights the 'Program Information' section.

Program Information

Are you applying for benefits? *

Yes No

What benefits are you applying for?*

Medical Coverage for yourself*

Do you owe medical bills from the last 3 months?
 Yes No

Walk Through of Filling Out a Medicaid Application – Start Application

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

3. Provide more detail about the applicant.

Helpful Hints

- If the applicant answers “Yes” to the question “Do you have a Social Security Number?”, a SSN must be entered.
- If the applicant’s primary language is not English, the county will provide a translator or interpreter at no cost if needed, upon request.

Screenshot

APPLY
for benefits

Tell us More

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 25.0%

Please give us additional information about yourself. If you cannot answer a question you can skip it.
* Red asterisk indicates required

Are you male or female?* Male Female

Date of Birth (mm/dd/yyyy)*

Do you have a Social Security Number?*
If you are not applying for medical coverage for yourself, your SSN is not required. However, providing your SSN may help speed up the application process. If you still do not wish to provide your SSN, select 'No' as a response.

Marital Status:

Do you have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) and/or need long term care or waiver services?
Are you blind? Yes No

Please give us additional information about yourself. If you cannot answer a question you can skip it.
* Red asterisk indicates required

Are you a resident of Ohio?* Yes No

What is your preferred language?

Are you a U.S. Citizen or National?* Yes No

What is your race? (Optional)

American Indian or Alaskan Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
 Unknown

Walk Through of Filling Out a Medicaid Application – Start Application

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

- Review the information previously entered. If any information is incorrect, correct it by clicking “Edit.”
- Click “Save and Continue” to move on to the next section, *People*.

Screenshot

APPLY
for benefits

Start Application Summary

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 25.0%

Show All | Hide All

Tell us More Hide Details

Are you male or female?* Female

Date of Birth (mm/dd/yyyy)* 04/30/1987

Do you have a Social Security Number?* No

If you are not applying for medical coverage for yourself, your SSN is not required. However, providing your SSN may help speed up the application process. If you still do not wish to provide your SSN, select 'No' as a response.

Please select a reason why you do not have an SSN:

Marital Status:

Do you have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) and/or need long term care or waiver services?

Are you blind?

Are you Pregnant?

Edit

Background Information Hide Details

Are you a resident of Ohio?* Yes

What is your preferred language? English

Are you a U.S Citizen or National?* Yes

What is your race? (Optional)

Edit

Save and Exit Save and Continue

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

1. Enter all other household members on this screen. You are prompted to answer the same questions that were asked during the *Start Application* phase for each household member added.

Helpful Hints

- The steps involved in the *People* phase are repeated for all individuals in the household.
- Click “Save and Continue” to move on to the next section, *Job and School*.

Screenshot

Walk Through of Filling Out a Medicaid Application – Job and School

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

1. If the applicant answers “Yes” to the question “Is anyone working, planning to work in the next two months or is self-employed?” additional questions about employment are displayed.

Helpful Hint

- The more information provided regarding employment, the easier it is for the county JFS office to process the application.

Screenshot

APPLY
for benefits

Job Information

Welcome Start Application People **Job and School** Other Income Expenses Other Submit Application

Percent Complete: 50.0%

Next we will ask you some questions about the people in your home that have a job, attend school or are in training.

Is anyone going to school, college or in training? Yes No

Is anyone working, planning to work in the next two months or is self-employed? Yes No

APPLY
for benefits

Job and Job History

Welcome Start Application People **Job and School** Other Income Expenses Other Submit Application

Percent Complete: 50.0%

You told us that there are people in your home who have been working, self-employed or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people by filling in the information below.

* Red asterisk indicates required

Select a person *

Work or Training Work Training

Start Date (mm/dd/yyyy)?

Employer Name

Job Title

Monthly Number of Hours

Pay period frequency

Tips or Commissions:

In the past 6 months, did this person: Change Jobs Stop working Start working fewer hours

Back Save and Continue

Walk Through of Filling Out a Medicaid Application – Job and School

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

2. Review the information previously entered. If any information is incorrect, correct it by clicking “Edit.”
3. Click “Save and Continue” to move on to the next section, *Other Income*.

Screenshot

The screenshot displays the 'APPLY for benefits' web application interface. At the top, a progress bar shows the current step is 'Job and School', with a 'Percent Complete' of 50.0%. Below the progress bar, there are sections for 'Job Information', 'School, College or Training', and 'Job and Job History'. Each section contains various input fields and buttons for editing or deleting information. The 'Job Information' section includes questions about school or training and employment. The 'School, College or Training' section includes a table for enrollment details. The 'Job and Job History' section includes a table for job entries with fields for work or training, start date, employer name, job title, and monthly hours. At the bottom of the page, there are 'Save and Exit' and 'Save and Continue' buttons.

Walk Through of Filling Out a Medicaid Application – Other Income

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

1. If the applicant answers “Yes” to the question “Is anyone getting or going to get money from any of these?” or “Will anyone in the household file a tax return next year?”, additional questions are displayed. The applicant will be asked “How much?” and “How often?” a person on the application is receiving money.

Helpful Hint

- The more information provided regarding how the individual(s) on the application file taxes and/or fit into the tax household, the easier it is for the county JFS office to process the application.

Screenshot

APPLY for benefits

Income Information

Welcome Start Application People Job and School **Other Income** Expenses Other Submit Application

Percent Complete: 62.0%

In the next few pages we will ask you about the people in your home who earn or get money.

Is anyone getting or going to get money from Social Security, Retirement Accounts or Pensions? This includes children. Yes No

Is anyone getting or going to get money from any of these? This includes children. Yes No

- Supplemental Security Income (SSI)
- Social Security Disability
- Social Security Retirement
- Social Security Survivors
- Railroad Disability
- Railroad Retirement
- Railroad Survivors
- Pensions
- Capital Gains
- Dividends/Interests
- Net Farming/Fishing
- Net Rental
- Royalties
- Alimony
- Unemployment

Does anyone in the household plan to file a tax return this year?
Will anyone in the household be claimed as a dependent on a tax return next year?
Is anyone's month to month income not steady?

APPLY for benefits

Tax information about the people in your home continued

Welcome Start Application People Job and School **Other Income** Expenses Other Submit Application

Percent Complete: 62.0%

We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below.
If you select a tax filing status of "Married - Filing Jointly", you will be asked to select the joint filer. If the joint filer is not in the dropdown return to the people pages and add the person to the application.

What filing status will be used on this tax return?*

Will this person be claimed as a dependent on someone else's tax return next year? Yes No

OTHER DEPENDENTS

Will this person claim one or more dependents not listed on this application? Yes No

Walk Through of Filling Out a Medicaid Application – Other Income

Setting Up an Account

Applying for Benefits

Filling Out a Medicaid Application

Start Application

People

Job and School

Other Income

Expenses

Other

Submit Application

Steps

2. Review the information previously entered. If any information is incorrect, correct it by clicking “Edit.”
3. Click “Save and Continue” to move on to the next section, *Expenses*.

Screenshot

The screenshot displays the 'APPLY for benefits' web application interface. At the top, there is a navigation bar with steps: Welcome, Start Application, People, Job and School, Other Income (highlighted), Expenses, Other, and Submit Application. Below the navigation bar, a progress indicator shows 'Percent Complete: 62.0%'. The main content area is titled 'Income Information' and contains several questions and a list of income sources. The questions are: 'Is anyone getting or going to get money from Social Security, Retirement Accounts or Pensions? This includes children.' (Answer: No), 'Is anyone getting or going to get money from any of these? This includes children.' (Answer: No), 'Does anyone in the household plan to file a tax return this year?' (Answer: Yes), 'Will anyone in the household be claimed as a dependent on a tax return next year?' (Answer: No), and 'Is anyone's month to month income not steady?' (Answer: No). The list of income sources includes: Supplemental Security Income (SSI), Social Security Disability, Social Security Retirement, Social Security Survivors, Railroad Disability, Railroad Retirement, Railroad Survivors, Pensions, Capital Gains, Dividends/Interests, Net Farming/Fishing, Net Rental, Royalties, Alimony, and Unemployment. There are 'Edit' buttons next to the 'No' answers and the 'Unemployment' item. At the bottom of the form, there are 'Save and Exit' and 'Save and Continue' buttons.

APPLY
for benefits

Income Summary

Welcome Start Application People Job and School **Other Income** Expenses Other Submit Application

Percent Complete: 62.0%

Income Information [Show All](#) | [Hide All](#)

Hide Details

Is anyone getting or going to get money from Social Security, Retirement Accounts or Pensions? This includes children. No

Is anyone getting or going to get money from any of these? This includes children. No

- Supplemental Security Income (SSI)
- Social Security Disability
- Social Security Retirement
- Social Security Survivors
- Railroad Disability
- Railroad Retirement
- Railroad Survivors
- Pensions
- Capital Gains
- Dividends/Interests
- Net Farming/Fishing
- Net Rental
- Royalties
- Alimony
- Unemployment

Does anyone in the household plan to file a tax return this year? Yes

Will anyone in the household be claimed as a dependent on a tax return next year? No

Is anyone's month to month income not steady? No

Tax information about the people in your home [Hide Details](#)

Hide Details

Does this person plan to file a tax return for the income earned in this year? No

[Show Details](#)

Walk Through of Filling Out a Medicaid Application – Expenses

Setting Up an Account

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Other

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Steps

1. If the applicant answers “Yes” to the questions “School Expenses (Tuition, Books or Transportation)?” or “Support Expenses (Child/Spousal)?”, additional questions are displayed. The applicant will be asked “How much?”, “How often?”, the “Start Date” and if the expense is “Court ordered”.

Helpful Hint

- The more information provided regarding expenses, the easier it is for the county JFS office to process the application.

Screenshot

APPLY for benefits

Expense Information

Welcome Start Application People Job and School Other Income **Expenses** Other Submit Application

Percent Complete: 75.0%

In the next few pages we will ask you about the people in your home who have expenses. Does anyone in your home pay for:

School Expenses (Tuition, Books or Transportation)? Yes No

Support Expenses (Child/Spousal)? Yes No

Save and Continue

APPLY for benefits

Support Expenses

Welcome Start Application People Job and School Other Income **Expenses** Other Submit Application

Percent Complete: 75.0%

You told us that there are people in your home who pay spousal support. Tell us more about these people by filling in the information for all fields for at least one type. * Red asterisk indicates required

Select a person *

Type:	How much?	How often?	Start Date (mm/dd/yyyy)?	Court Ordered?
Alimony (Spousal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Back Save and Continue

Walk Through of Filling Out a Medicaid Application – Expenses

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Other

Submit Application

Steps

2. Review the information previously entered. If any information is incorrect, correct it by clicking “Edit.”
3. Click “Save and Continue” to move on to the next section, *Other*.

Screenshot

APPLY
for benefits

Expenses Summary

Welcome Start Application People Job and School Other Income **Expenses** Other Submit Application

Percent Complete: 75.0%

Expense Information Show All | Hide All

<input type="checkbox"/>	School Expenses (Tuition, Books or Transportation)?	No
	Support Expenses (Child/Spousal)?	No

Edit

Save and Exit Save and Continue

Walk Through of Filling Out a Medicaid Application - Other

Setting Up an Account

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Other Income

Expenses

Other

Submit Application

Steps

1. Verify other people who are included on the application. If anyone is missing from the household, return to the *People* section and add the individual(s). If a single individual is applying, no names display on this page.
2. The applicant should answer questions to the best of his or her ability. In order for a correct determination to be made, he or she has to share information about any other insurance he or she receives.

Helpful Hint

- **Answer the question if anyone in the home has Medicare.** Applicants may forget this is a form of insurance and may not mention it.

Screenshot

APPLY for benefits

Household Relationships

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 87.0%

Listed below are all members of your household entered on the application. If any household member is missing, please return to the People Tab and add them. When all household members have been listed, please tell us each person's relationship to one another. This information is required to process your application.

"Parental control" means that an adult lives with and is responsible for a child under the age of 18. Another relative has parental control only if no parent or step-parent lives with the child.

Please check the 'Parental Control' box next to the relationship between a child and the adult with parental control of that child. No more than two (2) individuals may have parental control over the same child.

Household Member	Relationship*
	is the Select One

APPLY for benefits

Other Information

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 87.0%

In the next few pages we will ask you additional questions about the people in the home.

Does anyone have Medicare? Yes No

Is anyone incarcerated (detained or jailed)? Yes No

Do you want to name someone as your authorized representative? Yes No

Back Save and Continue

Percent Complete: 87.0%

In the next few pages we will ask you additional questions about the people in your home.

Is anyone currently getting benefits from another state? Yes No

Is anyone offered health coverage from a job? Yes No

Does anyone have another health insurance now, including Veterans, Medicaid or CHIP, COBRA, Private/Other, Retiree Health Plan? Yes No

Back Save and Continue

Setting Up an Account

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Submit Application

Steps

3. Review the information previously entered. If any information is incorrect, correct it by clicking “Edit.”
4. Click “Save and Continue” to move on to the next section, *Submit Application*.

Screenshot

APPLY
for benefits

Other Summary

Welcome Start Application People Job and School Other Income Expenses **Other** Submit Application

Percent Complete: 87.0%

Show All | Hide All

Other Information

<input checked="" type="checkbox"/>	Does anyone have Medicare?	No	Hide Details
	Is anyone incarcerated (detained or jailed)?	No	
	Do you want to name someone as your authorized representative?	No	Edit

Other Information Continued

<input checked="" type="checkbox"/>	Is anyone currently getting benefits from another state?	No	Hide Details
	Is anyone offered health coverage from a job?	No	
	Does anyone have another health insurance now, including Veterans, Medicaid or CHIP, COBRA, Private/Other, Retiree Health Plan?	No	Edit

Save and Exit Save and Continue

Walk Through of Filling Out a Medicaid Application – Submit Application

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Steps

1. If the applicant clicks “Yes” to the question “if you are not registered to vote where you live now, would you like to apply to register to vote?” additional text is displayed for the applicant to visit their local office if they would like help in filling out the voter registration application. The applicant can also access a Voter Registration and Information Update Form.
If the applicant answers “Yes” to “Did anyone help you complete this application?” additional text is displayed.

Helpful Hints

- If an individual from your organization assisted the applicant, enter information about the organization as well as about the individual assistor. If your organization provided a means for the application to be completed, like a computer, input information about the organization.

Screenshot

APPLY for benefits

Voter Registration and Assisting Organization or Person

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 100%

You are about to complete the application. Please answer a few questions.

If you are not registered to vote where you live now, would you like to apply to register to vote? Yes No

Did anyone help you complete this application? Yes No

Please tell us more information about who helped you complete the application

* Red asterisk indicates required

Organization Name* Organization Type

Name of Person Helping You

First Name* Last Name*

Phone Number Email

Address Line 1*

Address Line 2

City* State* Zip Code (#####)*

Back Save and Continue

Walk Through of Filling Out a Medicaid Application – Submit Application

Setting Up an Account

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Steps

2. Verify the county of residence to which the application should be forwarded if it cannot be automatically processed.
3. Scan and/or upload all documentation for any of the information provided throughout the application.

Helpful Hint

- Please reference the Ohio Benefits Self Service Portal Checklist for a list of documents that are useful to upload. Providing these documents helps ensure the application is processed as soon as possible.
- All uploaded documents must be in a .JPG, .TIFF, .doc, .docx, .xls, .xlsx or .PDF file format and be 1MB or smaller.

Screenshot

APPLY
for benefits

Office Selection

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 100%

Based on your county of residence, your application will be sent to the following county office:

FRANKLIN County
1720 NORTHLAND PARK AVE.
COLUMBUS OH 43229

Hours
[Mon, Tue, Wed, Thur, Fri] 7:30 am-5 pm, 8 am-5:30 pm, 8:30 am-6 pm, 9 am-6:30 pm, 9:30 am-7 pm

Back Save and Continue

- Citizenship
- Health Insurance Card (front and back)
- Marriage Certificate
- Child/Dependent Care Costs
- Proof of payments made for those not living with you, but claimed as a dependent for IRS purposes
- Identification: Driver license, Identification card, Passport
- Immigration Status: Certificate of Naturalization, USCIS Document
- Sponsored Non-citizen information: USCIS Document
- Residence: Mortgage or Lease Contract, Landlord Statement
- SSN: Social Security Card, Social Security Administration Documents
- Income (Earned, Unearned, Self-Employment): Check Stubs, Award Letters, Employer Statement, Tax Records
- Property/Assets: Current Bank Statements
- Disability: Disability Award Letter
- Utility Expenses: Water, Electricity, Telephone bills
- Medical Expenses: Doctor, Hospital, Prescription bills including past/retroactive medical bills
- Child Support Obligations and Payments: Court Order, Check Stubs, Payment history from local Child Support Agency
- Pregnancy: Physician's Statement to verify more than one fetus
- School Grants or Loans: Financial Aid Documents, Award Letter from Government Program or Agency

If you have copies of these documents available now, please electronically attach them to your application. To do this, click on the Browse button below. The more complete your application is when you submit it, the faster a worker will be able to process it.

The following document type extensions may be uploaded: .JPG, .TIFF, .doc, .docx, .xls, .xlsx or .PDF.

Combined File Size Limit is 1MB.

Document Type | Select one Browse...

Back Save and Continue

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Walk Through of Filling Out a Medicaid Application – Submit Application

Setting Up an Account

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Submit Application

Steps

4. Read through the certifications.
5. By clicking the checkbox under the statement “Check to Sign” and typing his or her name under “Name,” an applicant is authorizing the application to be submitted and is giving the county permission to ping the federal hub to verify citizenship and tax information for all individuals on the application.
6. By clicking “Submit Application”, an eligibility determination is made on the application, either automatically or by the county JFS office.

Screenshot

APPLY
for benefits

E-Signature

Welcome Start Application People Job and School Other Income Expenses Other Submit Application

Percent Complete: 100%

Read all the information below very carefully. When you are done, check the checkbox on the bottom to indicate that you agree that all the information that you provided in the application is accurate. You can still change information on your application now; however, once you click 'Submit Application' button below this will submit your application and you won't be able to make any further changes.

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.

Note: Please fill all the mandatory(*) fields before submitting the application.

Certification

- I understand the questions on this form.
- I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and unemployment agencies, etc. and for cash aid and food stamps, records will be matched with law enforcement agencies for arrest warrants.
- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
- I understand that the information the county gets from USCIS and/or Social Security may affect my eligibility for benefits.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my benefits may be denied or stopped.
- I understand that I must apply for and keep any available health coverage if no cost is involved; if I do not my Medicaid will be denied or stopped.
- I understand that if I have opted to have an Authorized Representative, I am authorizing this person to act as my representative for the programs named by me in the application. **While this authorization is in effect, all notices sent by the County Department of Job & Family Services, the Ohio Department of Job & Family Services, or the Ohio Department of Medicaid, as appropriate, will also be sent to my Authorized Representative.**

Do you want this information to be verified in the future and used to automatically renew your eligibility?
Yes - Please attempt to renew my eligibility automatically for the time period indicated below:
 5 years 4 years 3 years 2 years 1 year
 No - Don't use my information from tax returns to renew my coverage

* 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 Application

Walk Through of Filling Out a Medicaid Application – Submit Application

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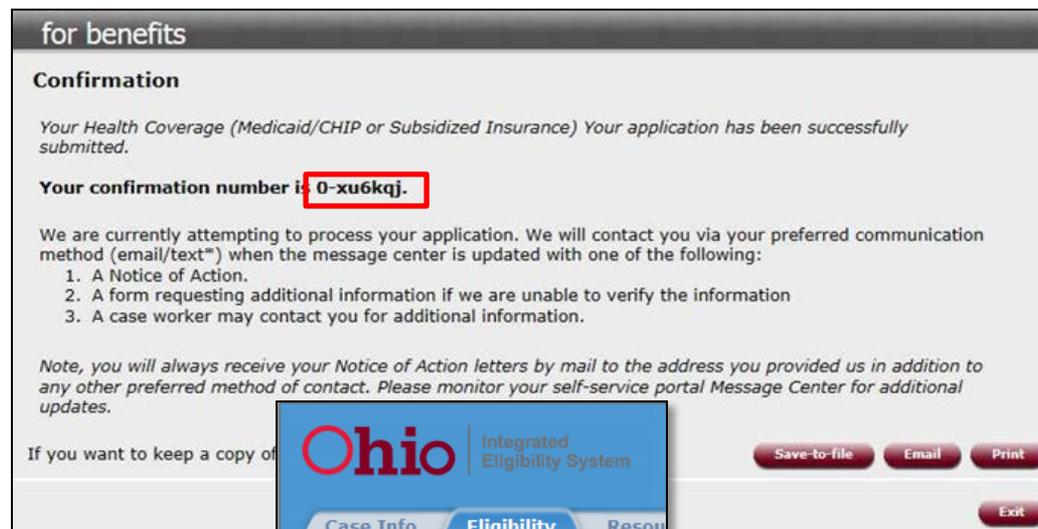
Steps

1. Upon submission, applicants receive a confirmation number. This number can be used to look up the applicant's application at his or her county JFS office.

Helpful Hints

- If you and/or the applicant call to check the status of the application and the county informs you that the application is not in their system, please do the following:
 - Confirm you are contacting the county JFS office that the application was submitted to.
- Ask the county JFS office to search for the case by entering it as a "Request ID" within the system.

Screenshot



Steps

If you or your organization have the permission of an applicant to act as his or her Authorized Representative you must complete the Authorized Representative Request form. This information can be accessed through the Information links section on the left side of the screen.

Helpful Hint

- If an applicant is selecting an Assisting or Community-Based Organization as their Authorized Representative he or she can input the name of the organization on the Authorized Representative Request screen and “N/A” into the First Name and Last Name fields on the Case Information Screen.
- A job aid to assist individuals in completing an Authorized Representative Report can be found on the Ohio Benefits Project Website at: http://ohiobenefitsprojectwebsite.org/wp-content/uploads/2014/11/JobAid_Authorized_Rep_v1.pdf

Screenshot

Information links

- Office Location and Hours
- Program Information
- How To Use This Site
- Help Desk/Contact Us
- Authorized Representatives**
- Terms and Conditions
- Voter Registration
- Frequently Asked Questions
- Forms
- Verify Your Identity

Authorized Representative Request

In order to view and manage benefit information for a benefit recipient you must be approved as an Authorized Representative.

An Authorized Representative may include a Legal Guardian, a Foster Parent or be associated with a Community-Based Organization that is approved to act on behalf of a benefit recipient.

Complete the request information and click the "Save and Continue" button.

Documents to support a request to be an Authorized Representative may be required. Those documents can be submitted with an Authorized Representative request.

*Red asterisk indicates a required field

First Name	Middle Name	Last Name	Suffix
AMY		GRAHAM	

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 (ie 123-45-6789)

Contact Information

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

I would like to receive messages through Text Message Personal Email

Primary Language *
Select One

Mailing Address Line 1 *

Mailing Address Line 2

City * State * Ohio Zip Code (#####) *

Case Information

Provide details for the household and the benefit program(s) that you will represent

*Red asterisk indicates a required field

Case Number* Benefit Program(s)* Medicaid Only Relationship to Primary Applicant* Select One

Benefit Recipient Information

First Name* Middle Name Last Name* Suffix Select One

Gender* Male Female Date of Birth(mm/dd/yyyy)* Social Security Number (ie 123-45-6789)

Does this person have a home address?* Yes No

Do you wish to upload documents to verify your right to be an Authorized Representative? Yes No

Back Save and Continue