



# Self Service Portal (SSP) 'How – To' Guide

# Create an Account

**1**

Personal Information
Contact Information
Sign Up

### Personal Information

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

\* Red asterisk indicates required

First Name\*

Middle Name/Initial

Last Name\*

Suffix

Date of Birth (mm/dd/yyyy)

Social Security Number (123-45-6789) Providing your SSN may help speed up the application process

Are you a certified application counselor, navigator, agent, qualified entity, or broker filling out applications for somebody other than yourself?  Yes  No

The following link provides more detailed information about your rights and responsibilities for the programs: [Program Enrollment & Benefit Information - JFS 07501](#).

Cancel
Save and Continue

**2**

Personal Information
Contact Information
Sign Up

### Contact Information

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

Optional Email (example@abc.com)

Email can be used to reset a forgotten password.

If you do not have an email account and would like to create one, the links below will help get you started.

Outlook    Gmail    Yahoo

Mailing Address Line 1\*

Mailing Address Line 2

Mailing City\*

Mailing State\*

Mailing Zip Code (99999)\*

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

I would like to receive notification of messages through

Text Message     Personal Email

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

Cancel
Back
Save and Continue

**3**

Personal Information
Contact Information
Sign Up

### Sign Up

- The username cannot contain special characters, such as, <>, #, !, @, ~, ? , (, ), %, or \*.
- The password must be at least eight (8) characters and contain at least one (1) character of each of the following four (4) characteristics:
  - Upper Case (A-Z)
  - Lower Case (a-z)
  - Numerals (0-9)
  - Special characters (for example: !, \$, #, or %)
- Special characters can be created by holding down the shift key plus the number key that shows your special character at the same time.
- The password cannot contain the Username.

When changing your password:

- The password cannot be one of previous twenty-four (24) passwords.
- The password cannot be changed more than one time per day.

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

- [Navigate to the Self-Service Portal](#)
  - **Click ‘Sign Up’** in the top right-hand corner
1. **Fill** out your Personal Information, then **Click ‘Save and Continue’**
  2. **Fill** in your Contact Information, then **Click ‘Save and Continue’**
  3. **Create** a Username and Password, choose your Security Questions and Answers, agree to the terms, then click **‘Sign Up’**

# Password Reset

SSP is now equipped with an online tool to reset user passwords if they have forgotten their login information and does not require a call to the help desk.

1

## Log In

*Error! the Username or password is incorrect.*

User Name

Password

**Log In**

[Click here if you forgot your password](#)

[Click here if you forgot your username](#)

[Don't have an account?](#)

[Click here to create a username](#)

2

## Forgot Password

Fill in the below details to reset your password.

*\* Red asterisk indicates required*

Username\*

Back

Continue

- [Navigate to the Self- Service Portal](#)

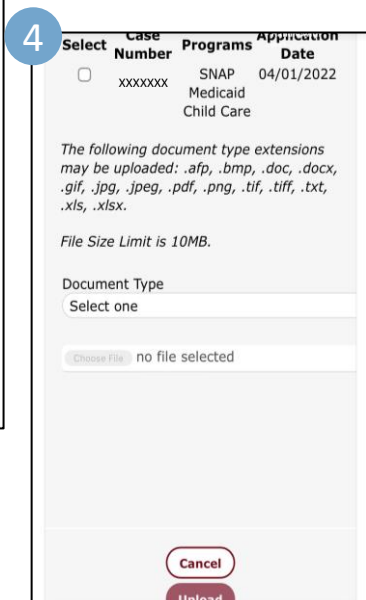
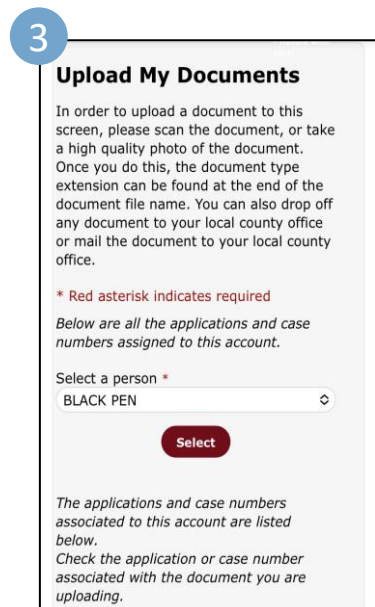
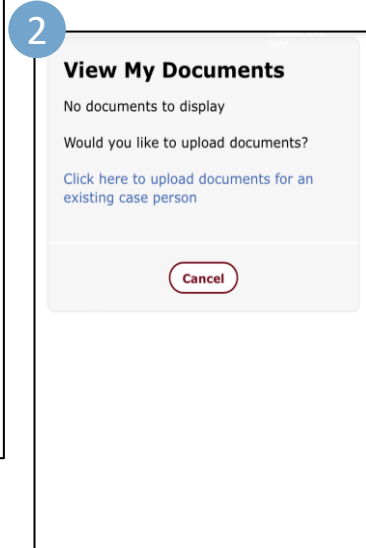
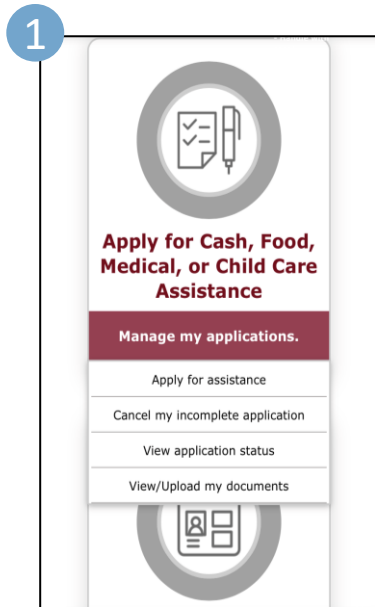
- **Click** 'Log In' in the top right-hand corner

1. **Click** the 'Click here if you forgot your password' link

2. **Fill** in the required details to begin password reset process

# Upload Documents

SSP now offers the ability to upload and view verification documents on a mobile device.



- [Navigate to the Self- Service Portal](#)
  - **Click ‘Log In’** in the top right hand corner and Log In to your account
  - **Navigate to the ‘Manage my applications’ Tile**
1. **Select ‘View/Upload My Documents’**
  2. **Select ‘Click here to upload documents for an existing case person’**
  3. **Select the appropriate case persons under ‘Select a person’**
  4. **Select the appropriate case number associated with that person and choose the document to upload**

# Apply for Assistance

SSP now offers the ability to apply for benefit assistance.

**1**

**2**

### Application and Benefits Information

You may view the statuses of submitted applications and current benefits below. Click the "Apply for Assistance" button at the bottom of the screen to skip this step.

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

Submitted Date Range: ALL

Date	Program	App #
No Applications in this time period.		

**View Benefits Status And Details**

Case Number/Applicant	Programs	Application Date	Submission Date
No data found			

Click the "Apply for Assistance" button at the bottom of the screen to continue with your application.

**3**

### Household Application Information

Please tell us more about what the household is applying for.

\* Red asterisk indicates required

Is anyone in the household applying for Medicaid, SNAP (formerly known as food assistance or food stamps), Cash Assistance, or Child Care? \*

Yes, at least one person is applying for Medicaid, SNAP, Cash Assistance, or Child Care

No, the household would like to apply for a Subsidized or Unsubsidized Qualified Health Plan (QHP)

**4**

### Let's get started

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

**If you are applying for health care:**  
To find out if you are eligible for health care coverage, we will be asking you a series of questions. These questions may be about you, the people who live in your home, and anyone else on your tax return (if you file taxes). We will ask for:

- Social Security Number (or document numbers for any legal immigrants who need and are applying for medical coverage). It is strongly encouraged that you provide your accurate Social Security Number. 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 date
- Employer's income information (it would be helpful to have pay stubs or forms such as W-2, Wages and Tax Statements)
- Policy numbers for any current medical coverage and
- Information about any available job-related medical coverage.

As required by law, any information you provide will remain private.

If we are able to electronically verify the information you give us, we may be able to tell you whether or not you are eligible for Medicaid at the end of this application. Once we have determined your eligibility, you will receive a notice.

If you appear to be eligible for subsidized health coverage through the federal Marketplace, we will forward your information to the federal government electronically.

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 - COM 07/18/18](#))

**If you are applying for SNAP or Cash Assistance:**  
To find out if you are eligible for assistance, we will be asking you a series of questions. These questions may be about you and the people who live in your home. We will ask for:

- Social Security Numbers (or document numbers for any legal immigrants who need and are applying for assistance).

**5**

### Are you applying for Child Care

To find out if you are eligible for assistance, we will be asking a series of questions about you and the people who live in your home. We will ask for:

- Names, birth dates and Social Security Numbers (optional) of all household members.
- The name, address and telephone number of each household member's place of employment, school or vocational training site.
- Income information for each household member who is employed, including rates of pay and how often paid.
- Information about other household income such as social security benefits, workers compensation or child support.
- Information about child support paid for children outside of the home; and
- The name and address of a chosen child care provider for each child in need of care.

Household members may be required to provide financial information, even if they are not seeking benefits. All financial information will be held private as required by law.

Citizenship and immigration status must be provided for each child in need of care. This information is not required for other household members.

You have the right to have another person apply for benefits for you. This person is called an authorized representative. You will have a chance to appoint an authorized representative later in this application.

You are encouraged to answer as many questions on the application as you can. At a minimum, you must provide your name, address and signature. You may submit your application at any time by clicking "Submit Application" at the top of the screen.

Eligibility for publicly funded child care is based upon the date we receive your signed and dated application. Your eligibility will be determined within 30 days from the date your signed and dated application is received. If you are eligible for benefits, child care may begin on the date we received your signed and dated application.

A county agency will mail you a verification checklist if more information is needed to determine your eligibility. If you do not provide the needed information within 30 days from the date your application was received, it may be denied and you will have to reapply.

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

Note: If you do not finish and submit your application within 30 days, you will need to start over.

**6**

### 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.
- The Save and Continue button takes you to the next page.
- The Save and Exit button takes you to the home page.
- The Continue button takes you to the next page.
- The Back button takes you to the page before the one you are on now.
- 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.
- The Submit Application button sends your application. When you click this button, the application is sent to the correct office location.

- [Navigate to the Self-Service Portal and Log In](#)
  - **Navigate to the 'Manage my applications' Tile**
- 1. Select 'Apply for Assistance'**
  - 2. Select 'Apply for Assistance' (If no pending applications) in the lower right-hand corner**
  - 3. Review and Select your appropriate response for the 'Household Application Information'**
- If continuing -
- 4. Review the application information and Complete the application agreement statement, then Select Continue**
  - 5. Navigate through the application instructions and pages until complete.**

# Report Changes

Users can now easily report a change and manage benefits through the SSP portal (description is for changing a provider).

**1**

Access my Cash, Food, Medical, or Child Care Assistance

Access my benefits.

- Link My Case(s)
- View pending verifications
- View my benefits
- Renew my Benefits
- Unlink my case(s)
- Unlink Authorized Representative
- Report a change to my case

**2**

Select a case to view and request a change in child care provider

Click the radio button against the case you wish to view and request a child care provider change for.

\* Red asterisk indicates required

Case Number/  
Programs \*

Applicant

Application Date

Submission Date

XXXXXXX

SNAP, Medicaid, Child Care  
BLACK PEN  
04/01/2022  
04/06/2022

Cancel and Exit

Save and Continue

- [Navigate to the Self- Service Portal and Log In](#)

- **Navigate to the 'Manage my applications' Tile**

- 1. Select 'Request a Change in Child Care Provider'**

- 2. Select the appropriate case number and click 'Save and Continue'**

- 3. Click 'Add Another Entry'**

- 4. Fill out the 'Child Care Provider' information**

- 5. Click 'Save and Continue'**

*Within the 'Manage my applications' Tile, users can select "Report a change to my case" to follow the prompts and easily report:*

- *Change in Income*
- *Change in Household*
- *Change in Contact Information*
- *Change in Expenses*
- *Change in Authorized Representative*
- *Change in Provider*
- *Other Changes*

**3**

View & Request a Change in Child Care Provider

Changes to your child's provider should be reported before switching to a new provider; but may be reported the same week. Provider changes cannot be updated for past weeks. Change the provider information by clicking the "Edit" button.

You may choose one provider for each child within a service week. Only families who meet certain requirements are eligible for a second provider. Please contact your county agency to see if you meet these requirements.

If you need care for a child not listed, more verifications may be needed. Use [Report a change to my case](#) to add a child or submit additional information about an existing child.

Click "Save and Continue" to submit provider changes.

Maximum Family Authorization Category

Maximum Family Authorization Category

Authorizations are based on the number of weekly hours that caretakers are engaged in work, school, or training activities. Families are able to use child care services up to the maximum amount in their authorization category.

Full Time (25 to 60 hours)

Child Care Providers - Edited

Child Care Providers - Added

Add Another Entry

Save and Exit

Save and Continue

**4**

Child Care Providers - Added

Select your child's name from the multi-select field drop down menu and enter the new child care provider's information in the fields below. Select the number of hours the child will attend this provider in the "Authorization Category" field. The authorization category cannot be higher than the "Maximum Family Authorization Category" found on the "Family" section on the "View & Request a Change in Child Care Provider" screen. Enter the date your child will begin attending the new provider in the "Begin Date" field.

\* Red asterisk indicates required

Select child(ren) \*

BLUE PEN

Provider Name

Provider Number

Address Line 1

Save and Exit

Save and Continue

**5**

Child Care Providers - Added

Select your child's name from the multi-select field drop down menu and enter the new child care provider's information in the fields below. Select the number of hours the child will attend this provider in the "Authorization Category" field. The authorization category cannot be higher than the "Maximum Family Authorization Category" found on the "Family" section on the "View & Request a Change in Child Care Provider" screen. Enter the date your child will begin attending the new provider in the "Begin Date" field.

\* Red asterisk indicates required

Select child(ren) \*

BLUE PEN

Provider Name

Provider Number


Save and Exit

Save and Continue



# Eligibility Self-Assessment

The Interactive Eligibility Tool allows users to walk through a self assessment to see if they may be eligible for Cash, Food, or Medical assistance. The assessment is not an application, but once completed, links to the application page.



**Check eligibility for Cash, Food, or Medical Assistance**

**1** **Welcome!**

Welcome to the Self Assessment. The tool is a quick and easy way for you to find out if your household might be able to get:

- Low or no cost health care
- Help paying Medicare premiums
- SNAP (formerly known as food assistance or food stamps)
- Cash Assistance

*Your answers to a few short questions will let you know if your household might be eligible for benefits. Complete the questions based on your household's conditions now. Estimates are allowed, but they need to be as correct as possible.*

*If you, or anyone in your household, has a need for or interest in long-term services and supports, please click [here](#).*

*After finishing the Assessment, you can review your answers and change them if necessary. The self-assessment can only tell you that your household may qualify for benefits and services; it is not a promise that you will receive them. In order for us to determine whether you are actually eligible for benefits and services, there are other steps that must be taken. You must submit an application for us to determine whether you qualify for benefits and services.*

[Begin Assessment](#)

**2** **Financial Information**

\* Red asterisk indicates required

How many adults are in your household? \*

Is anyone age 60 or older? \*  Yes  No

How many children are in your household? \*

How much total money (before taxes) did all of the people in your household get last month? \*

How much cash does the household have on hand? Include cash, money in checking accounts and saving accounts, etc.\*

How much does the household pay for medical expenses monthly? \*

Are any household members United States Citizens? \*  Yes  No

If not, does anyone who is not a US Citizen have legal documentation? \*  Yes  No

Does anyone have a disability? \*  Yes  No

Is anyone pregnant? \*  Yes  No

Is anyone in the household enrolled in Medicare? \*  Yes  No

[Back](#) [Continue](#)

**3** **Your Results**

Thank you. We looked at what you told us and screened your household for:

- Low or no cost health care
- Help paying Medicare premiums
- SNAP
- Cash Assistance

This is not an application for assistance; however, based on the answers you gave, it appears one or more people in the household may qualify for the benefits shown below. If you want to submit an application for a full eligibility determination, please click the 'Apply' button and proceed to complete an application.

- Low or no cost health care assistance

[Start Over](#) [Go Home](#) [Apply](#) [Review](#)

- [Navigate to the Self- Service Portal Home Page](#)
  - **Click** the 'Check eligibility for Cash, Food, or Medical Assistance – What benefits could I receive?' tile.
  - You will be directed to the 'Welcome!' page that will explain the Eligibility Self Assessment process
1. **Click 'Begin Assessment'**
  2. **Fill out your financial information and answer the questions**
  3. **Click 'Continue'**  
You will arrive to the 'Your Results' page that will notify you of the benefits you qualify for