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

Ohio | **Benefits**

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https://ssp.benefits.ohio.gov

Create an Account

- **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 and agree to the terms before clicking '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

User Name

Password

Log In
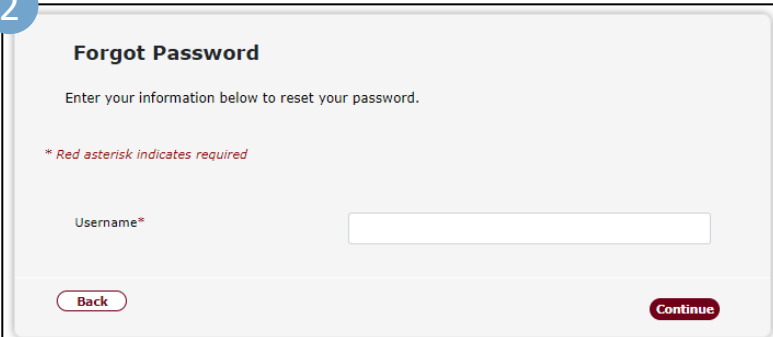
Click here if you forgot your password

Click here if you forgot your username

Don't have an account?
Click here to create a username

- **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

2

Forgot Password

Enter your information below to reset your password.

* Red asterisk indicates required

Username*

Back   **Continue**

Upload Documents

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

1

Apply For Cash, Food, Medical, Or Child Care Assistance

Manage My Applications.

Apply for assistance

View application status

View/Upload my documents

Withdraw my completed application

2

View My Documents

Click on the File Name below to view the document.

Associated Person Jane Smith
Case Number 8151664
Application Number N/A
AuthorizedRepresentativeRequestForm SSP Video How to Upload Your Documents_Script.docx
Date 01/11/2023

Would you like to upload documents?

Click here to upload documents for an existing case person

Click here to upload documents to an e-Application

Cancel

3

Upload My Documents

In order to upload a document to this screen, please scan the document, or take a high quality photo of the document. Once you do this, the document type extension can be found at the end of the document file name. You can also drop off any document to your local county office or mail the document to your local county office.

* Red asterisk indicates required

Below are all the applications and case numbers assigned to this account.

Select a Person *
Jane Smith   Select

Cancel   Upload

4

Upload My Documents

In order to upload a document to this screen, please scan the document, or take a high quality photo of the document. Once you do this, the document type extension can be found at the end of the document file name. You can also drop off any document to your local county office or mail the document to your local county office.

* Red asterisk indicates required

Below are all the applications and case numbers assigned to this account.

Select a Person *
Jane Smith   Select

The applications and case numbers associated to this account are listed below.
Check the application or case number associated with the document you are uploading.

Select	Case Number	Programs	Application Date
☑	8151664	Child Care SNAP Cash Assistance	01/09/2023

The following document type extensions may be uploaded: .afp, .bmp, .doc, .docx, .gif, .jpg, .jpeg, .pdf, .png, .tif, .tiff, .txt

File Size Limit is 10MB.

Document Type   Select one   Choose File No file chosen

Cancel   Upload

- **Navigate** to the Self-Service Portal

- **Click** 'Log In' in the top right-hand corner and login 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 persons and choose the document to upload.

Apply for Assistance

SSP now offers the ability to apply for benefit assistance.

1

Apply For Cash, Food, Medical, Or Child Care Assistance

Manage My Applications.
Apply for assistance
View application status
View/Upload my documents
Withdraw my completed application

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   [Search]

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.

[Back]   [Apply for assistance]

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)

[Back]   [Continue]

4

Before You Start...

Welcome, Jane! In this application, we may ask questions about everyone applying for benefits and other household members. Be ready to provide information such as:

- Social Security numbers
- Birth dates
- Citizenship or immigration status

- Money from jobs and other sources
- Costs you pay for rent, mortgage, and other bills
- Value of cars, property, and bank accounts

● ● ● ＞

[Back]   [Continue]

5

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.

- **Navigate** to the Self- Service Portal and login

- **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 agreeance statement. **Select Continue**

5. **Navigate** through the application instructions and pages until complete.

Link Your SSP Account

1

Access My Cash, Food, Medical, Or Child Care Assistance

Access My Benefits.
Link My Case(s)
Report a change to my case
View pending verifications
View my benefits
Renew my Benefits
Unlink my case(s)

2

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 — Earnest
Middle Name
Last Name — Marks
Suffix

Date of Birth (mm/dd/yyyy) — 08/19/1988
Social Security Number (ie 123-45-6789)

Note: To change or modify the above details go to My Account section.

Contact Details

Home Phone Number (999)999-9999
(161)475-2041
Mobile Phone Number (999)999-9999
Personal Email Address (example@abc.com)
John.Culver@jfs.ohio.gov

Note: To change or modify the above details go to My Account section.

Case Details

Case Number* — 8155557
First Name* — Earnest
Last Name* — Marks

Date of Birth (mm/dd/yyyy)* — 08/19/1988

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. By checking this box and entering my name, I am agreeing to all statements listed above.

☑ Check to Sign*

Name* — Earnest Marks
Description — Applicant

Cancel and Exit   Submit Request

3

Link My Case(s) Confirmation

Thank you for your request. You will receive a notification in the Message Center when your request has been processed.

002ksyu3 is your Request ID.

If you want to keep a copy of your request, you can:

Save-to-file   Print

Exit

4

Message Center

Inbox   Sent Items   Archive Folder

From: ACSSP Support- -99

Received: Tue 01/24/2023 02:26 PM

Subject: Link Request Submitted Successfully

Message:
Thank you for submitting your Link My Case Request. Your request has been submitted successfully.

Attached is a copy of the confirmation message. You can view or save a copy of the confirmation for further reference. Once approved, the case associated details will be available. Someone from our office will contact you for further steps.

If you have questions or require further information, please write a new email to the Customer Service Center.

This is an auto generated email. Do not reply.

Regards,

Ohio Benefits Self Service Portal

Attachments You can download the attachment by clicking on the Download button below. Once downloaded, please ensure it is opened using Adobe. If you do not have Adobe installed on your system, you can get it from Adobe website.

Link_Case_Request_002ksyu3.pdf   Download

- **Navigate** to the Self-Service Portal

- **Navigate to** the 'Access My Benefits' Tile

1. **Select** 'Link My Cases'

2. **Fill** out your information and then click 'Submit Request'

3. **View** your Request ID from the confirmation. *Review your options to print or save your confirmation*

- Your request will be forwarded to the appropriate county agency for processing

4. **Navigate** to your Message Center Inbox where you will receive a 'Link Request Submitted Successfully' message

Report Changes

Users can now easily report a change and manage benefits through the SSP portal (description is for reporting a change in income of a current job).

1

Access My Cash, Food, Medical, Or Child Care Assistance

Access My Benefits.

Link My Case(s)

Report a change to my case

View pending verifications

View my benefits

Renew my Benefits

Unlink my case(s)

Request a Change in Child Care Provider

2

Report a Change

Select a change that applies to you or anyone in your household. Hover over the Information icons for more details. You may return to this page later to make additional changes.

- ● Change in income ❓
- ○ Change in household ❓
- ○ Change in contact information ❓
- ○ Change in expenses ❓
- ○ Change to an Authorized Representative ❓
- ○ Other changes ❓

Cancel   Save and Continue

3

Income Changes

The following are people listed in your household. Select the people who have changes to their income.

- ☐ Daughter Applicant
- ☑ Jane Smith
- ☐ Son Applicant

Back

4

Detailed Income Changes

Select the type of income change(s) for

Jane Smith

- ☑ Change a current job ❓
- ☐ Add a new job
- ☐ Add another income source ❓

Back   Save and Continue

5

Job and Job History Summary

Here are the changes you made. You can edit or delete the information if you need to.

Jane Smith

Job and Job History

Work or Training
Work

Start Date (mm/dd/yyyy)?
01/01/2021

Is this job self-employment?
No

Employer Name
WENDY'S OLD FASHION HAMBURGERS

Number of Hours Worked per week
40.0

Does the schedule vary by week?
Yes

Edit Delete

- • **Navigate** to the Self-Service Portal and login

- • **Navigate to** the 'Access my Benefits' Tile

1. **Select** 'Report a change to my case'

2. **Select** the appropriate change that applies and hit 'Save and Continue'

3. **Choose** the individual the income change applies to and hit 'Save and Continue'

4. **Select** the type of income change and hit 'Save and Continue'

5. **Review** the Job and Job History Summary to make any necessary changes by clicking 'Edit'

Report Changes

Users can now easily report a change and manage benefits through the SSP portal (description is for reporting a change in income of a current job).

6

Job and Job History

You told us that at least one person in your home is working, self-employed, or will receive earned income in the next 30 days or left a job in the last 90 days. Please enter that information below.
* Red asterisk indicates required

Jane Smith

Work or Training	⦿ Work ○ Training
Start Date (mm/dd/yyyy)?	01/01/2021
Is this job current?	○ Yes ○ No
Is this job self-employment?	○ Yes ⦿ No
Employer Name	WENDY'S OLD FASHION H
Job title	
Number of Hours Worked per week	40.0
Pay period frequency	Select One ⌄
Gross Income (before taxes) per pay period	
Tips or Commissions (if not included in this person's gross pay)	
Rate of Pay	
Date of most recent pay (mm/dd/yyyy)?	
Is there a garnishment on this income?	○ Yes ○ No
Is there a second garnishment to report?	○ Yes ○ No
Workplace Address Line 1	
Workplace Address Line 2	
Workplace City	
Workplace Organization State	Select One ⌄
Workplace Zip Code	
Workplace Phone Number	
Is this person at this job for at least four hours between midnight and 6 AM?	○ Yes ○ No
Does this person attend this job overnight anytime between 7 PM and 6 AM?	○ Yes ○ No
Does the schedule vary by week?	⦿ Yes ○ No
Approximate travel time to and from this person's place of employment to their child care provider	

(Back)   (Save and Continue)

7

Job and Job History Summary

Here are the changes you made. You can edit or delete the information if you need to.

Jane Smith

Job and Job History

Work or Training
Work

Start Date (mm/dd/yyyy)?
01/01/2021

Is this job self-employment?
No

Employer Name
WENDY'S OLD FASHION HAMBURGERS

Number of Hours Worked per week
40.0

Does the schedule vary by week?
Yes

(Back)   (Continue)

8

Reported Income Changes

(Summary of Changes)

Here are the changes you made. You can add more changes if there are any.

Jane Smith

• Changed a Job

(Save and Exit)   (Report Another Change)

6. **Review** the Job and Job History page and make any necessary updates to the listed income and hit 'Save and Continue'

7. **Review** the change summary overview and hit 'Continue'

8. **Review** the Reported Income Changes and hit 'Save and Exit'

https://ssp.benefits.ohio.gov

Request a Change in Child Care Provider

Users can now easily request a change in Child Care provider through the SSP portal.

1

Access My Cash, Food, Medical, Or Child Care Assistance

Access My Benefits.

Link My Case(s)

Report a change to my case

View pending verifications

View my benefits

Renew my Benefits

Unlink my case(s)

Request a Change in Child Care Provider

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
○ 8151664			
Child Care, SNAP	Jane Smith	01/09/2023	01/09/2023

Cancel and Exit   Save and Continue

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.

Jane Smith

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 Plus (over 60 hours)

Child Care Providers - Edited

Provider Name
SUNNY DAY ACADEMY

Provider Number
000000400079

Address Line 1
5675 FEDER ROAD

City
COLUMBUS

- **Navigate** to the Self-Service Portal and login

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

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

2. **Select** the case you want to request a change in provider for then click 'Save and Continue'

3. **Fill** out the appropriate information for your changes in Child Care Providers then click 'Save and Continue'

4. **Click** 'Submit Change' to finalize your changes

4

Submit Changes

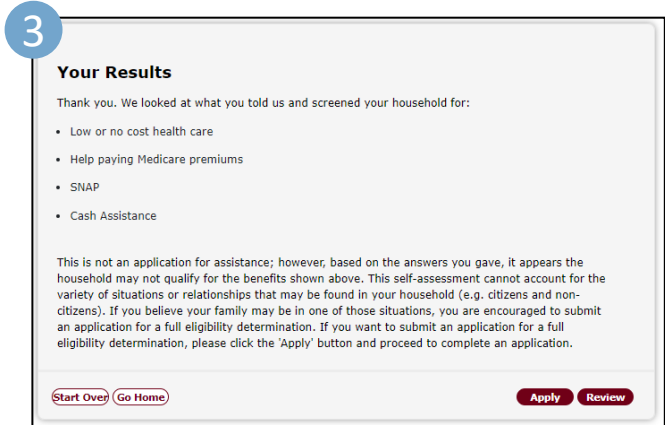You have indicated changes to your child's provider. To submit these changes, please click the 'Submit Changes' button.
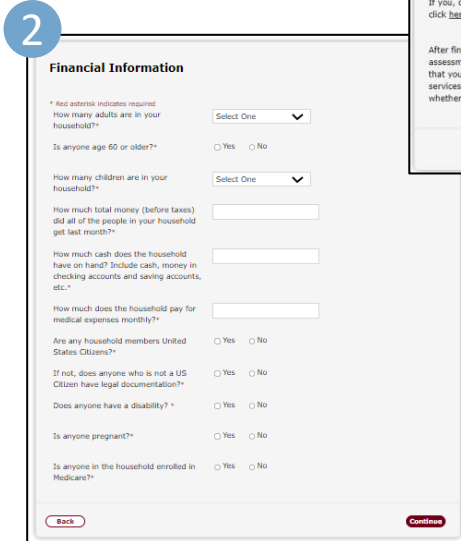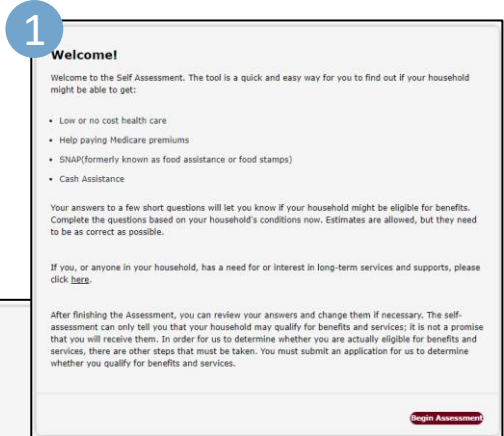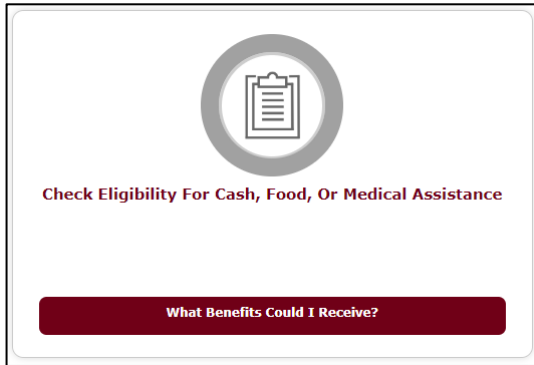
To make more changes, click the 'Back' button. This will save all the changes made until now.

Back   Submit Changes

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

What Benefits Could I Receive?

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?* [Select One ▼]

Is anyone age 60 or older?* ○ Yes ○ No

How many children are in your household?* [Select One ▼]

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 the household may not qualify for the benefits shown above. This self-assessment cannot account for the variety of situations or relationships that may be found in your household (e.g. citizens and non-citizens). If you believe your family may be in one of those situations, you are encouraged to submit an application for a full eligibility determination. If you want to submit an application for a full eligibility determination, please click the 'Apply' button and proceed to complete an application.

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 may qualify for

Early Childhood Services Eligibility Self-Assessment

The Early Childhood Services Eligibility Tool allows users to walk through a family assessment to see if you 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 Early Childhood Services

What Services Could My Family Receive?

1

Welcome!

Welcome to the Early Childhood Services Eligibility Self-Assessment. This tool can help your family select an early childhood service:

- Early Childhood Education Grant
- Early Head Start
- Head Start
- Help Me Grow Early Intervention
- Help Me Grow Home Visiting
- Preschool Special Education
- Publicly Funded Child Care

For help with answering the questions in this tool, please use the Early Childhood Services Eligibility Self-Assessment User Guide or Frequently Asked Questions

Once you have answered the questions, your results will be shown. This tool is not an application. Please contact or apply for every service you are interested in, even if listed as not eligible. Click on each service for more information.

If you leave this tool, you must answer all questions again. To return to a previous screen, use the 'Back' button at the bottom of the screen. The answers you provide on this tool are confidential. To get started, click the 'Continue' button.

Back   Continue

2

| Household | Family | Eligibility |

Household

Purpose: To get information about people living in your home.

Please answer each question before you click 'Continue'.

Red asterisk indicates required

Hover over or click this icon for help answering this question.

How many parents/guardians, including parents under 18, live in your home?*   [1 ▼]

Is anyone in your home pregnant?*   [Select ▼]

Back   Continue

- **Navigate** to the Self-Service Portal Home Page

- **Click** the 'Check eligibility for Early Childhood Services – What Services Could My Family Receive?' tile. You will be directed to the 'Welcome!' page that will explain the Early Childhood Services Eligibility Self Assessment process

1. **Click** 'Continue'

2. **Fill** out the information about the people living in your home, then click 'Continue'

3. **Click** 'Continue'

Early Childhood Services Eligibility Self-Assessment

Household   **Family**   **Eligibility**

Family

Purpose: To get information about the family in the home.

Please answer each question before you click 'Continue'.

* Red asterisk indicates required

Hover over or click this icon for help answering this question.

What county do you live in?* — [Select]

Is your family experiencing homelessness?* — [No]

Is at least one parent/guardian, including parents under 18, currently working, in school, or in a training program?* — [Yes]

Is at least one parent/guardian or child in your home receiving Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF) cash assistance?* — [No]

Would you prefer to give your income monthly or annually?* — [Monthly]

What is the total gross income of all parents/guardians of the children who live in the home?* — [$0-$1,526]

[Back]   [Continue]

Household   **Family**   **Eligibility**

Eligibility

If you want to change an answer, please select the 'Back' button at the bottom of your screen. If you leave this tool, you must answer all questions again. You can print or save your results.

Below are your results. Services are shown in alphabetical order. You should contact or apply for every service you are interested in, even those listed as not eligible.

[Print/Save Results]

› Click to open or close the information for each service.

Services you may be eligible for:

› Early Childhood Education Grant
› Head Start
› Publicly Funded Child Care

Services you may not be eligible for:

› Early Head Start
› Help Me Grow Early Intervention
› Help Me Grow Home Visiting
› Preschool Special Education

[Exit]   [Back]   [Home]

3.   **Fill** out the information about the family in the home

4.   **Click** 'Continue'
You will arrive to the 'Eligibility' page that will notify you of the services you may qualify for

Delink Your SSP Account

1

Access My Cash, Food, Medical, Or Child Care Assistance

Access My Benefits.
Link My Case(s)
Report a change to my case
View pending verifications
View my benefits
Renew my Benefits
Unlink my case(s)

2

Unlink My Case(s)

You can submit a request to unlink your case(s) here.

To unlink check the button next to the case you want to select, agree to the "Terms and Conditions" and click on Submit Request button.

Once unlinked, you will no longer be able to view details associated to the case.

* Red asterisk indicates required

Case Number*	Applicant	Program	Submission Date	Application Date
⊙ 8155557	Earnest Marks	Child Care	01/24/2023	01/24/2023

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. By checking this box and entering my name, I am agreeing to all statements listed above.

☑ Check to Sign*

Name*	Description
Earnest Marks	Applicant

3

Unlink My Case(s) Confirmation

Thank you for your request. Case has been unlinked.

002ksys5 is your Request ID.

If you want to keep a copy of your request, you can:

(Save-to-file) (Print)

(Exit)

4

Message Center

Inbox	Sent Items	Archive Folder

From: ACSSP Support- -99

Received: Tue 01/24/2023 02:41 PM

Subject: Unlink Request Submitted Successfully

Message: Thank you for submitting your Unlink My Case Request. Your request has been submitted successfully.

Attached is a copy of the confirmation message. You can view or save a copy of the confirmation for further reference. Once approved, the case associated details will be available. Someone from our office will contact you for further steps.

If you have questions or require further information, please write a new email to the Customer Service Center.

This is an auto generated email. Do not reply.

Regards,

Ohio Benefits Self Service Portal

Attachments   You can download the attachment by clicking on the Download button below. Once downloaded, please ensure it is opened using Adobe. If you do not have Adobe installed on your system, you can get it from Adobe website.

Unlink_Case_Request_002ksys5.pdf (Download)

- **Navigate** to the Self-Service Portal

- **Navigate to** the 'Access My Cash, Food, Medical or Child Care Assistance' Tile

1. **Select** 'Unlink My Cases'

2. **Fill** out your information and then click 'Submit Request'

3. **View** your Request ID from the confirmation

4. **Navigate** to your Message Center Inbox where you will receive a 'Unlink Request Submitted Successfully' message