



The following information guides you through the Ohio Benefits Self Service Portal. Using the following hints can increase the likelihood of an application being automatically processed in near real time.

In the event that a Medicaid application submitted online needs caseworker involvement, the individual will be notified by his or her county Job and Family Services (JFS) office.

## 1. Username for Primary Applicant

**Ohio Benefits User Name:**  
User names cannot include **special characters** such as:  
<>, #, |, &, ~, ?, (, {, %, or \*

## 2. Password for Primary Applicant

**Ohio Benefits Password:**  
Passwords must be at least eight characters and contain at least three of the following:

- Upper case letters (A, B, C)
- Numbers (1, 2, 3)
- Lower case letters (a, b, c)
- Special characters (<>, #, !)

## 3. Primary Applicant's Demographic Information

Required	Helpful Hints
First and Last Name	Enter the primary applicant's information first. If the name contains a suffix, select the correct suffix from the menu.
Address	Do not abbreviate. (use Street; not St, or St.) When confirming the address, choose the option that is the same as, or closest to the address entered.
Date of Birth (DOB) Month/Day/Year	Enter birthdates using 00/00/0000 format. (if DOB is April 1, 1990, enter 04/01/1990 including the (/).
Social Security Number	Enter SSNs using this format: 000-00-0000 (including the (-) dashes.) Valid SSNs are required for automatic processing.
Citizenship Status	The application asks for and provides a list of types of acceptable immigration documents that satisfy the citizenship requirement for U.S. Citizenship and Legal Alien status.

## 4. Primary Applicant's Household Information

Enter the names of all individuals living in the household regardless of relationship:

**First Name, Last Name, Male or Female, Date of Birth, Social Security Number, Marital Status, Citizenship Status, Relationship**

- Enter all individuals the applicant claims as dependents even if they don't live in the same household (if a dependent lives on a college campus, list them on the application).

## 5. School or Training Details

- If the citizen/a person in the household attends school / training, select the person and his or her status: part-time or full-time.
- When asked if anyone is working/planning to work only answer **Yes** if the individual is currently working/has a pending job offer.

## 6. Primary Applicant's Tax Details

- **Citizens must report** : 1. all other income received (SSI, SSDI, etc.) including the amount and frequency (weekly, etc.) and 2. deductions (alimony, student loans, etc.) that are used when filing taxes.
- **Tax Filing Status:** Enter the anticipated tax status if the primary applicant will file a tax return next year.
- **Dependents:** Enter all dependents the applicant expects to claim on his or her taxes, even if they **do not reside** in the household.

## 7. Primary Applicant's Relationship Details

[Primary Household Member] is the [Select relationship] of [Related Household Member]

- Only individuals who have legal custody of a minor should use the Parental Control designation (if both parents live in the same household then Parental Control should be assigned to both).



The following information includes monthly 2015 Federal Poverty Limit guidelines. This table should serve as a guide only for determining Medicaid eligibility.

### Medicaid Standards Help Sheet

Medicaid Household Size	Parents/ Caretaker Relatives 90%	Expansion Adults 133%	Children with Insurance 156%	Pregnant Women 200%	Children without Insurance 206%
1	\$883	\$1,305	\$1,531	\$1,962	\$2,021
2	\$1,195	\$1,766	\$2,071	\$2,655	\$2,735
3	\$1,507	\$2,227	\$2,612	\$3,349	\$3,449
4	\$1,819	\$2,688	\$3,153	\$4,042	\$4,163
5	\$2,131	\$3,149	\$3,694	\$4,735	\$4,878
6	\$2,443	\$3,610	\$4,235	\$5,429	\$5,592
7	\$2,755	\$4,071	\$4,775	\$6,112	\$6,306
8	\$3,067	\$4,532	\$5,316	\$6,815	\$7,020
9	\$3,379	\$4,994	\$5,857	\$7,509	\$7,734
10	\$3,691	\$5,455	\$6,398	\$8,202	\$8,448
11	\$4,003	\$5,916	\$6,939	\$8,895	\$9,162
12	\$4,315	\$6,377	\$7,479	\$9,589	\$9,876

For further assistance with a Medicaid application contact the **Ohio Medicaid Hotline at 1-800-324-8680** or visit **Medicaid.Ohio.Gov**.