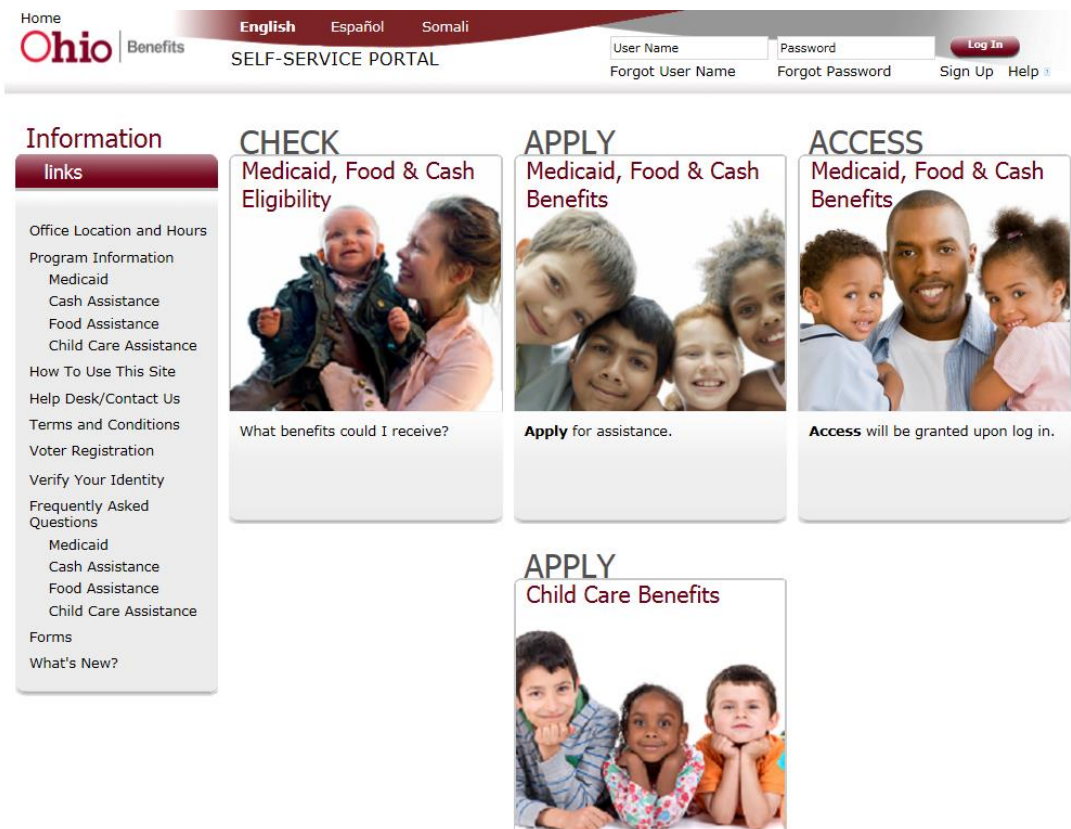


Self-Service Portal Registration Guide

Overview of Ohio Benefits Self-Service Portal

The Ohio Benefits Self-Service Portal is a secure, public-facing portal that allows individuals to perform a number of actions. Individuals can use the Ohio Benefits Self-Service Portal to apply for and/or check the status of Medicaid, Food and Cash benefits 24 hours a day, 7 days a week, from anywhere they can access the internet. The Self-Service Portal can also be used to apply for Child Care Assistance.

Individuals must create an account on the Self-Service Portal in order to apply for or access their benefits. The Self-Service Portal can be found by visiting <https://ssp.benefits.ohio.gov>. The Self-Service Portal is available in English, Spanish and Somali by selecting the appropriate link on the home screen.



The screenshot shows the Ohio Benefits Self-Service Portal interface. At the top, there is a navigation bar with "Home", "Ohio Benefits", and language options: "English", "Español", and "Somali". Below this is a "SELF-SERVICE PORTAL" header and a login section with "User Name" and "Password" input fields, a "Log In" button, and links for "Forgot User Name", "Forgot Password", "Sign Up", and "Help".

On the left side, there is an "Information links" sidebar menu containing the following items: Office Location and Hours, Program Information (Medicaid, Cash Assistance, Food Assistance, Child Care Assistance), How To Use This Site, Help Desk/Contact Us, Terms and Conditions, Voter Registration, Verify Your Identity, Frequently Asked Questions (Medicaid, Cash Assistance, Food Assistance, Child Care Assistance), Forms, and What's New?.

The main content area features three primary action cards:

- CHECK Medicaid, Food & Cash Eligibility:** Accompanied by an image of a woman holding a baby. Below the image is the text "What benefits could I receive?".
- APPLY Medicaid, Food & Cash Benefits:** Accompanied by an image of a diverse group of children. Below the image is the text "Apply for assistance."
- ACCESS Medicaid, Food & Cash Benefits:** Accompanied by an image of a man and a woman with children. Below the image is the text "Access will be granted upon log in."

Below these cards is a fourth card:

- APPLY Child Care Benefits:** Accompanied by an image of three children.

Creating a Self-Service Portal Account

1. Click the Sign Up link located under the Log In button in the upper right section of the screen.



2. Enter Personal Information and click Save and Continue.

ACCOUNT

Personal Information

Personal Information | Contact Information | Sign Up

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

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

3. Enter Contact Information and click Save and Continue. **Please note-** it is highly recommended to enter a valid email address on this screen. Having an email makes it easier to retrieve forgotten usernames and/or passwords.

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

Optional Email (example@abc.com)

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 (#####) *

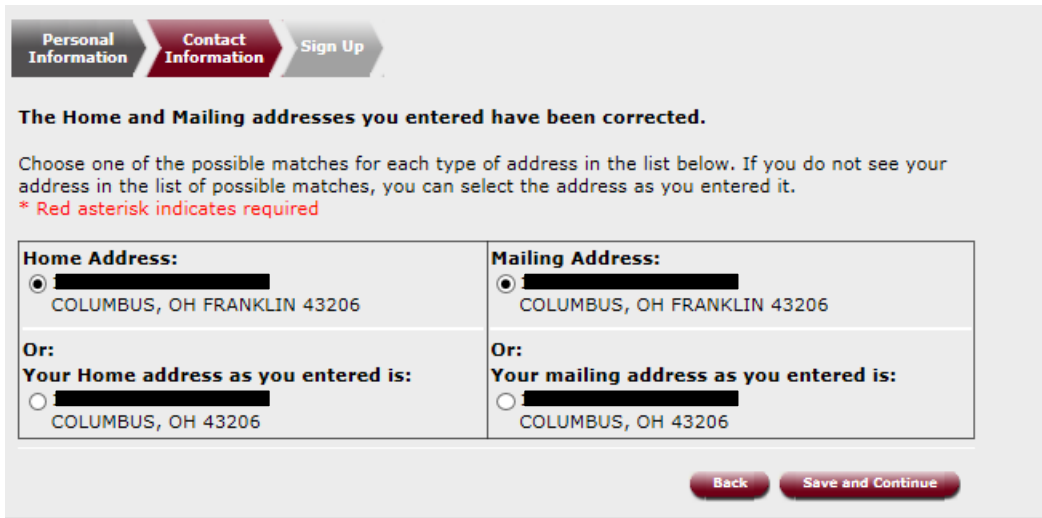
Is your home address the same as your mailing address?* Yes No

I would like to receive notification of messages through

Text Message Personal Email

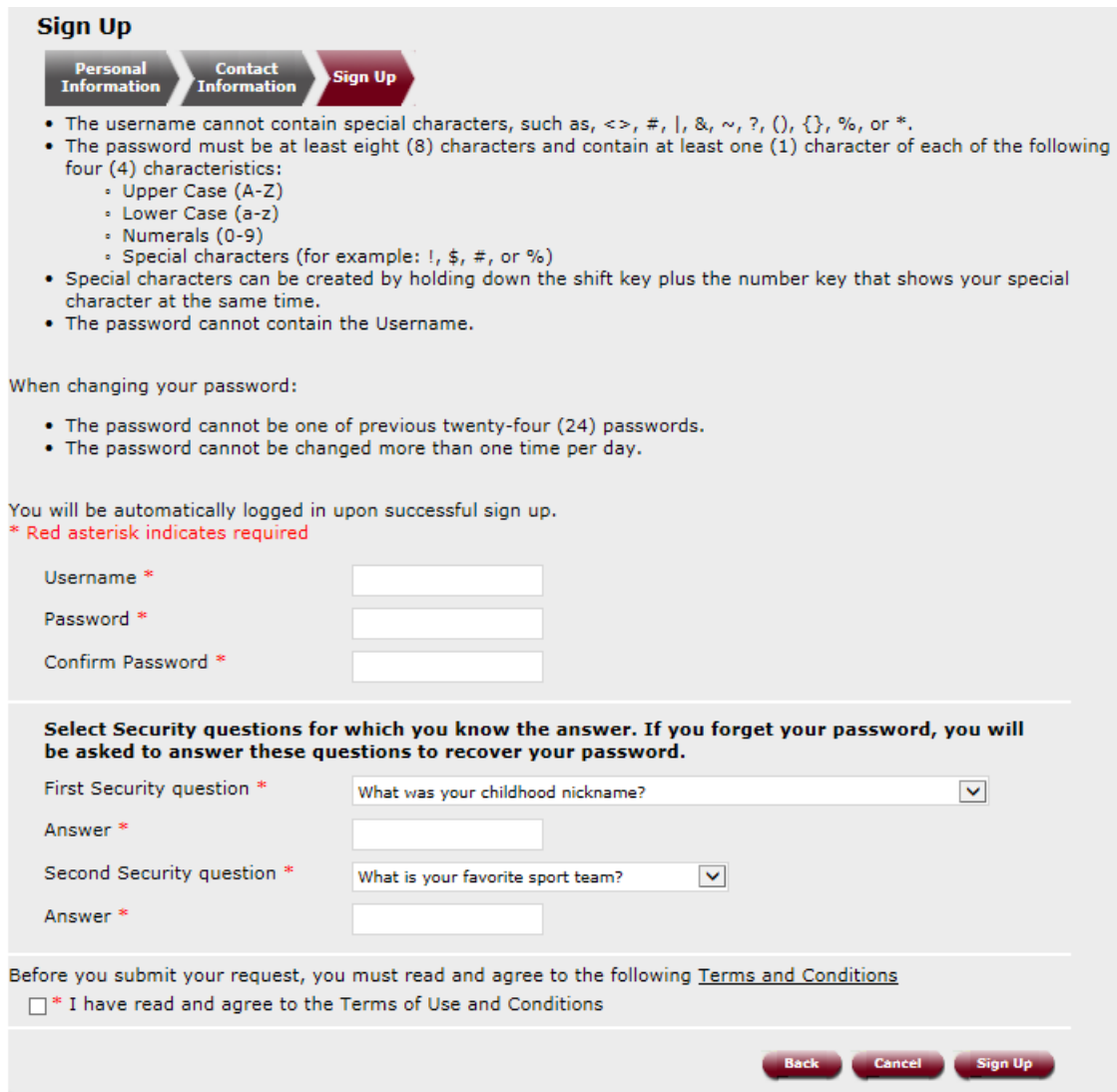
You will receive messages related to your application or ongoing case in the self-service portal message center.

4. Customer will receive an address confirmation.



The screenshot shows a web form with three tabs: 'Personal Information', 'Contact Information', and 'Sign Up'. The 'Contact Information' tab is active. A message states: 'The Home and Mailing addresses you entered have been corrected.' Below this, a note says: 'Choose one of the possible matches for each type of address in the list below. If you do not see your address in the list of possible matches, you can select the address as you entered it.' A red asterisk indicates required fields. The form is divided into two columns: 'Home Address' and 'Mailing Address'. Each column has a radio button to select a suggested address ('COLUMBUS, OH FRANKLIN 43206') and an 'Or:' section with a radio button to select the address as entered ('COLUMBUS, OH 43206'). At the bottom right, there are 'Back' and 'Save and Continue' buttons.

5. Create username, password and security questions then click Sign Up. Please advise customers to make sure they document their username and security questions/answers.



The screenshot shows a 'Sign Up' screen with three tabs: 'Personal Information', 'Contact Information', and 'Sign Up'. The 'Sign Up' tab is active. It contains a list of password requirements: '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), and 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; and The password cannot contain the Username.' Below this, it says 'When changing your password:' followed by requirements: 'The password cannot be one of previous twenty-four (24) passwords.' and 'The password cannot be changed more than one time per day.' A note states: 'You will be automatically logged in upon successful sign up.' A red asterisk indicates required fields. The form includes input fields for 'Username *', 'Password *', and 'Confirm Password *'. Below these is a section for '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.' It has two questions: 'First Security question *' with a dropdown menu showing 'What was your childhood nickname?' and 'Second Security question *' with a dropdown menu showing 'What is your favorite sport team?'. Each question has an 'Answer *' input field. At the bottom, there is a checkbox for 'I have read and agree to the Terms of Use and Conditions' and a link to 'Terms and Conditions'. At the bottom right, there are 'Back', 'Cancel', and 'Sign Up' buttons.

6. Customer will receive a success message.

ACCOUNT

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, and then click on 'Apply for assistance' to start your application.

[Continue](#)

7. Verify Identity. There will be an additional screen which asks questions based on your personal information – this is optional.

VERIFY

your identity

Verify Your Identity

The following information will be used to verify your identity.

First Name	██████████
Middle Name/Initial	
Last Name	██████████
Suffix	
Date of Birth (mm/dd/yyyy)	
Social Security Number (ie 123-45-6789)	
Address Line 1	██████████
Address Line 2	
City	COLUMBUS
State	OH
Zip Code (#####)	██████████
Home Phone Number (999)999-9999	

[Continue](#)

8. Customer will receive a success message.

VERIFY
your identity

Verify Your Identity Results

Your identification has been successfully verified. Click the continue button.

Continue


9. After clicking continue customer will be returned to the home page.

Home **Ohio** Benefits SELF-SERVICE PORTAL English Español Somali Help | My Account Log Out

Information links


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

CHECK
Medicaid, Food & Cash Eligibility




- What benefits could I receive?

APPLY
Medicaid, Food & Cash Benefits




- Apply for assistance
- View application status

ACCESS
Medicaid, Food & Cash Benefits



- Link My Case(s)


APPLY
Child Care Benefits



- Apply for assistance

Link Case to Account

1. From the home screen click Link My Case(s) in the Access section.

Information links Office Location and Hours Program Information Medicaid Cash Assistance Food Assistance Child Care Assistance How To Use This Site Help Desk/Contact Us Terms and Conditions Authorized Representatives	CHECK Medicaid, Food & Cash Eligibility  <ul style="list-style-type: none">• What benefits could I receive?	APPLY Medicaid, Food & Cash Benefits  <ul style="list-style-type: none">• Apply for assistance• View application status	ACCESS Medicaid, Food & Cash Benefits  <ul style="list-style-type: none">• Link My Case(s)
--	---	---	--

2. Complete the form and click Submit Request.

Information links Office Location and Hours Program Information Medicaid Cash Assistance Food Assistance Child Care Assistance How To Use This Site Help Desk/Contact Us Terms and Conditions Authorized Representatives Voter Registration Verify Your Identity Frequently Asked Questions Medicaid Cash Assistance Food Assistance Child Care Assistance Forms What's New?	ACCESS my benefits Link My Case(s) <i>You can submit a request to link your case(s) here.</i> <i>Once linked you will be able to view your benefits, payment details, information and report changes to your case(s) through this account.</i> * Red asterisk indicates required User Details First Name* [LaShawn] Middle Initial [] Last Name* [Capito] Suffix [] Date of Birth (mm/dd/yyyy) [] Social Security Number (ie 123-45-6789) [] <i>Note: To change or modify the above details go to My Account section.</i> Case Number* (ie 9999999) [] Contact Details Home Phone Number (999)999-9999 [] Mobile Phone Number (999)999-9999 [] Personal Email Address (example@abc.com) [] Certification <i>Before you submit your request, you must read and agree to the following Terms and Conditions</i> <i>* 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.</i> Check to Sign* <input type="checkbox"/> Name* [] Description [Applicant] [v] <p style="text-align: right;">Submit Request Cancel and Exit</p>
---	--

3. You will receive a message to let you know the link request was submitted.

Message

Your Mailbox

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

Inbox	From	Subject	Received
<input type="checkbox"/>	ACSSP Support- -99	<u>Link Request Submitted Successfully</u>	Tue 04/17/2018 02:04 PM

Archive Folder

Message

Your Mailbox

Click on the **Back** button to return to the Inbox.
To archive this message click on the **Archive** button.

Inbox

Sent Items

Archive Folder

From : ACSSP Support- -99

Received: Tue 04/17/2018 02:04 PM

Subject : Link Request Submitted Successfully

Message :

Thank you for Link My Case Request. Your Link My Case Request has been submitted successfully.

Attached is a copy of 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

002icrck_Link_Request_04172018.pdf

4. Additional options appear on the homepage once a case is linked or a new application is submitted.

Ohio Benefits SELF-SERVICE PORTAL

English Español Somali

Help | My Account | [Redacted] | Log Out

Message Open

No new messages.

Information links

- Office Location and Hours
- Program Information
 - Medicaid
 - Cash Assistance
 - Food Assistance
 - Child Care Assistance
- How To Use This Site
- Help Desk/Contact Us
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- What's New?

CHECK
Medicaid, Food & Cash Eligibility

- What benefits could I receive?

APPLY
Medicaid, Food & Cash Benefits

- Continue Saved Application
- Cancel my incomplete application
- View application status
- View/Upload my documents

ACCESS
Medicaid, Food & Cash Benefits

- Link My Case(s)
- View pending verifications
- View my benefits
- Renew my Benefits

See more...

APPLY
Child Care Benefits

- Apply for assistance

Additional Screenshots

1. Verification documents can be attached by clicking the View/Upload my documents link in the Apply section.

The screenshot shows the Ohio Benefits SELF-SERVICE PORTAL. The top navigation bar includes language options (English, Español, Somali), a user profile, and a 'Log Out' button. The main content area is divided into four sections: Message, Information links, CHECK, and APPLY. The 'APPLY' section is highlighted with a black circle around the 'View/Upload my documents' link in its list of options.

Message (Open)
No new messages.

Information links

- Office Location and Hours
- Program Information
 - Medicaid
 - Cash Assistance
 - Food Assistance
 - Child Care Assistance
- How To Use This Site

CHECK
Medicaid, Food & Cash Eligibility

- What benefits could I receive?

APPLY
Medicaid, Food & Cash Benefits

- Continue Saved Application
- Cancel my incomplete application
- View application status
- View/Upload my documents

ACCESS
Medicaid, Food & Cash Benefits

- Link My Case(s)
- View pending verifications
- View my benefits
- Renew my Benefits

See more...

Message (Open)
No new messages.

Information links

- Office Location and Hours
- Program Information
 - Medicaid
 - Cash Assistance
 - Food Assistance
 - Child Care Assistance
- How To Use This Site
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 - Child Care Assistance
- Forms
- What's New?

APPLY
for benefits

View/Upload my documents

Upload my documents

View my documents

Click on the File Name below to view the document.

File Name	Date
[Redacted] 02icrck_Link_Request_04172018.pdf	04/17/2018

Upload 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.

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	Application Number	Case Number
<input type="checkbox"/>	3600018	

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

File size limit is 10 MB.

Document Type: Select one [v] [Select one] [Browse...]

[Upload] [Cancel]

2. A self-assessment tool is available in the Check section.

Information	CHECK
links	<p>eligibility</p> <p>Welcome!</p> <p>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:</p> <ul style="list-style-type: none"> Low or no cost health care Help paying Medicare premiums SNAP(formerly known as food assistance or food stamps) Cash Assistance <p><i>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.</i></p> <p><i>If you, or anyone in your household, has a need for or interest in long-term services and supports, please click here.</i></p> <p><i>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.</i></p> <p style="text-align: right;">Begin Assessment</p>
<p>Office Location and Hours</p> <p>Program Information</p> <p style="padding-left: 20px;">Medicaid</p> <p style="padding-left: 20px;">Cash Assistance</p> <p style="padding-left: 20px;">Food Assistance</p> <p style="padding-left: 20px;">Child Care Assistance</p> <p>How To Use This Site</p> <p>Help Desk/Contact Us</p> <p>Terms and Conditions</p> <p>Authorized Representatives</p> <p>Voter Registration</p> <p>Verify Your Identity</p> <p>Frequently Asked Questions</p> <p style="padding-left: 20px;">Medicaid</p> <p style="padding-left: 20px;">Cash Assistance</p> <p style="padding-left: 20px;">Food Assistance</p> <p style="padding-left: 20px;">Child Care Assistance</p> <p>Forms</p> <p>What's New?</p>	

3. Forms are available by clicking the Forms link in the links section.

Information	DETAILS
links	<p>Forms</p> <ul style="list-style-type: none"> Application for Child Support Services Application for Help with Medicare Expenses Application for Help with Medicare Expenses (Spanish) Explanation of State Hearing Procedures Explanation of State Hearing Procedures (Spanish) HEALTHCHEK and Pregnancy Related Services Information Sheet (English) HEALTHCHEK & Pregnancy Related Services Information Sheet (Somali) HEALTHCHEK & Pregnancy Related Services Information Sheet (Spanish) Medicaid State Hearings Medicaid State Hearings (Spanish) Notice Of Privacy Practices (English) Notice Of Privacy Practices (Somali) Notice Of Privacy Practices (Spanish) Ohio Medicaid Estate Recovery Program Enrollment & Benefit Information Retroactive Medicaid Coverage Worksheet Voter Registration and Information Update Form Voter Registration Notice of Rights and Declination Voter Registration Notice of Rights and Declination (Spanish) Your Rights & Responsibilities as a Consumer of Medicaid Health Coverage Your Rights & Responsibilities as a Consumer of Medicaid Health Coverage Health Coverage (Spanish)
<p>Office Location and Hours</p> <p>Program Information</p> <p style="padding-left: 20px;">Medicaid</p> <p style="padding-left: 20px;">Cash Assistance</p> <p style="padding-left: 20px;">Food Assistance</p> <p style="padding-left: 20px;">Child Care Assistance</p> <p>How To Use This Site</p> <p>Help Desk/Contact Us</p> <p>Terms and Conditions</p> <p>Authorized Representatives</p> <p>Voter Registration</p> <p>Verify Your Identity</p> <p>Frequently Asked Questions</p> <p style="padding-left: 20px;">Medicaid</p> <p style="padding-left: 20px;">Cash Assistance</p> <p style="padding-left: 20px;">Food Assistance</p> <p style="padding-left: 20px;">Child Care Assistance</p> <p>Forms</p> <p>What's New?</p>	

- Options to make changes to password and personal information are available under My Account. Please note- this updates SSP information only – not case information. Follow the link highlighted in yellow below to report changes to a case.

Information links

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

ACCOUNT

Update Personal Information

[Personal Information](#)
[Contact Information](#)
[Password Management](#)
[Security Questions Management](#)

The information provided in this section is only for managing your online profile. **Updating your information here does not replace reporting a change.** [Please follow this link to report a change.](#)

* Red asterisk indicates required

First Name*

Middle Name/Initial

Last Name*

Suffix

Maiden Name

Date of Birth (mm/dd/yyyy)

Social Security Number (i.e. 123-45-6789)

Identity Verification Yes

Information links

- Office Location and Hours
- Program Information
 - Medicaid
 - Cash Assistance
 - Food Assistance
 - Child Care Assistance
- How To Use This Site
- Help Desk/Contact Us
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 - Medicaid
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- What's New?

ACCESS

my benefits

Report A Change

- [Change Address](#)
- [Household Members](#)
- [Income](#)
- [Property and Resources](#)
- [Cancel My Benefits](#)