



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

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Create an Account

1

Personal Information

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

* Red asterisk indicates required

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

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](#).

2

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

If you opt in to messaging while applying and later want to opt out you can do that any time you receive a message. If you're not opting in to messaging while applying, and want to opt in later you do that when you speak with your caseworker.

You will receive SMS text messages, voice calls, and/or emails with personalized reminders about application and ongoing benefits by Ohio Benefits Communications Services. Please note, frequency varies. Message, voice, and data rates may apply. By clicking the checkbox(es), you acknowledge understand and have read and agree to the [SSP Terms of Service](#) and [Privacy Policy](#).

3

Sign Up

Enter a username and password for your profile. You'll be automatically signed into your profile after signing up.

Username*

Password*

Confirm Password*

- Usernames can't have any special characters (<, >, !, \$, #, %, *, etc.)
- Passwords must have at least eight (8) characters, including:
 - 1 upper case letter (A-Z)
 - 1 lower case letter (a-z)
 - 1 number (0-9)
 - 1 special character (<, >, !, \$, #, %, *, etc.)
- Passwords can't be the same as your username

Security Questions

Select and answer two security questions for your profile. You'll be asked these questions if you forget 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

- [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'

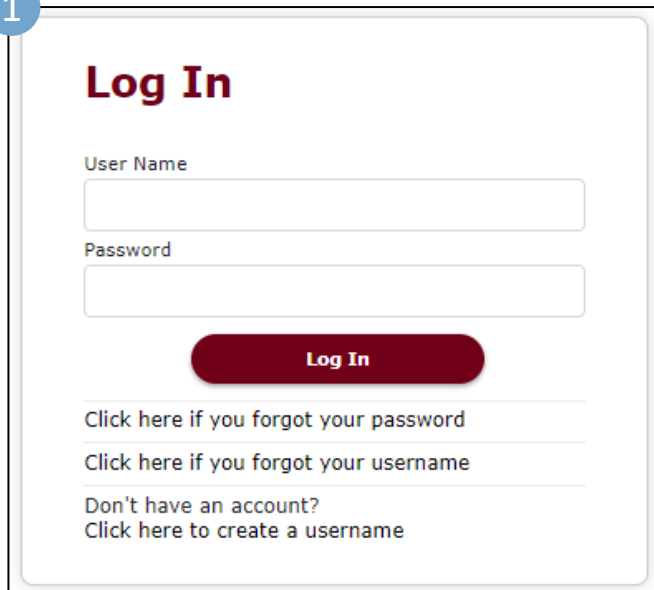
2. Fill in your Contact Information, then Click 'Save and Continue'

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

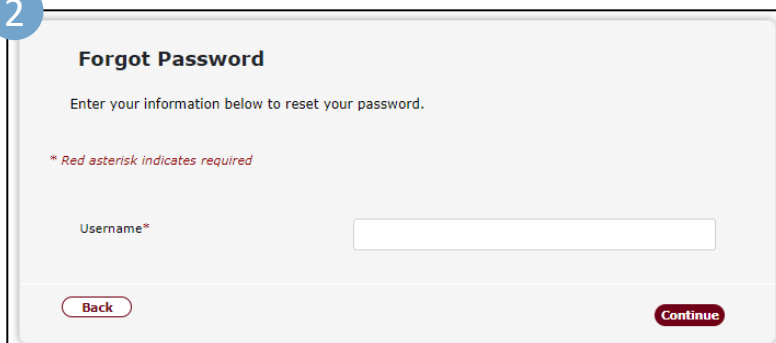
[Click here if you forgot your password](#)

[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.

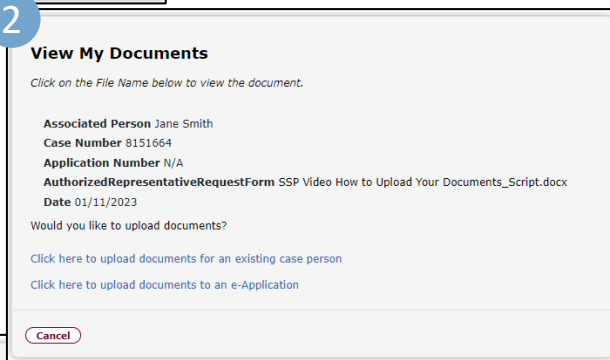
Apply for assistance

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

Authorized Representative Request Form SSP Video How to Upload Your Documents_Script.docx

Date 01/11/2023

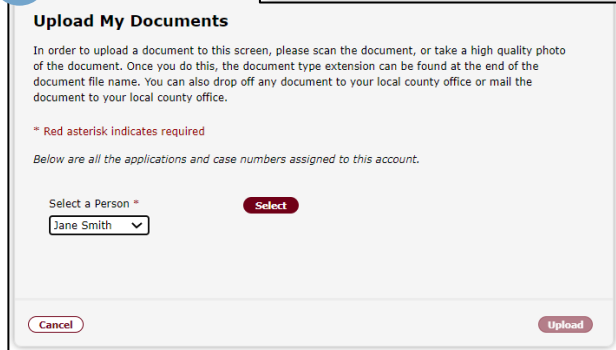
Would you like to upload documents?

[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 *

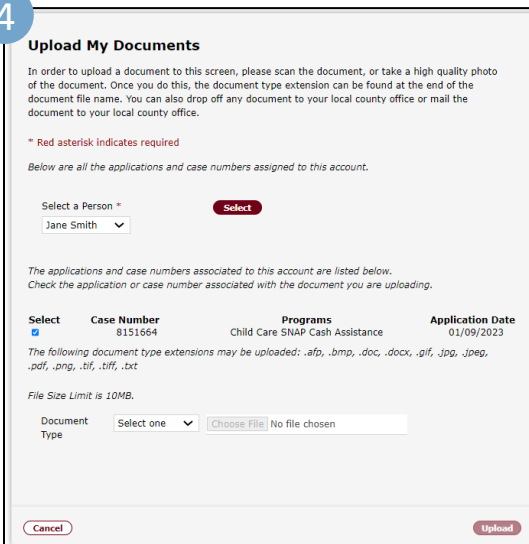
Jane Smith

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.

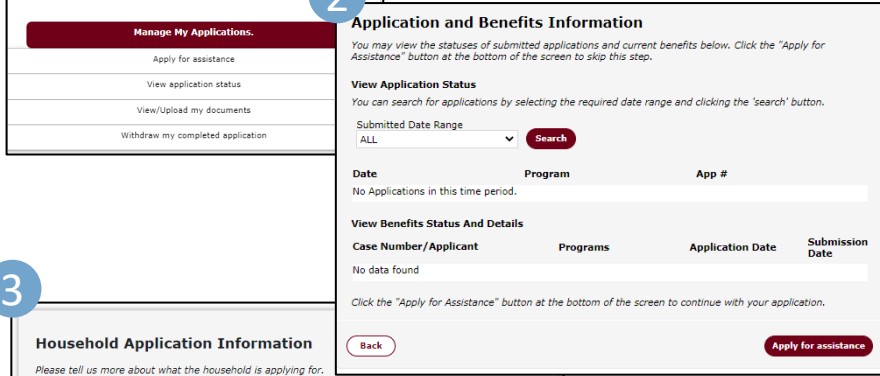
Apply for Assistance

SSP now offers the ability to apply for benefit assistance.

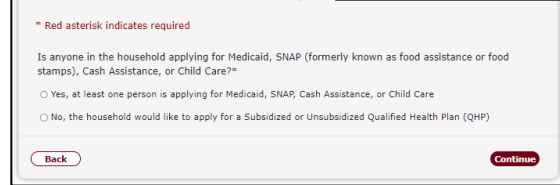
1



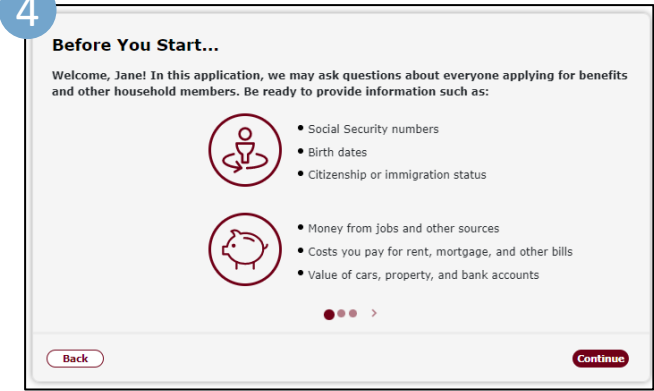
2



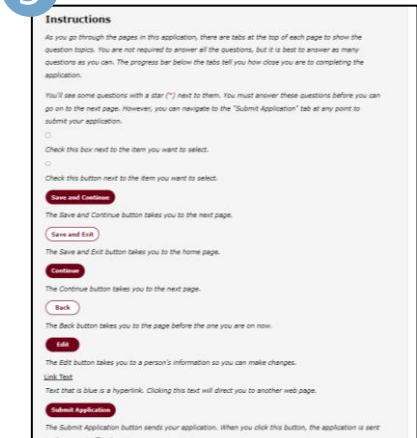
3



4



5



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

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

- Select 'Apply for Assistance'**
- Select 'Apply for Assistance' (If no pending applications) in the lower right-hand corner**
- Review and Select your appropriate response for the 'Household Application Information'**

If continuing -

- Review** the application information and **Complete** the application agreeance statement. **Select Continue**
- Navigate** through the application instructions and pages until complete.

Link Your SSP Account

1

2

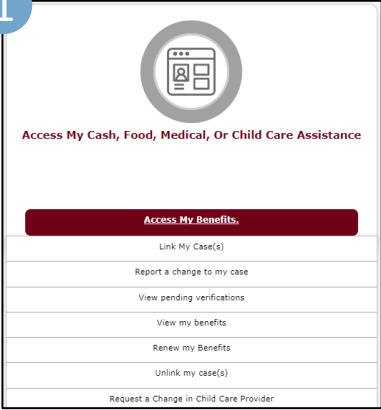
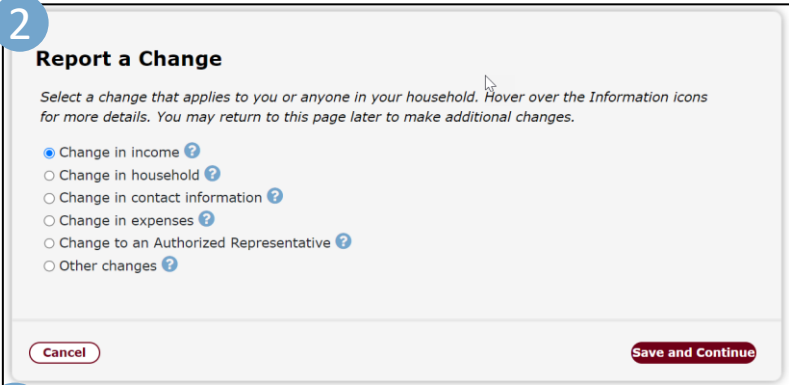
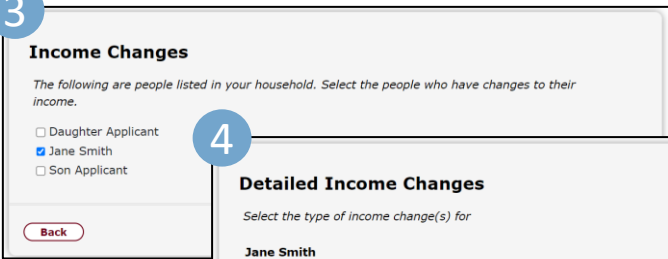
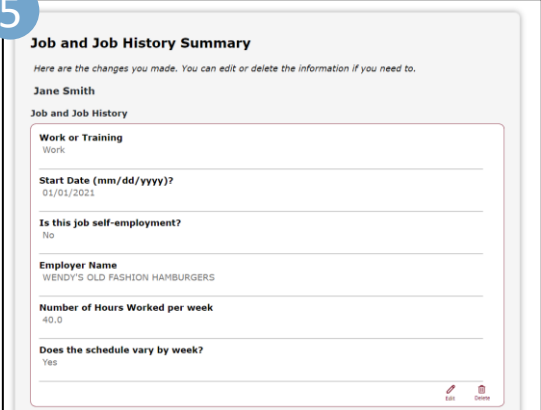
3

4

- [Navigate to the Self-Service Portal](#)
 - **Navigate to the 'Access My Benefits' Tile**
- Select 'Link My Cases'**
 - Fill out your information and then click 'Submit Request'**
 - View your Request ID from the confirmation. Review your options to print or save your confirmation**
 - Navigate to your Message Center Inbox where you will receive a 'Link Request Submitted Successfully' message**
- Your request will be forwarded to the appropriate county agency for processing

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).

- 
- 
- 
- 
- 

- [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 F

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](#)

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'

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

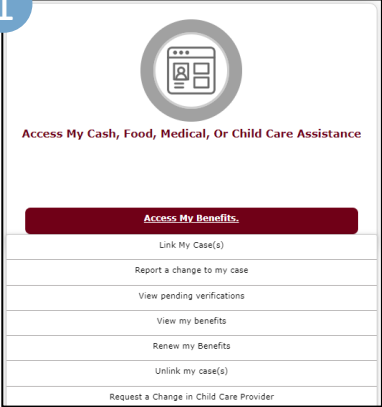
- Changed a Job

[Save and Exit](#) [Report Another Change](#)

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

4

Submit Changes

You have indicated changes to your child's provider. To submit these changes, please click the 'Submit Changes' button.

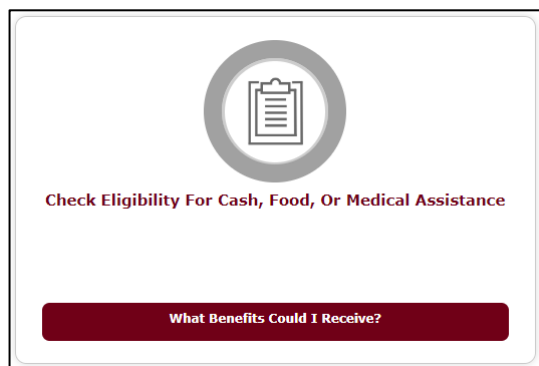
To make more changes, click the 'Back' button. This will save all the changes made until now.

[Back](#) [Submit Changes](#)

- [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**

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.



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 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

- Click 'Begin Assessment'**
- Fill out your financial information and answer the questions**
- 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.



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

A screenshot of the 'Household' section of the assessment. The header shows 'Household', 'Family', and 'Eligibility' tabs. The 'Household' tab is active. The text reads: 'Purpose: To get information about people living in your home. Please answer each question before you click 'Continue'.' Below this, a note says '* Red asterisk indicates required'. A question asks 'How many parents/guardians, including parents under 18, live in your home?' with a dropdown menu showing '1'. Another question asks 'Is anyone in your home pregnant?' with a dropdown menu showing 'Select'. At the bottom, there are 'Back' and 'Continue' buttons.

- [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

3

The screenshot shows the 'Family' section of the self-assessment form. At the top, there are three tabs: 'Household', 'Family' (which is selected), and 'Eligibility'. Below the tabs, the section is titled 'Family'. The purpose is stated as 'To get information about the family in the home.' and users are instructed to answer each question before clicking 'Continue'. A note indicates that red asterisks denote required questions. A help icon is provided for each question. The questions and their current selections are: '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), and 'What is the total gross income of all parents/guardians of the children who live in the home?' (\$0-\$1,526). At the bottom, there are 'Back' and 'Continue' buttons.

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

4

The screenshot shows the 'Eligibility' section of the self-assessment form. At the top, there are three tabs: 'Household', 'Family', and 'Eligibility' (which is selected). Below the tabs, the section is titled 'Eligibility'. Instructions state that if a user wants to change an answer, they should select the 'Back' button at the bottom of the screen, and that leaving the tool requires answering all questions again. It also mentions that services are shown in alphabetical order and that users should contact or apply for every service they are interested in, even those listed as not eligible. A 'Print/Save Results' button is located at the top left. Below this, a note says 'Click to open or close the information for each service.' The section is divided into two parts: 'Services you may be eligible for:' which lists 'Early Childhood Education Grant', 'Head Start', and 'Publicly Funded Child Care'; and 'Services you may not be eligible for:' which lists 'Early Head Start', 'Help Me Grow Early Intervention', 'Help Me Grow Home Visiting', and 'Preschool Special Education'. At the bottom, there are 'Exit', 'Back', and 'Home' buttons.

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**