



## Customers' Frequently Asked Questions

If you have an active case and you received a *Food Stamp Expiration Notice*, **you will receive a second notice** telling you the date, time and location of your appointment to review your eligibility and renew your benefits.

**IMPORTANT NOTE FOR OHIO DIRECTION CARD HOLDERS:** *If you have not received an appointment notice within 10 days of receiving your food stamp expiration notice, call your caseworker.*

If you have problems with your **Ohio Direction Card** (the new food stamp card), you must call Customer Service at 1-866-386-3071.

Medical Phone Numbers: If you have questions about your Medicaid, Medicare or Managed Care Plan Benefits, please call the following numbers:

Selection Services Center:	(800) 605-3040
Amerigroup:	(800) 600-4441
Buckeye:	(800) 246-4358
Care Source:	(800) 488-0134
Molina:	(800) 642-4168
Medicaid:	(800) 324-8680
Medicare:	(800) MEDICARE (633-2273)
Cash Assistance:	If your case has been approved for cash assistance, you will receive a check within five (5) working days

The following is a list of information your caseworker will need if you have a change in circumstances:

Change of Address	Change of Employment	Change of Income	New Member of Household
Your Name Your Social Security Number Your new address Zip Code Date Change Occurred	Name of Person Employed Date Hired Name of Employer Pay Rate Number of hours worked per week  <b>If your employment has stopped:</b> Name Social Security Number Name of Employer Last Day of Employment	<b>Unearned income such as Social Security, Veterans benefits, unemployment compensation benefits, etc.:</b> Name Social Security Number Source of Income Amount of Income Received Monthly  <b>If unearned income has stopped:</b> Name Social Security Number Source of Income Date Income Stopped	<b>New baby:</b> Name of Child Date of Birth Male or Female The baby's father's name, or If the baby's father is <b>not</b> in the home, any information you have about him (address, Social Security Number, birthday, place of employment, phone number, etc.)  <b>If someone moves into your household:</b> Name Date of Birth Social Security Number Proof of Income New member's relationship to head of household