

NON-PARENT: COMPLAINT FOR PARENTAGE/CUSTODY

These forms are used for a non-parent to ask the Court to grant you custody when a case has never been filed in Court for this child. If there are multiple children, some courts may require you to file a packet for each child.

If a case has already been filed, you must file the Motion to Intervene Packet.

If you have reached an agreement with the parent(s), you should also print and submit the following forms under the FORMS FOR IF YOU REACH AN AGREEMENT section on the main page of the Domestic Violence & Family section of the website:

1. Parenting Plan with parenting time schedule
2. Parenting Plan Entry

If the parents of the children are married, these forms should be filed in the **Common Pleas Court (Domestic Relations Division)**; if the parents of the children are not married, these forms should be filed in the **Juvenile Court**.

	Complaint for Custody	Tells the Court that you want the Court to give you custody of the minor children
Uniform Dom. Relations Affidavit #3*	Parenting Proceeding Affidavit	Tells the Court where the children have lived for the last five years and the names of the adults responsible for their care during this five-year period. (or since birth if under age 5).
JFS 07076	IVD Application	Application for child support services
	Motion and Affidavit* for Temporary Orders	Tells the Court you want to have an Order for custody in place while the court case is pending.
Uniform Dom. Relations 31/Juv. Form 10	Request for Service	Tells the Court where to send copies to the other party. *Certified Mail is the normal method of service.
OH Sup. Ct. Civil Form 20*	Civil Fee Waiver Affidavit and Order	Tells the Court you cannot afford to pay the filing fee

*Affidavits must be signed in front of a Notary who will administer an Oath

INSTRUCTIONS:

- All forms must either be typed or printed in ink. You must fill out the forms completely before taking them to the court. The court staff will not help you complete the forms.
- If you did not complete the poverty affidavit, there is a filing fee
- After completing the forms, you must make copies before you file the forms. You will need one copy for each other party and one copy for yourself. The original documents will be filed with the Court.
- Once you file the forms, the Clerk will send you notice of any court dates. Attend all these court dates.
- **NOTE:** If you move, call the Clerk with your new address.

IN THE _____ COUNTY COMMON PLEAS COURT
_____ DIVISION
COUNTY, OHIO

IN THE MATTER OF:

A Minor

(name)

(address)

Plaintiff

vs.

(name)

(address)

Defendant

Case No. _____

JUDGE _____

MAGISTRATE _____

**NON-PARENT COMPLAINT FOR
PARENTAGE AND ALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES (CUSTODY)**

Now Comes Plaintiff and states as follows:

1. The Plaintiff is a _____ of the following children:

Name of Child

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

2. Defendants, _____ (name) and _____ (name)
are the parents of the following children:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

3. The children have resided in _____ County, Ohio since _____
(date).

4. A parent-child relationship (paternity) has been established for the following children:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

5. A parent-child relationship (paternity) has not been established for the following children:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

6. No Court has issued an order of parenting or support for the following children:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

The following children are subject to an existing order of parenting or support of another Court:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

7. Plaintiff requests that the Court: (check all that apply)

- Order genetic testing and determine the parent of the children.
- Designate _____ (name) as the parent of the children, named:
_____.
- Change the children's name to _____.
- Correct the children's birth certificates to indicate the children's parent..
- Adopt the proposed Parenting Plan which is attached.
- Designate the residential parent and legal custodian of the children.
- Order reasonable parenting time (companionship and visitation).
- Order child support, allocate the income tax dependency exemption, and determine who should provide health insurance coverage for the children.

- Order the Ohio Department of Health to prepare a new birth certificate for the children.
- Other: (specify) _____

Respectfully submitted,

(Your Signature)

Print Name

Street Address

City, State, Zip

Telephone

E-mail

IN THE COURT OF COMMON PLEAS

DIVISION
COUNTY, OHIO

Plaintiff/Petitioner 1

Case No. _____

vs./and

Judge _____

Magistrate _____

Defendant/Petitioner 2/Respondent

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

b. Child's name _____		Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

c. Child's name _____		Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. Participation in custody case(s): (Check only one box)

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____

- c. Court and State: _____
 d. Date and court order or judgment (if any): _____

3. Information about custody case(s): (Check only one box)

I **HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.

I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: _____

- a. Name of each child: _____
 b. Type of case: _____
 c. Court and State: _____
 d. Date and court order or judgment (if any): _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims to have custody or visitation rights with respect to any child subject to this case.

I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to has/have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights
 Name of each child: _____

b. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights
 Name of each child: _____

c. Name/Address of Person: _____
 has physical custody claims custody rights claims visitation rights
 Name of each child: _____

<County Name> CSEA
<CSEA Address 1>
<CSEA Address 1>
<CSEA Address 1>

<Applicant Name>
<Applicant Address 1>
<Applicant Address 2>
<Applicant City, State, ZIP>

APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

1. **Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
6. **Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____ Mailing Address: _____

Home Phone #: _____

Social Security #: _____ Sex: _____

Race: _____ Single Married

Relationship to Children: _____ Divorced Separated

Military Service _____ Ever been on _____

(Branch, Dates): _____ Public Assistance? _____

_____ (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone #: _____

Employer _____ Is Medical _____

Address: _____ Insurance _____

_____ Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____

IN THE _____ COUNTY COMMON PLEAS COURT
_____ DIVISION
COUNTY, OHIO

IN THE MATTER OF:

A Minor

(name)

Plaintiff

vs.

Case No. _____

JUDGE _____

MAGISTRATE _____

(name)

Defendant

MOTION FOR TEMPORARY
CUSTODY PENDING HEARING

_____ (your name) moves this Court for temporary custody of the following
minor children:

Name of Child

Date of Birth

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

subject to _____'s right to reasonable visitation pending hearing because
it is in the best interest of the minor children. See attached affidavit.

Respectfully submitted,

(Your Signature)

Print Name

Street Address

City, State, Zip

Telephone

E-mail

IN THE _____ COUNTY COMMON PLEAS COURT

DIVISION
COUNTY, OHIO

IN THE MATTER OF:

A Minor

(name)

Plaintiff

vs.

Case No. _____

JUDGE _____
MAGISTRATE _____

(name)

Defendant

AFFIDAVIT IN SUPPORT OF MOTION
FOR TEMPORARY CUSTODY

I, _____, being first duly cautioned and sworn, depose and
state:

1. _____
2. _____
3. _____
4. _____
5. _____

Further Affiant Sayeth naught:

(signature)

Sworn to and subscribed in my presence this _____ day of _____
20____.

NOTARY PUBLIC

IN THE COURT OF COMMON PLEAS

DIVISION
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No.

Street Address

Judge

City, State and Zip Code

Magistrate

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.
Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: *(check all that apply)*

Complaint for Divorce with Children

- Complaint for Divorce without Children
- Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- Petition for Dissolution
- Motion and Affidavit or Counter Affidavit for Temporary Orders
- Motion for Change of Parental Rights and Responsibilities (Custody)
- Motion for Change of Parenting Time (Companionship and Visitation)
- Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- Motion for Contempt and Affidavit
- Separation Agreement
- Parenting Plan
- Shared Parenting Plan
- Affidavit of Income and Expenses
- Affidavit of Property
- Parenting Proceeding Affidavit
- Health Insurance Affidavit
- Explanation of Health Care Bills
- Agreed Judgment Entry
- Other: *(specify)* _____

Please serve the following parties with the above marked documents:

- Defendant/Petitioner 2/Respondent at _____ (address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: *(specify)* _____

- Plaintiff/Petitioner 1 at _____ (address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: *(specify)* _____

- _____ County Child Support Enforcement Agency at _____ (address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: *(specify)* _____

Other _____ at _____ (address) by:
 Certified Mail, Return Receipt Requested
 Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 Other: (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

IN _____

)	CASE NO.
)	
Plaintiff,)	JUDGE
)	
vs.)	
)	<u>FINANCIAL DISCLOSURE / FEE-</u>
)	<u>WAIVER AFFIDAVIT</u>
Defendant.)	<u>AND ORDER</u>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name		Applicant's Last Name	
Applicant's Date of Birth		Last 4 Digits of Applicant's SSN	
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on

 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

 Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20____,
 in _____ County, Ohio.

 Notary Public (Signature)

 Notary Public (Printed)
 My Commission expires: _____

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

ORDER

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020.]

APPENDIX

2020 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$12,760	\$1,063.33	\$23,925	\$1,993.74
2	\$17,240	\$1,436.67	\$32,325	\$2,693.75
3	\$21,720	\$1,810	\$40,725	\$3,393.75
4	\$26,200	\$2,183.33	\$49,125	\$4,093.75
5	\$30,680	\$2,556.67	\$57,525	\$4,793.75
6	\$35,160	\$2,930	\$65,925	\$5,493.75
7	\$39,640	\$3,303.33	\$74,325	\$6,193.75
8	\$44,120	\$3,676.67	\$82,725	\$6,893.75

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

¹Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

²SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

³Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))

Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

⁴Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

⁵Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)