

Ohio Department of Job and Family Services
OHIO WORKS FIRST / FOOD ASSISTANCE
SANCTION COMPLIANCE AGREEMENT

Case Name	Case Number
Sanctioned Individual	County Department of Job & Family Services
Case Worker	Case Worker Phone Number
Program(s) <input type="checkbox"/> Ohio Works First <input type="checkbox"/> Food Assistance	Minimum Sanction Period month(s)
Minimum Sanction End Date	Date Signed Form Received by the County Agency

Step 1: Read This Page

I am willing to comply with the requirements of the OWF or Food Assistance program. I understand that I may be contacted to be assessed and sign a self sufficiency contract or employability plan. I also understand that once my OWF begins I am also using months that count toward my OWF time limit.

OWF Payments: If this form shows that you are being sanctioned under the OWF program, we will stop your family's OWF payments for the Minimum Sanction Period shown above, or until you sign and return this form, whichever is longer. If you return this form to your caseworker by the Minimum Sanction End Date shown above, we will restart your family's OWF payments for the following month. If you do not return this form to your caseworker by the Minimum Sanction End Date shown above, you will have to complete a new application and reapply for OWF after you return this form.

Food Assistance Benefits: If this form shows that you are being sanctioned under the Food Assistance program, we will lower your family's Food Assistance benefits for the Minimum Sanction Period shown above, or until you sign and return this form, whichever is longer. If you return this form to your caseworker by the Minimum Sanction End Date shown above, we will raise your family's Food Assistance benefits for the following month. If you do not return this form to your caseworker by the Sanction End Date shown above, we will not raise your family's Food Assistance benefits until after you return this form. If no one else was receiving benefits with you and your benefits ended during your Minimum Sanction Period, or if you return this form after your Minimum Sanction Period has ended you will need to complete a new application.

Sign 2: Sign and Date

The person who must sign below is _____

Signature	Date
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Step 3: Return This Form to Us

Give or fax this form to your caseworker. Or, mail this form to us. If possible, keep a copy of this form for your records, along with proof of how and when you returned it to your caseworker.