

Ohio Department of Job and Family Services  
**OHIO WORKS FIRST / SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
 SANCTION COMPLIANCE AGREEMENT**

Case Name	Case Number
Sanctioned Individual	County Agency
Case Worker	Case Worker Phone Number
Program(s) <input type="checkbox"/> Ohio Works First <input type="checkbox"/> SNAP	Minimum Sanction Period month(s)
Minimum Sanction End Date	Date Signed Form Received by the County Agency

**Read This Page**

You have been sanctioned for a failure or refusal to meet the requirements of the Ohio Works First (OWF) or SNAP. Please read below to see what you must do to end your sanction depending on the program:

**OWF Payments:** You and your family have been sanctioned under the OWF program. Your family will continue to be sanctioned until you complete all of the following:

1. Sign this sanction compliance agreement and send it to the county agency;
2. Serve the minimum sanction period; and
3. If the minimum sanction period is 3 months or longer, complete a sanction compliance activity. Contact your county agency to schedule your compliance activity.

After completing the above requirements your sanction will be ended. To receive OWF benefits again you must also sign a self sufficiency contract and may have to reapply. Please also understand that once your OWF begins you are using months that count toward your OWF time limit.

**SNAP:** If this form shows that you are being sanctioned under SNAP, we will lower your family's SNAP benefits for the minimum sanction period shown above, or until you sign and return this form, whichever is longer. We will not raise your family's SNAP 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 and Date**

Signature	Date
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## Your Civil Rights:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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