

STATE HEARING COMPLIANCE

Assistance Group Name		Assistance Group Number	
County		Program	Appeal Number
Request Date	Decision Date	Compliance Due	BSH Use Only
			Compliance Approved
			Compliance Achieved

This is to certify that _____ has complied with the order of the above-referenced decision.
name of local agency
(Please provide a complete description of the agency's compliance actions, including the exact dates on which benefits were mailed or otherwise furnished.)

Important Notice: The local agency's compliance with the hearing decision must be reported by completing this form and returning it to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825. All required authorization documents (see below), hearing notices (e.g., approval notices, denial notices and prior notices) and other documentation of compliance must be attached.

List Authorization Documents Attached:

Name	Date	Title

Distribution: Original and one copy to local agency; one copy to Bureau of State Hearings.
This form is authorized , and its completion required, by Chapters 5101:1-35, 5101:2-30, and 5104:4-9 of the Ohio Administrative Code. Failure to respond promptly will necessitate follow-up activity by the Bureau of State Hearings.
 JFS 04068 (Rev. 5/2001)