

**Washington County Department of Job and Family Services
1115 Gilman Avenue
Marietta, Ohio 45750
(740) 373-5513**

DATE: _____ RE: _____

(Name of Business) _____
(Social Security Number)

(Address) _____
(Case Manager)

(City, State, Zip) _____
(Case Number Unit)

I am aware of my responsibilities to report completely and fully all facts which bear upon my eligibility for public assistance. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

By my signature below, I hereby authorize the following information to be released to determine eligibility for Public Assistance benefits.

(Signature) _____
(Date)

Employer: Please answer all highlighted or underlined questions. Thank You.

1. Date employment began: _____ Date 1st pay due or received: _____
2. Date employment ended: _____ Date last pay due or received: _____
3. Reason for termination: _____
4. Position: _____ How often is employee paid: _____
5. Average number of hours scheduled per week: _____ Is health insurance available? _____
(Please give best estimate if new position) Date insurance available: _____
6. Hourly Rate: _____ If salary, monthly amount: _____
7. Please report below gross earnings paid on each pay date from _____ aaaaaaaaaa to aaaaaa _____

_____ (Date paid)	_____ (Amount)	_____ (Date paid)	_____ (Amount)	_____ (Date paid)	_____ (Amount)
_____ (Date paid)	_____ (Amount)	_____ (Date paid)	_____ (Amount)	_____ (Date paid)	_____ (Amount)
_____ (Date paid)	_____ (Amount)	_____ (Date paid)	_____ (Amount)	_____ (Date paid)	_____ (Amount)

(SIGNATURE OF PERSON SUPPLYING INFORMATION) (PHONE) (DATE)

Please provide all information requested. This information will be used to:

- Determine eligibility for: ADC Medicaid Food Stamps Other Programs, specify: _____
 Other use, specify: _____

INSTRUCTIONS FOR THE COMPLETION OF THE EMPLOYMENT VERIFICATION FORM

Our agency has received information of a change in employment. Enclosed you will find an employment verification form to be signed by you and filled out by the employer listed on the form. To ensure that your case is updated in a timely manner, please complete the following:

1. Sign and date the enclosed employment verification form. You will sign where indicated towards the top of the form. This gives your employer permission to release the requested information to our agency.
2. Take the form to your employer and have them fill out the bottom part of the form. This will be highlighted or marked by pen for the information needed.

If you are having difficulty getting your employer to complete this form, return this form with your signature to the agency and your caseworker will forward it to your employer.

To determine your eligibility for ongoing benefits, this form must be returned by the due date on the request checklist sent to you with this form.

Failure to provide the requested information by the due date may result in a denial of your application or termination of your benefits. If you need assistance in obtaining this information, please contact your caseworker.