

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: _____
(Please give best estimate if new position)
6. Hourly Rate: _____ If salary, monthly amount: _____
7. Please report below gross earnings paid on each pay date from _____ to _____

(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: _____