

**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 1<sup>st</sup> 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: \_\_\_\_\_