

Ashtabula County Job & Family Services

Patrick J. Arcaro, Executive Director

ACTS Toll Free	OhioMeansJobs	Social Services / Child Care	Financial / Medical Asst. Services	Fraud Hot-Line Enforcement	Nursing Hom Services	e Child Support Enforcement
Ph: 1-800-445-4140 Fax: 440-994-2041	Ph: 440-994-1234 Fax: 440-992-7826	Ph: 440-998-1110 Fax: 440-998-1538	Ph: 440-998-1110 Fax: 440-998-1538	Ph: 440-998-1110 Fax: 440-998-1538	Ph: 440-998-1 1 Fax: 440-998-1	
of eligibility an	r ACJFS programs, the d level of assistance. In their duties. Applicant	n addition, Ohio Revised	at ACJFS may contact oth Code 5101.37 authorizes	er persons or organizat ACJFS to make invest	ions to obtain the r igations that are no	necessary proof ecessary in the
************	******	*********************************FOR	EMPLOYER USE ONL	Y*************************************	*****	********
DATE:			WORKER:			
Employer:			RE:	Employee:		
Address:				SSN: XXX-XX		
City, State Zip:						
			(No.:			
First date	RNISH OUR AGENC e of employment e of employment		OWING INFORMATI	×	Date of First pay	·
Reason for Separation Terminated Quit			Laid Off Other		Date of Final pay Hourly Pay	
Hours worked per week V				Tips/Other		
			nthly Semi-month			
	ployee eligible for: e Date:	• •	pitalization 401 Ret	tirement/Savings Pla	n Severance/	Retirement
Please li	st gross pays for the j	period of:				
DATE PAY WAS RECEIVED		GROSS EARNINGS	TIPS	DATE PAY WAS REC	CEIVED	GROSS EARNINGS
		\$	\$		\$	3
		\$	\$		٩	3
		\$	\$		\$	3
		\$	\$		\$	3
Please co	omplete employee wo	ork schedule using the	boxes below			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PERSON C	COMPLETING FORM &		COMPANY STAN	IP OR NAME		DATE

2924 Donahoe Dr., Ashtabula, OH 44004 E-mail: ashtabula-verifications@jfs.ohio.gov Toll Free: (800) 935-0242 Fax: (440) 998-1538