



Ashtabula County Job & Family Services

Patrick J. Arcaro, Executive Director

ACTS Toll Free Ph: 1-800-445-4140 Fax: 440-994-2041	OhioMeansJobs Ph: 440-994-1234 Fax: 440-992-7826	Social Services / Child Care Ph: 440-998-1110 Fax: 440-998-1538	Financial / Medical Asst. Services Ph: 440-998-1110 Fax: 440-998-1538	Fraud Hot-Line Enforcement Ph: 440-998-1110 Fax: 440-998-1538	Nursing Home Services Ph: 440-998-1110 Fax: 440-998-1538	Child Support Enforcement Ph: 440-994-1212 Fax: 440-998-1538
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CLIENT'S RELEASE OF INFORMATION: (CLIENT- SIGN RELEASE ONLY)

By my signature below, I hereby authorize the release of the above information. I also give Ashtabula County Job & Family Services permission to contact this employer to obtain information to determine eligibility.

SIGNATURE _____ DATE _____

*******FOR EMPLOYER USE ONLY*******

DATE: _____ WORKER: _____

Employer: _____ RE: Employee: _____

Address: _____ SSN: XXX-XX- _____

City, State Zip: _____ Case Number: _____

Phone No.: _____ Fax No.: _____

PLEASE FURNISH OUR AGENCY WITH THE FOLLOWING INFORMATION: (PLEASE ANSWER MARKED AREAS ONLY)

First date of employment _____ Date of First pay _____

Final date of employment _____ Date of Final pay _____

Reason for Separation Terminated Quit Laid Off Other Hourly Pay _____

Hours worked per week _____ Variable Schedule? Yes No Tips/Other _____

Employee paid: Weekly Bi-Weekly Monthly Semi-monthly

Is the employee eligible for: Sick Pay Hospitalization 401 Retirement/Savings Plan Severance/Retirement

Effective Date: _____

Please list gross pays for the period of: _____

DATE PAY WAS RECEIVED	GROSS EARNINGS	TIPS		DATE PAY WAS RECEIVED	GROSS EARNINGS
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$

Please complete employee work schedule using the boxes below

Sunday Tuesday Wednesday Thursday Friday Saturday Sunday

PERSON COMPLETING FORM & TITLE

COMPANY STAMP 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