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 Home Services	Child Support Enforcement
Ph: 1-800-445-4140	**Ph: 440-994-1234**	**Ph: 440-998-1110**	**Ph: 440-998-1110**	**Ph: 440-998-1110**	**Ph: 440-998-1110**	**Ph: 440-994-1212**
Fax: 440-994-2041	Fax: 440-992-7826	Fax: 440-998-1538	Fax: 440-998-1538	Fax: 440-998-1538	Fax: 440-998-1538	Fax: 440-998-1538

By applying for ACJFS programs, the individual has agreed that ACJFS may contact other persons or organizations to obtain the necessary proof of eligibility and level of assistance. In addition, Ohio Revised Code 5101.37 authorizes ACJFS to make investigations that are necessary in the performance of their duties. Applicant's signature is on file.

**********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