

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_



## JOB QUIT INFORMATION

Attention Applicants and Recipients of Food Stamp Benefits:

If an individual, who is not exempt, **quits or reduces employment 60 days or less prior to application or** any time thereafter, without good cause, that individual shall be ineligible to participate in the Food Stamp program.

OAC 5101:4-3-11 and 5104:4-3-19.

**Termination of Employment**, without just (good) cause, results in a six month penalty period of ineligibility for the entire OWF assistance group. The individual who quit is ineligible to participate in the Food Stamp program for **six months**.

OAC 5101:1-3-15 45101:4-6-16

I, \_\_\_\_\_ understand that if any one in my household quits a job sixty days prior to application or at any time after application, without good cause, our household may not receive food stamps that we may otherwise be eligible for.

I also understand that I am to *report all changes within 10 days* of the change to Ashtabula County Job & Family Services. I may email [ashtabula-verifications@jfs.ohio.gov](mailto:ashtabula-verifications@jfs.ohio.gov) 24-hours a day with the change. I understand that I may also mail a letter or call.

X \_\_\_\_\_

Date \_\_\_\_\_

Ashtabula County Job & Family Services  
2924 Donahoe Dr., Ashtabula, OH 44004  
E-mail: [ashtabula-verifications@jfs.ohio.gov](mailto:ashtabula-verifications@jfs.ohio.gov)  
Toll Free: 1-800-935-0242  
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