

Ohio Department of Job and Family Services
REQUEST FOR CASE INFORMATION

In accordance with Ohio Administrative Code rule 5101:12-1-20 and its supplemental rules, case information may only be disclosed to an authorized requestor for an authorized purpose. This form must be completed and signed in order to obtain information contained in any case record. Should your request fall outside the scope of the rule, your request for information will be denied.

Section A – To be completed by all requestors

1. Requestor's Information

Name: _____	Address: _____
Title: _____	Address line 2: _____
Telephone Number: _____	City/State/Zip: _____
Request regarding: _____	SSN of party: _____
SETS case #: _____	Order #: _____
Other case parties: _____	

Check if you have received written permission from a case participant for information. (Original document must be attached)

2. The requestor is: (check one below)

<input type="checkbox"/> County Agency or Contract Staff (Complete Sections C & D) Name of County Agency: _____ If contract staff, name of vendor: _____	<input type="checkbox"/> State Agency or Contract Staff (Complete Sections B & D) Name of State Agency: _____ If contract staff, name of vendor: _____
<input type="checkbox"/> County Court (Complete Sections B & D) Name of Court: _____	<input type="checkbox"/> Other (complete Sections B & D) Title/Relationship to case: _____

Section B

1. Request Purpose (check all that apply)

<input type="checkbox"/> Location	<input type="checkbox"/> Paternity Establishment	<input type="checkbox"/> Support Collections/Disbursements
<input type="checkbox"/> Audit	<input type="checkbox"/> Support Establishment/Review	<input type="checkbox"/> Enforcement
<input type="checkbox"/> Other: _____		

Section C

1. Request Purpose (check all that apply)

<input type="checkbox"/> IV-A (OWF) Eligibility	<input type="checkbox"/> Food Stamps Eligibility	<input type="checkbox"/> IV-E (PCSA)
<input type="checkbox"/> Medicaid Eligibility	<input type="checkbox"/> Title XX Eligibility	<input type="checkbox"/> Fraud Investigation
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Other: _____	

Section D

1. Describe the information you are requesting and how the requested information will be utilized (attach additional pages if needed):

By my signature below, I attest that the information I have provided on this form is complete and accurate and that any information provided to me as a result will be utilized only for the purpose described above.

Signature

Date

For mailed or faxed information request from individuals, this document must be notarized.

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this _____ day of _____, in the year _____.

Signature of Notary Public

Commission Expires