



Board of Commissioners

Sabrina Christian-Bennett
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Job and Family Services
Director Kellijo Jeffries MSW, LSW

Portage County Job and Family Services
Ohio Benefits Electronic Asset Verification Acknowledgement Form

Please read over and sign your acknowledgement of the following:

- I _____ understand that the county will get information about my financial resources from banks, credit unions, or other financial institutions in order to determine my eligibility for medical assistance.

Authorization to get this information remains in effect until:

- My application for medical assistance is denied; or
 - My eligibility for medical assistance ends; or
 - I inform the county in writing that I wish to end my authorization.
- If I refuse to authorize the county to get information about me from financial institutions, or decide to end my authorization, I understand that my medical assistance may be denied or discontinued.

By signing each member of the household understands that Portage County Job and Family Services will check our electronic databases from financial institutions (banks, credit unions, etc). If the information does not match, we may ask you to provide further verifications.

Primary Applicant (or Authorized Representative) Printed Name

Primary Applicant (or Authorized Representative) Signature

Date

