

JOB CENTER SEEK WORK VERIFICATION FORM for Allen County Child Support

NAME : _____ SETS NO : _____ MONTH : _____

YOU ARE REQUIRED TO DOCUMENT YOUR ACTIVITY AND HAVE IT SIGNED BY PROGRAM STAFF

Week 1

<u>DATE</u>	<u>AGENCY</u>	<u>PARTICIPATION TYPE</u>	<u>ACTIVITIES COMPLETED</u>
/ /		Self – guided (minimum 5 hours per week)	
<u>STAFF NAME</u>		<u>STAFF PHONE NUMBER</u>	<u>STAFF SIGNATURE</u>

Week 2

<u>DATE</u>	<u>AGENCY</u>	<u>PARTICIPATION TYPE</u>	<u>ACTIVITIES COMPLETED</u>
/ /		Self – guided (minimum 5 hours per week)	
<u>STAFF NAME</u>		<u>STAFF PHONE NUMBER</u>	<u>STAFF SIGNATURE</u>

Week 3

<u>DATE</u>	<u>AGENCY</u>	<u>PARTICIPATION TYPE</u>	<u>ACTIVITIES COMPLETED</u>
/ /		Self – guided (minimum 5 hours per week)	
<u>STAFF NAME</u>		<u>STAFF PHONE NUMBER</u>	<u>STAFF SIGNATURE</u>

Week 4

<u>DATE</u>	<u>AGENCY</u>	<u>PARTICIPATION TYPE</u>	<u>ACTIVITIES COMPLETED</u>
/ /		Self – guided (minimum 5 hours per week)	
<u>STAFF NAME</u>		<u>STAFF PHONE NUMBER</u>	<u>STAFF SIGNATURE</u>

Please complete and submit all requirements of the Seek Work Program by the last business day of each month. This form can be dropped off to the agency or sent to Allen County Child Support by mail, fax or email.

Mail: Allen County Child Support, P.O. Box 1589, Lima, Ohio 45802-1589

Fax: 419-222-6135

Email: CICC_allen@jfs.ohio.gov

Questions: Please come into the agency at 200 W. Market Street, Lima, Ohio (M, T, W & F 8:00-4:30 TH 9:00 -4:30) or call in at 419-224-7133 or 1-800-224-7133 (toll free)