

# 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](mailto: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)