

Lorain County Department of Job and Family Services
42485 N. Ridge Rd. Elyria, OH 44035-1057
(844) 640-6446 Fax: (440) 323-3422

Office Use Only	
Client Name	Case Number

**APPLICANT/RECIPIENT
AUTHORIZATION FOR RELEASE OF
INFORMATION**

Lorain County Community College
1005 N Abbe Rd
Elyria, OH 44035

By signing this release, I hereby authorize **Lorain County Community College** to disclose any requested information needed, either in writing or verbally, to help determine my eligibility for the OWF cash assistance program and/or the SNAP Employment and Training program to **Lorain County Department of Job & Family Services**.

I also authorize **Lorain County Department of Job & Family Services** to disclose any requested information needed, either in writing or verbally, to help determine my eligibility for the SNAP to Skills program to **Lorain County Community College**.

By signing below, I understand that:

This authorization for release of information will be in effect for the time period that I am applying for or participating in the Ohio Works First cash program and/or the SNAP Employment and Training program.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.

This authorization is **NOT** for the release or use of protected health information (PHI) – please use the appropriate medical release authorization form.

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance, medical assistance and/or SNAP benefits. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for Ohio Works First cash program and the SNAP Employment and Training Program.

Client Signature	Date
Client Name	Client Date of Birth
Last 4 of Client SSN	Client Student Number