

# LORAIN COUNTY DEPT. OF JOB & FAMILY SERVICES

42485 NORTH RIDGE ROAD - ELYRIA OH 44035-1057  
 (844)640-6446 FAX: (440) 323-3422

## Loss of Employment Statement

**I declare that I am not working at this time.**

The name of my last employer is: \_\_\_\_\_

The address of my last employer is: \_\_\_\_\_

The phone number of my last employer is: \_\_\_\_\_

The fax number of my last employer is: \_\_\_\_\_

The last date I worked was: \_\_\_\_\_

My expected return date is (if applicable): \_\_\_\_\_

The reason the employment ended was: \_\_\_\_\_

I was paid (select one):  Weekly  Bi-weekly  Monthly  Twice a Month

The date I received my last pay was/will be: \_\_\_\_\_

The gross (before taxes) amount of my final pay was/will be: \_\_\_\_\_

**List the dates and gross amounts of the last 4 pays you received or will receive. If you don't have your paystubs readily available, enter your best guess.**

Date	Gross Pay Amount
1.	
2.	
3.	
4.	

Please list your Unemployment confirmation number here: \_\_\_\_\_

**I understand the penalty for withholding information. I also understand I would have to repay any food assistance benefits I received because I did not fully report required changes to my caseworker. If asked, I agree to cooperate with verifying changes I report. My answers on this form are correct and complete to the best of my knowledge.**

Client Signature \_\_\_\_\_ Client Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Case Number \_\_\_\_\_

Caseworker/Supervisor \_\_\_\_\_

### Penalty Warning

The information provided on this form will be subject to verification by federal, state, and local officials. If any information is found inaccurate, you may be denied food assistance benefits, and /or subject to criminal prosecution for knowingly providing false information. If your assistance group receives food assistance benefits, it must follow the rules listed below. Any member of your assistance group who breaks any of these rules on purpose can be barred from the Food Assistance Program for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws. A court can also bar you from the Food Assistance Program for additional 18 months.

- Do not give false information or hide information to get or to continue to get Food Assistance benefits.
- Do not trade or sell food assistance benefits.
- Do not alter authorization document to get food assistance benefits you are not entitled to receive.
- Do not use someone else's food assistance benefits for your household.
- Do not use food assistance benefits to buy ineligible items, such as alcoholic drinks and tobacco.