

LORAIN COUNTY DEPT. OF JOB & FAMILY SERVICES

42485 NORTH RIDGE ROAD - ELYRIA OH 44035-1057
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IM-500 (Rev 4/2019)

Ohio Benefits Asset Verification Service (AVS) Acknowledgement Form

Case Name:	Case Number:
Address:	EW/Supervisor:
City/State/Zip:	Date:
	Due Date:

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 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 Lorain 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.

Print Name of Primary Applicant (or Authorized Representative)

Signature of Primary Applicant (or Authorized Representative)

Date

This information is not intended to replace, change or make obsolete any portion of the Ohio Administrative Code or department rule.
For a complete statement of the department policy/rule, reference the appropriate section of the OAC.

Supplemental Tax Questions for MAGI Applications

***** If you receive an older application, or one that is incomplete, below are the questions you need to ask the individual *****
***** Complete each column for each individual residing in the household *****

Name and age of individuals in the household →					
How will you file federal income tax <u>NEXT YEAR</u> ?	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing	<input type="checkbox"/> Single <input type="checkbox"/> Married Jointly <input type="checkbox"/> Married Separately <input type="checkbox"/> Not Filing
Who do you claim as dependents, if any?					
Are you being claimed by someone not living in the household? If yes, please list name(s) of the tax filer(s) claiming you as well as your relationship.					

Please make sure to inform the individual: We need the information above to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to provide verification.

It is permissible for an individual to give you verbal permission to ping the HUB for themselves (including their minor children) if documented in journal notes.	
	Date of verbal confirmation