Southwest Ohio
County Departments of
Job & Family Services

County Agency: Clermont County DJFS
Office of Adult, Child and Family Stability
Address: 2400 Clermont Center Dr., Batavia, Ohio 45103
Phone: 513-732-7111
Fax: 513-732-7216 or 7450
Website: www.acfs.clermontcountyohio.gov

STATEMENT OF SUPPORT

Case Name:	Case Number:	Worker:
Social Security Number:	Date Sent:	Return by Date:

RELEASE OF INFORMATION: To be completed and signed by the applicant.

The name, address, and phone number of the person GIVING my household financial help is:
Name: _____
Address: _____
Phone: _____

Name of household member RECEIVING the help: _____

Release of Information: *My signature below means that I give the person indicated permission to furnish all information about me that is requested on this form. I understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Family Services permission to contact this person to obtain or clarify any information contained on this form.*

Applicant Signature:	Phone:	Date:

FINANCIAL HELP: To be completed and signed by the person providing the financial help.

Bill Payment:

☐ I pay/have paid bills directly to the company for the person listed above. The bills I pay/have paid are:

☐ Rent
☐ Mortgage
☐ Property Insurance
☐ Property Taxes
☐ Gas
☐ Electric
☐ Water/Sewer
☐ Phone
☐ Daycare
☐ Other (specify): _____

I will continue to make these direct payments. ☐ Yes ☐ No If no, last date paid: _____

Money Given:

☐ I give/have given money to the person listed above.
Amount: $_____ (average amount per month)
I will continue to give this to the person named above. ☐ Yes ☐ No If no, final date paid: _____

☐ I expect the money to be paid back. It is/was a loan.

☐ I do not expect the money to be paid back. It is/was a gift.

Other:

☐ I buy other things for this person.
Specify items: _____

Additional Comments: _____
_____

My answers on this form are correct and complete.

Printed Name:	Signature:	Date:	Phone: