

Ohio Department of Job and Family Services
SELF-ATTESTATION

Applicant Name Last	First	MI
Customer ID Number	Date	

I hereby certify, under penalty of perjury, that the following information is true:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature	Date
Applicant's Phone Number	
Applicant's Address	
Signature of Parent or Guardian (as needed)	

The above applicant self-attestation statement is being utilized for documentation of the following eligibility criteria:

Eligibility Intake Staff Person Name	
Signature	Date