

LORAIN COUNTY DEPT. OF JOB & FAMILY SERVICES

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

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