



**Cuyahoga County Department of Human Resources  
Employee Public Benefits Inquiry Waiver**

**To Be Completed by Employee:**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City Zip Code

Contact Information: \_\_\_\_\_  
Phone Number Email

Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Have you, or anyone in your household, receive, or in the past received, public benefits?

- No  
 Yes

- Supplemental Nutrition Assistance Program (SNAP/Food Assistance)  
 Ohio Works First (OWF/Cash Assistance)  
 Medicaid (Medical Assistance)  
 Prevention Retention Contingency (PRC/Emergency Cash Assistance)  
 Child Care Assistance

If you checked yes, please provide the following information

Names of Recipients: \_\_\_\_\_

Case Numbers: \_\_\_\_\_

Start/End Dates of Benefits: \_\_\_\_\_

I hereby verify that the information I reported above is truthful and correct on this date and I grant permission to verify this information. I understand that failure to indicate correct and accurate information for any of the above may subject me to discipline up to and including removal. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Personnel:**

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Department: \_\_\_\_\_ Personnel Officer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Expected Hours Per Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

**OBWP INQUIRY**

No, no record found

Yes, record found

SNAP # \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

OWF # \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Medicaid # \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**Local Inquiry**

No, no record found

Yes, record found

PRC # \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Child Care # \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

**PUBLIC BENEFITS FRAUD INQUIRY**

No, no record found

Yes, record found

Relevant Information and Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Reviewer: \_\_\_\_\_

Date of Reviews: \_\_\_\_\_