

Consumer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

## Jobs & Family Services Verification

Ohio Works First \$ \_\_\_\_\_

SNAP \$ \_\_\_\_\_

Medicaid Type: \_\_\_\_\_

Spenddown Amount: \_\_\_\_\_

(Enrolled in Medicaid Buy In for Worker's with Disabilities? Y N premium \$ \_\_\_\_\_)

Waiver Type: \_\_\_\_\_

Patient Liability Amount: \_\_\_\_\_

Medicare Savings Program: \_\_\_\_\_

Type: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Part-D/LIS: \_\_\_\_\_

Specialized Recovery Services (SRS) YES No

RSS Subsidy \$ \_\_\_\_\_

(Amount and Facility Max)

Nursing Home/ICF Resident: \_\_\_\_\_

Patient Liability Amount: \$ \_\_\_\_\_

Signature of Case Worker at JFS: \_\_\_\_\_ Date: \_\_\_\_\_