Ohio Department of Job and Family Services CITIZENSHIP STATUS / AUTHORIZATION TO WORK SELF-ATTESTATION

Applicant Name Last	First	MI
Customer ID Number	Date	
I hereby certify, under penalty of perjury, that A citizen or national of the United Sta A lawful permanent resident, or A refugee, asylee, parolee or other in States.	ntes, or number and an authorized by the A	Attorney General to work in the United
I attest that the information stated above is information, if misrepresented, or incompl penalties as specified by law.		
Applicant's Signature		Date
Phone Number		
Applicant's Address		
Signature of Parent or Guardian (as needed)		
The above applicant self-attestation statemer criteria:	-	entation of the following eligibility
Citizenship or authorization to work in the control of the co	ne US	
Eligibility Intake Staff Person Name		
Signature		Date