

Ohio Department of Job and Family Services
**WORK OPPORTUNITY TAX CREDIT
EX-FELON VERIFICATION REQUEST**

Employer or Employer Representative Complete this section:	
Applicant	Last four of the SSN#
Employer Name	Date of Hire

Court or Government Representative Complete this section:	
<input type="checkbox"/> Dept. of Corrections <input type="checkbox"/> Probation <input type="checkbox"/> Adult Parole Authority <input type="checkbox"/> County Representative	Place Agency stamp or business card below: <div></div>

Felony Conviction Date	Incarceration Release Date
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☐ The Client was participating in a work-release program on the hire date.

Agency Representative's Signature	Date
Agency Representative Title	
Representative's Printed Name	Phone Number

Contact us at: wotc_contact@jfs.ohio.gov or (855) 459-3773