

Logan County Department of Job & Family Services

Child Support Division (CSEA)

120 E. Sandusky Avenue, P.O. Box 517, Bellefontaine, Ohio 43311 (Former Logan County Library) Phone 937-599-7232 or Fax 937-599-3176

Date: _____

Name: _____

SETS: _____

Instructions for Obtaining Medical Verification of Reported Inability to be Gainfully Employed

- You, or someone on your behalf, has reported to our Agency that you may have a medical condition that prevents you from being gainfully employed and therefore unable to pay your child support obligation.
- In order to assist you in obtaining the medical verification needed from your healthcare provider, please fill out the attached **Medical Information Release Authorization** in the following manner:

Carefully read the Medical Information Release Authorization

1. Neatly print your name on the first line after "I".

2. List any and all healthcare providers that you wish our Agency to contact for medical information. Be sure to provide accurate address and phone number information. If you need more than one sheet, please ask for another form.

3. Print your name again and list your date of birth to help assist the healthcare provider in matching your name with your information at their office.

4. **Once again, carefully read the advisory language.** This Authorization will allow our Agency to contact your healthcare provider for two (2) years after the date of your signature. If you wish to revoke the Authorization prior to the expiration of the two (2) years, you must do so in writing to both the healthcare provider and the Agency.

5. Sign and date the Authorization at the bottom of the form and return to the Logan County CSEA.

- Upon returning this Authorization to the CSEA, your Investigator will contact your healthcare provider to obtain information on your reported disability. **IF** your healthcare provider provides the CSEA with written verification of your total inability to be gainfully employed your child support obligation will not be terminated but certain enforcement measures will not be taken against you during your period of disability as noted by your healthcare provider. **IF** your healthcare provider informs the CSEA that you are not totally disabled and do have the ability to be gainfully employed even on a part time basis or with restrictions, enforcement of your child support obligation will continue. Please contact your assigned Investigator for further information.
- This is a voluntary process. You are not required to sign and submit this Authorization to allow the CSEA to contact your healthcare provider directly. This is an attempt by the CSEA to assist you in obtaining the required written medical verification of your reported disability and inability to be gainfully employed. If you choose not to sign and submit this Authorization to the CSEA, you are solely responsible for providing the required written verification of disability from your healthcare provider.

Date provided: _____

Investigator: _____