

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

REQUEST FOR MEDICAL VERIFICATION OF INABILITY TO BE GAINFULLY EMPLOYED

Date: _____

Name: _____

SETS/Order Number: _____

Dear Medical Provider: Please fill out and return by fax to 937-599-3176.

Nature of Disability: _____

Treatment: _____

Date of Most Recent Office Visit: _____

Is Patient **totally unable** to work? _____ If yes, date disability began: _____

Patient may be expected to return to work on: _____

Notes: _____

Please attach any other information which may be helpful.

Signature of Doctor

Name of Practice or Institution: _____

Address: _____

Phone: _____

Fax: _____