



HAMILTON COUNTY
JOB & FAMILY SERVICES

Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
www.hcjfs.org

CINCINNATI OH

Date:

SETS CASE #:

The Hamilton County Child Support Enforcement Agency needs medical verification for your child(ren).

Please check one of the boxes below for _____ and return to our office by date + 15 days.

- I do not have insurance for my child(ren).
- I have Medicaid for my child(ren). Medicaid is a state coverage* plan obtained through the Job and Family Services agency. *State coverage does not fulfill the medical requirement on the child support web portal. You will still see the request but a response is not needed.
- I, or another person in my household, have private insurance coverage for my child(ren). Attach proof of the insurance policy stating:
 1. Policy Number
 2. Group Number
 3. Coverage Begin Date
 4. Covered Children's Names
 5. Insurance Company Name
 6. Insurance Claims Address

If the other person in my household is the policyholder, please complete this additional section:

Policyholder Name:	
Policyholder DOB:	Policyholder Social Security Number: (this is not released to either party)

- Check if policyholder has his/her own open child support case.

Signature of Person Completing Form

Phone

Email

Return this form and all verification documents:

By Mail to:	By Fax to:
Hamilton County Job & Family Services Child Support Enforcement Agency 2 nd Floor 222 E. Central Pkwy Cincinnati, OH 45202	(513) 946 - 2396