



# Family Choice Program Residency and Education Verification

Please return this completed form to verify your residency and education.  
Additional documentation may be requested if necessary.

Last Name:	First Name:	Middle Initial:
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Social Security #:	DOB:	Phone Number:
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Current Address:
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Date Current Address Established:	Date Entered Ohio (If Applicable):
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Previous Addresses (past five years)	From Date	To Date

Did you graduate High School or complete a GED program?	Yes	No
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High School or GED Program	Address	Date Completed

## Notary Statement

Must be in writing, under oath.

The undersigned, being first duly sworn, deposes and says all of the answers entered on this form are true and correct.

(Seal)

Applicant Signature:	Date:
Notary Signature:	Date: