

State of Ohio
Annual Affidavit of Dependent Status

County of: _____

I, _____, after first being duly cautioned and sworn, state that:

- My unmarried dependent is 19 to 23 years of age, attends an accredited school and is primarily dependent upon me for maintenance and support:

(Name of school)

Name of dependent: _____

Dependent's Social Security Number: _____ Date of Birth: _____

- I am the legal GUARDIAN or FOSTER PARENT OF:

Name of dependent: _____

Dependent's Social Security Number: _____ Date of Birth: _____

Note: You must attach legal documentation of appointment as guardian or foster placement.

- My unmarried child who is age 19 or older is incapable of self-support because of mental retardation, severe mental illness or physical handicap which began before age 23, and is principally dependent upon me for maintenance and support. **

Name of dependent: _____

Dependent's Social Security Number: _____ Date of Birth: _____

Obtain from your payroll/personnel officer Form ADM 4730 - Request to Extend Limiting Age for Mentally Retarded, Severely Mentally Ill, or Physically Handicapped Dependent Child. Complete and return to your agency payroll/personnel officer.

***Employees are not required to file annually after a permanent handicapped status has been established.*

Further affiant sayeth naught.

Signature of Employee

Employee Identification Number

Sworn to before me and subscribed to in my presence this

_____ day of _____, _____

Notary Public