Employment/Income Verification Release

To request verification of employment or income, please complete this form. If this form is completed by an individual other than the Oregon Department of Human Services (ODHS) provider, a signed authorized Release of Information is required for the release of employment/income verification.

Home care workers: all requests can be fulfilled at the local Aging and People with Disabilities (APD) office.

If you are requesting for a Paid Leave Oregon Verification of Employment – all these requests are completed through the Oregon Employment Department – Paid Leave Oregon.

Select one

☐ Employment Verification - Statement verifying authorized hours and wages.

☐ Income Verification – Paystub/Remittance Advice.

Update: To help streamline the process with the high demand of Remittance Advices (RA) replacements, Provider Relations Unit (PRU) will not be processing any requests for the current pay period until 2 processing dates have passed. PRU may deny repetitive RA requests, such as monthly paystub submissions for the current pay processing date.

☐ W2 Replacement - For current and previous Tax years – See Section III.

Last updated: 04/2026

Section I. Provider information

Legal first and last name (as it appears on file):

Provider number:

Provider type: Home Care Worker or Personal Care Attendant

Social Security Number (last 4):

Phone number:

Mailing address:

Email address:

Section II. Requester information: Name of individual agency, or business requesting verification.

Name of agency or business:

Verification period (MM/YY):

Email address:

Section III. Pay Period Date(s) for Remittance Advices/Pay Stubs

W2 Years needed:

Section IV. Delivery Method:

Email verification to:

Mail verification to:

Section V. Release of Information

I hereby authorize ODHS-APD-OHCC to release the information indicated above to myself, individual agency, or business.

Provider signature: **Provider name printed:**

_____ _____

Last updated: 04/2026

Note: if the information above does not match ODHS Adults and People with Disabilities, Oregon Health Care Commission records, further information will need to be provided, for identity purposes only.

Allow 5 business days for processing

Submit this request to email

Home Care Workers:

apd.employmentverification@odhs.oregon.gov

Personal Care Attendants:

pc.20@odhs.oregon.gov and pca.program@odhs.oregon.gov

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