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| FOR MDHS USE ONLY | |
| <input type="checkbox"/> Mandatory | <input type="checkbox"/> Voluntary |
| Referral Date _____ | |
| County _____ | |

**SNAP EMPLOYMENT & TRAINING (E&T)
SKILLS2WORK (S2W) APPLICATION & ASSESSMENT**

Intake Date: _____
Client Name: _____ Case Number/ID _____
DOB: _____ Last four of SSN: _____ Sex: M F Other
Driver's License # _____ Student ID # _____
Physical Address _____
Mailing Address _____
City _____ State _____ Zip Code _____
Cell Phone: _____ Alternate/Landline Phone _____
Email Address: _____

Please read and initial the following statements acknowledging your understanding.

I, _____, wish to apply for the SNAP E&T Skills2Work program benefits and services.

_____ I understand I may be eligible for the services available through the SNAP E&T program as long as I receive SNAP benefits and meet all other eligibility criteria.

_____ I understand if I enroll or receive financial assistance under false circumstances or was not eligible for SNAP benefits at the time, I will be responsible for repayment of all financial assistance received during the period for which I was not eligible.

_____ I understand that I will be responsible for submitting my class schedule to my MDHS E&T caseworker or college navigator within ten (10) days of receipt from the educational institution and I also authorize the community college/school to provide such information to MDHS and its partner agencies.

_____ I hereby give permission for the MDHS and its partner agencies to which I am referred to exchange information regarding services rendered to me between the E&T caseworker, case manager, college navigator, state and federal agencies or their representatives, and other service providers for monitoring, hearings and/or auditing purposes.

_____ I understand that if I am an Able-Bodied Adult without Dependent (ABAWD) subject to the ABAWD work requirement, I must participate a minimum of 20 hours per week. I agree to notify my caseworker if I fail to meet the work requirement. I understand if I fail to comply with SNAP E&T or meet the above work requirement, my SNAP case will be closed or my SNAP benefits reduced, unless good cause can be determined.

_____ I understand that my participation in SNAP E&T does not completely exempt me from work registration requirements.

Signature _____

Date _____

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The following assessment must be completed to assist case management in determining individual needs while participating in the Skills2Work programs and developing a plan to achieve self-sufficiency.

HOUSEHOLD INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Total Number of People in the Household: _____ Number of Minor Children in Household: _____

How many under 6 months old? _____ Under 12 months old? _____ Under 18 months _____

List Age(s) of All Minor Children: _____

Are you Hispanic or Latino? Yes No

Choose the race you identify yourself as:

Asian Black/African American American Indian/Alaskan

Native Hawaiian or Pacific Islander White/Caucasian Other _____

Primary Language: _____ Do you speak English as a second language? Yes No

Are you living in a house, apartment, shelter, family member's home or other? _____

Do you own or rent where you are living? Yes No

If not, would you like to own or rent? Yes No

Do you want to move into different housing? * Yes No

Would you say you are satisfied with your housing situation? * Yes No

Please explain*:

EDUCATION HISTORY

What is the highest level of education you have completed? _____

Do you have the following (see options below)? Yes No

Select all that apply: Diploma HSE/GED Date received (MM/YYYY): _____

Have you ever completed a Mississippi Smart Start Class? Yes No When? _____

Level of Credential Received _____ Issuing Agency _____

Level of Credential Received _____ Issuing Agency _____

Other _____

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Are you currently enrolled in, or attending school? Yes No If yes, please list school name, location and course of study _____

Are you having any difficulties gaining access to educational opportunities? Yes No

Do you feel you have space to study and focus within the home? Yes No

Do you and your household have access to the internet? Yes No

Would you say you are satisfied with your education level? Yes No

List any Certificates or Degrees you have received and the dates when received: _____

If currently attending school/training provide location and schedule: _____

What source(s) of income/support do you or your household members receive? _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

If YES, employer name & location?

Start Date _____ Rate of Pay _____

Pay Frequency: Daily Weekly Bi-weekly Semi-Monthly Monthly Every Two Weeks

If NO, when is the last time you worked, if at all? _____

What steps have you taken to find a job? _____

Have you completed a resume?? Yes No

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LIFE SITUATION

What are some things you feel are going well right now for you? _____

What are some of your strengths? _____

What are your major concerns and worries right now? _____

How would you go about balancing your personal life and maintaining employment or participation in training activities successfully? _____

HEALTH/MENTAL HEALTH

Do you have health insurance? Yes No

Do you have access to a physician? Yes No

Do you or your family have any diagnosed conditions that limit your daily activities? * Yes No

Are you or your family struggling with depression or anger issues? Yes No

Are you or your family struggling with any substance use? Yes No

Are there violence or control issues within your home? Yes No

Are you or your family going through a recent separation/divorce? Yes No

Are you or your family having any child custody issues? * Yes No

Would you say you are satisfied with the health/mental health of you and your family? Yes No

Please explain*:

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TRANSPORTATION

- Do you have access to a reliable transportation? Yes No
- If so, is there proper insurance for the transportation? Yes No
- Is public transportation available in your city or town? Yes No
- Do you have access to public transportation? Yes No
- Do you have a valid driver's license? Yes No
- Can you get to work or a training program on time every day? Yes No
- Would you say you are satisfied with your transportation arrangements? Yes No

If you answered 'No' to any of the above questions, please explain: _____

FINANCIAL

- Do you have a free bank account? Yes No
- If employed, do you use direct deposits for your paychecks? Yes No
- Do you currently have any payday or title loans? Yes No
- Have you ever checked your credit report? Yes No
- Do you and your household have a monthly budget? Yes No
- Would you say you are satisfied with the financial situation of you and your family? Yes No

If you answered 'No' to any of the above questions, please explain: _____

OTHER

Please list or explain any details of your life that you feel/think would benefit your performance in an Employment and Training program: _____

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To participate in the SNAP E&T Skills2Work program, I understand that I must comply with the following program requirements, as necessary and as acknowledged above following my initials:

1. Complete a telephonic or face-to-face interview with the MDHS E&T caseworker or case manager;
2. Meet with a career navigator/case manager at the local community college/school, or community-based organization;
3. Complete the application and enrollment process at the community college/school or community-based organization;
4. If enrolled at a community college, complete the financial aid process to apply for all grants and scholarships for which I may be eligible;
5. Enroll in a career and technical education or workforce skills training program at the local community college/school/community-based organization, or participate in other SNAP E&T work activity assignments; and
6. Participate satisfactorily and remain in good standing with the educational institution or service provider.

My signature acknowledges, or affirms, that the statements and information provided are true and correct. Information will be used to assess my suitability for activity placement, enrollment and/or participation in a referable SNAP E&T program.

Signature (Client)

Date

Signature (Case Manager)

Date

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USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to:

1) mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2) fax: (833) 256-1665 or (202) 690-7442; or

3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

