

FOR MDHS USE ONLY	
WORE/EMTR processed by _____	
Date _____	
<input type="checkbox"/> Mandatory	<input type="checkbox"/> Volunteer

County _____

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
EMPLOYMENT AND TRAINING (E&T) SKILLS2WORK
APPLICATION**

Case Name _____ Case Number _____
Participant _____ Client ID _____
DOB _____ SSN (last four) _____ Sex: Male Female
Student ID _____ Driver's License _____
Physical Address _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone Numbers: Landline _____ Cell _____
Email Address _____
Diploma: High School Equivalency Date Received _____ Highest Grade Completed _____

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

Please read and initial the following statements acknowledging your understanding.

_____ 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 and grades 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 my participation in SNAP E&T does not exempt me from work registration requirements.

_____ I understand that if I am an Able-Bodied Adult without a 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.

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

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.

SNAP Recipient's Signature: _____ Date: _____

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.