

<b>FOR MDHS USE ONLY</b>	
<input type="checkbox"/> <b>Mandatory</b>	<input type="checkbox"/> <b>Voluntary</b>
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 Abled-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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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, 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.

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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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



