

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

County \_\_\_\_\_

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

This application is for:    Tuition Assistance    Skills2Work

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Participant \_\_\_\_\_ Client ID \_\_\_\_\_

DOB \_\_\_\_\_ SSN (last four) \_\_\_\_\_ Sex:    Male    Female

Student ID \_\_\_\_\_ Driver's License \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Landline \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Diploma:    High School    Equivalency   Date Received \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

College/School enrollment status:    Applied    Pre-Approved    Enrolled   Semester \_\_\_\_\_

Community College/School \_\_\_\_\_ Campus Location \_\_\_\_\_

Program/Course of Study \_\_\_\_\_

I, \_\_\_\_\_, wish to apply for SNAP E&T 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 if I fail to comply with the SNAP E&T requirements summarized in this application and I do not meet a work registration exemption, my SNAP case will be subject to work registration requirements.

\_\_\_\_\_ 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 Dependents (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 Program, I understand that I must comply with the following program requirements:

1. Complete a telephonic or face-to-face interview with the MDHS E&T caseworker or case manager;
2. Meet with a career navigator at the local Community College/school;
3. Complete a Community College/school application and the enrollment process;
4. 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, or participate in other SNAP E&T work activity assignments; and
6. Participate satisfactorily and remain in good standing with the educational institution.

Note: #4 may not apply to those individuals enrolled in Vicksburg-Warren School District's E2E Career Academy program.

SNAP Recipient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_