

<b>FOR OFFICE USE ONLY</b>
WORE processed by _____
Date _____

County \_\_\_\_\_

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

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

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

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Sex:  Male  Female

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

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

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

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

High School Diploma  GED Date Received \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

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

Community College: \_\_\_\_\_ Campus Location: \_\_\_\_\_

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

I, \_\_\_\_\_, wish to volunteer for SNAP Employment and Training (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 this 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 further understand that I will be responsible for submitting my class schedule and grades to my MDHS case manager within ten (10) days of receipt from the educational institution, and I also authorize such information to be provided by the community college to MDHS.

\_\_\_\_\_ I hereby give permission for the agency to which I am referred to exchange information regarding services rendered to me between the case manager, state and federal agencies or their representatives, and other service providers for monitoring, hearings and/or auditing purposes.

To participate in the SNAP E&T Program, I understand that I must comply with the following program requirements.

1. Complete a telephonic interview with the MDHS case manager;
2. Meet with a Career and Technical Advisor at the local Community College;
3. Complete the Community College application for 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 program at the local Community College, or participate in other SNAP E&T work activity assignments; and
6. Participate satisfactorily and remain in good standing with the educational institution.

I understand that if I fail to comply with the SNAP E&T requirements summarized above and I do not meet a work registration exemption, my SNAP case will be subject to work registration requirements.

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