

**Food Stamp Employment & Training Program (E&T)  
 Participation Plan**

<b>Name:</b> _____	<b>Date:</b> ____/____/200__	<input type="checkbox"/> <b>Mandatory</b> <input type="checkbox"/> <b>Voluntary</b>
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**Program Requirements**

**Work Activity Components**

**Job Search**

You are required to participate in **job search** for a period of \_\_\_\_ weeks, starting on \_\_\_\_/\_\_\_\_/200\_\_, and ending \_\_\_\_/\_\_\_\_/200\_\_. During this job search, you are required to complete at least \_\_\_\_ employer contacts.

**Next Appointment:**

Your next E&T Food Stamp Program appointment is \_\_\_\_/\_\_\_\_/200\_\_ at \_\_\_\_ AM PM. You must bring your completed *Employer Contact Record* sheet with you.

If you are unable to show for this appointment, you must call \_\_\_\_\_ at \_\_\_\_\_ and reschedule before the date of that appointment.

**Optional Component:**

- Adult Education**
- Employment Counseling**
- Vocational Training**

**Additional Requirements:**

<b>Employment Services Needs:</b>	<b>Supportive Services Needs:</b>
<input type="checkbox"/> Job Opening Information	<input type="checkbox"/> Transportation
<input type="checkbox"/> Job Development	<input type="checkbox"/> Other

**Food Stamp E&T Program Additional Requirements**

Report to an employer when referred. Accept suitable employment when offered. Continue suitable employment.

**YOUR RIGHTS IN THE FOOD STAMP E&T PROGRAM**

- The right to refuse a job that does not meet certain standards
- The right to equal opportunity for fair treatment in your work or assignment
- The right to request a fair hearing if you believe any determination by this office was improper.
- The right to receive written explanation of the requirement to participate in E&T, of the consequences of failure to comply and of your rights and responsibilities.

Participation in the Employment & Training Program is a condition of eligibility for Food Stamp benefits.

**FAILURE TO COMPLY WITHOUT GOOD CAUSE MAY RESULT  
 IN THE LOSS OR REDUCTION OF YOUR FOOD STAMP BENEFITS.**

By my signature below, I acknowledge that I have received an explanation of my requirements to participate, of the consequences of failure to comply and of my rights and responsibilities in relation to the Employment & Training program.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/200\_\_

**Food Stamp E&T Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/200\_\_