



Food Assistance Work Registration Notice

Date: _____

Case Name: _____

Case Number: _____

DCF Office Address/FAX #:

You or the members of your household listed below are mandatory participants in the Supplemental Nutritional Assistance Program (SNAP) Employment and Training (E&T). If you or members of your household must participate, the CareerSource Center staff will contact you.

Last Name	First Name

Work Participation Requirements

The Department of Children and Families (DCF) staff must register, at the time of application and every 12 months thereafter, household members who do not meet an exemption from work requirements. These household members also must:

- Participate in the E&T program if assigned;
- Give the CareerSource Center information regarding employment status or availability for work;
- Report to an employer, if referred;
- Report good cause reasons for not participating, immediately;
- Inform the CareerSource Center of changes in participation, employment, family circumstances including change of address, telephone number, childcare needs, transportation problems, health problems, etc.
- The food assistance, assistance group (AG) must choose and agree on a member as head of the AG who is an adult parent or an adult with parental control of children under age 18. If the AG does not name a head member that meets these requirements, the eligibility specialist will name the adult member with the highest earned income as head of the AG.
- Participate in a workfare program, if assigned;
- Not voluntarily, and without good cause, quit a job of 30 or more hours a week or reduce work hours to less than 30 hours a week;
- Accept a valid offer of suitable employment;
- Apply for and seek employment;

Consequences For Failure To Participate

If you or the mandatory household members do not complete the work requirements, DCF will take action using the following penalties. Before we begin a penalty, DCF will send you a notice of adverse case action. If you complete the work requirements within the 10-day time period prior to the effective date in the notice of adverse action, DCF will remove the penalty.

(continued on next page)

Food Assistance Penalties

1st Penalty: Loss of food assistance benefits for one month or until compliance, whichever is longer.

2nd Penalty: Loss of food assistance benefits for three months or until compliance, whichever is longer.

3rd Penalty: Loss of food assistance benefits for six months or until compliance, whichever is longer.

NOTE: If the person who does not complete the work requirement is the head of household, DCF must close the food assistance benefits for the entire AG, unless that person meets an E&T work exemption or ABAWD exception.

Work Participation Information

- You may have your case reviewed by a supervisor at the CareerSource Center. If you disagree with a decision about your work activity or support service(s), you may ask for a fair hearing.
- Good cause reasons may include circumstances beyond your control such as illness, household emergency, or transportation failure, or lack of child care for a child under age 12. Let CareerSource Center or DCF know if you think you have good cause.

Time Limited Able-Bodied Adults Without Dependents (ABAWDs)

Able Bodied Adults Without Dependents (ABAWDs) are healthy adults who are able to work or participate in a work program and whose food assistance benefits may be time-limited.

Time limited ABAWDs are people who:

- Are 18 through 49 years of age;
- Do not have children under the age of 18;
- Do not meet an exception to the ABAWD time limits; or,
- Do not live in Labor Surplus Areas (federally approved areas of the state with high unemployment) when the state has a waiver approved by the Food and Nutrition Service.

When E&T services are available for ABAWDs, they may get food assistance benefits in only three full months out of 36-months period unless they are meeting work rules. Meeting work rules means:

- Working 20 hours per week;
- Working and attending a work program for a total of 20 hours per week;
- Attending a work program 20 hours a week and performing all activities; or,
- Attending and meeting all the rules of a workfare program.

Becoming Eligible Again

An ABAWD who has already received food assistance benefits for three time-limited months may receive the benefits again by doing one of the following in a 30-day period before applying:

- Work 80 or more hours;
- Take part in and meet all rules of a work program for 80 or more hours;
- Meet an exception to the ABAWD time limits, or E&T exemption; or,
- Work and attend a work program for a total of 80 hours; or take part in and meet all the rules of a workfare program.

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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 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; or by (2) fax: (202) 690-7442; or by (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State) found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write to HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.