## PART XXV

### SNAPSHOT EMPLOYMENT & TRAINING (SNAP E&T)

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**TRANSMITTAL #32**
PART XXV  SNAP EMPLOYMENT & TRAINING (continued)

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A. SNAP EMPLOYMENT AND TRAINING PURPOSE

SNAP Employment & Training (SNAP E&T) is a federally funded, state administered program that assists program participants in gaining the skills, training or work experience needed to move toward and into employment. SNAP E&T also helps reduce barriers to work by providing individuals with support services such as transportation and childcare as they prepare for and obtain employment and job retention services to help them maintain employment. Participation in SNAP E&T is voluntary.

See Appendix I for a list of Virginia localities that operate SNAP E&T.

B. REFERRAL TO SNAP E&T

1. Eligibility Process

   The Eligibility Worker (EW) must determine the work registration status for each household member. The EW must record any member as registered if the member does not meet a registration exemption or if the member wants to volunteer to participate in SNAP E&T. Mandatory registrants and those who want to volunteer are referred to SNAP E&T through VaCMS at application or reapplication and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification. See Part VIII.A for a discussion on the registration exemptions.

2. Participant Categories

   a. New – participant who has not been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).

   b. Re-registrant – participant who has been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).

3. SNAP E&T Categories

   a. Active - a category in which participants with no barriers to employment are placed.

   b. Pending - a category in which participants are placed when they cannot move immediately into an activity or when they have short-term barriers to employment (less than 60 days).

   c. Inactive - a category in which participants with long-term (60 or more days) or substantial barriers to employment are placed.

   Barriers may include, but, are not limited to:

   1. unavailability of dependent care;

   2. unavailability of transportation;
3. second and third trimester pregnancies;
4. medical problems that would make participation impractical;
5. significant family issues;
6. homeless, as defined in Definitions; or
7. status as a migrant or seasonal farm worker away from the home base following the work stream.

C. ASSESSMENT

An assessment will identify participants' job readiness and, if appropriate, to develop a plan that outlines participants' future course of action in the program, ultimately leading to self-sufficiency.

Some SNAP E&T participants may have disabilities, including temporary medical conditions, or are caring for household members with disabilities, that may affect program participation. Disabilities may be identified during the application process or later at a SNAP E&T assessment. When the SNAP E&T worker has documentation of a verified disability and the effect of the disability on program participation, accommodations must be put in place so that the participant is not denied the opportunities available through SNAP E&T.

Accommodations may include, but are not limited to:

- part-time or flexible hours for work activities;
- providing the individual with work activities in a specific work environment that enables the individual to participate in work activities;
- providing particular types of jobs or work activities that are consistent with the person's limitations;
- activities that are scheduled so they do not conflict with ongoing medical or mental health treatment or care-taking responsibilities;
- additional notices of program appointments;
- additional explanations of program rules;
- job coaches;
- additional time to complete program requirements; and
- additional intervention before an individual's SNAP E&T case is closed because of non-compliance with SNAP E&T requirements.

See the Job Accommodation Network site for an extensive list of accommodations by disability [http://www.jan.wvu.edu/media/atoz.htm](http://www.jan.wvu.edu/media/atoz.htm).

There are three types of assessments: pre-assessments, initial assessments and reassessments. Assessments may be conducted either individually or in a group.

1. Pre-Assessment

A pre-assessment may be conducted for any participant due for an initial assessment.
a. If the SNAP E&T worker has sufficient reason to believe that a registrant’s mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant’s status and inform the SNAP E&T worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See Appendix II or Part XXIV for the Communication Form.

b. The pre-assessment may be conducted face-to-face, by mail or by phone.

c. If conducted by mail, the participant must complete and return the pre-assessment form to the agency within 14 calendar days. The SNAP E&T worker must send the registrant a letter that advises:

1. The purpose of the SNAP E&T component;

2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency;

3. That failure to complete and return the form by the required date may affect the registrant’s or household’s eligibility for SNAP E&T; and

4. How to contact the SNAP E&T worker if the participant is unable to complete and return the form by the required date.

d. Based on the information provided by the participant on the pre-assessment form, the worker must decide if the participant will be scheduled for an initial assessment (with the intent of placing the participant in an active component) or if the participant will be placed in a pending or inactive category. If the decision is to schedule the participant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.

e. Participants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The VaCMS must be documented to include the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.

2. Initial Assessment

a. The SNAP E&T worker must assess each participant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the participant was placed in a pending or inactive category.

b. The assessment may be a face-to-face interview (individual or group) between the participant and the SNAP E&T worker or by a telephone interview.

c. The SNAP E&T worker must send the participant a letter that provides:
• The date of the assessment interview;
• An explanation that appearance for the interview is a condition of continued eligibility for SNAP E&T benefits and that the consequence of not attending the interview may be the inability to enroll in SNAP E&T;
• Instructions for contacting the SNAP E&T worker; and
• Instructions for contacting the SNAP E&T worker if the participant is unable to attend the interview or needs to reschedule the appointment.

To the extent possible, employed registrants must have their initial assessment interviews scheduled at a time that does not interfere with their normal work hours.

3. Procedures
   a. The SNAP E&T Assessment Form or an assessment tool that has been pre-approved by the SNAP E&T Manager must be completed on each participant. See Appendix II for the Assessment form.
   b. The assessment must include the following:
      1. An identification and evaluation of the participant’s recent work history, occupational skills, education and training and a determination of the individuals’ ability to read and write English.
      2. An identification of the participant’s employment goal(s).
      3. A detailed evaluation of supportive service needs.
   c. The SNAP E&T worker must inform the participant of the following information:
      1. program goals;
      2. program requirements, including an explanation of responsibilities and expectations for participants;
      3. that failure to comply, without good cause, with program requirements will result in closure of the SNAP E&T case and termination of supportive services;
      4. what constitutes good cause for not complying with program requirements;
      5. name and phone number of the SNAP E&T worker or other persons who might need to be contacted; and
      6. requirement to respond to all agency correspondence.
      7. During the initial assessment, the SNAP &ET worker must offer an opportunity for the SNAP &ET participant to register through the Virginia Career Works Portal. The SNAP E&T worker must also document VaCMS and the referral portal regarding the registration offer and instances when the client declines the registration offer.
d. After the assessment, the SNAP E&T worker must determine the participant’s ability to participate in the program.

1. A participant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of SNAP E&T.

2. A participant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.

3. A participant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.

e. **If the SNAP E&T worker has sufficient reason to believe that a participant’s mandatory status needs to be reevaluated following the assessment, this determination will be communicated to the BPS through an internal communication form along with copies of all documentation at the time the reevaluation is requested.**

4. **Plan of Participation**

   a. For initial assessments and reassessments, the SNAP E&T worker must develop a written Plan of Participation with the participant, recording the outcome of the assessment.

      1. For participants placed in an active status, the Plan must:

         a. state the component to which the participant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the SNAP E&T worker and report changes which impact employment and/or participation;

         b. identify the component begin and end dates;

         c. describe the supportive services needed by the participant to carry out the assignment;

         d. describe a plan for monitoring the participant’s progress while he/she is participating in a component.

      2. For participants placed in a pending or inactive status, the Plan must document:

         a. that active participation will not be required at this time;

         b. the time frame of the placement;

         c. the reason a participant’s ability to participate is restricted.
3. A new Plan must be completed whenever the participant is assigned to a different component. If the participant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be provided to the participant.

4. Both the SNAP E&T worker and the participant must sign the Plan if the Assessment is conducted face-to-face.

5. Reassessment
   a. A reassessment must be conducted whenever a participant completes the requirement of a component or when a re-evaluation of an individual’s placement in a pending or inactive category is required.

   1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.

   2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
      a. participants placed in a pending category must be reassessed at least every 2 months;
      b. participants in education, training and work experience components must be reassessed at the end of the scheduled component’s completion;
      c. participants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

   Procedures for the reassessment will be the same as the initial assessment procedures that are outlined in Section D.3.

   Note: A participant may be reassigned to the same component.

D. PROGRAM COMPONENTS

Individuals participating in any program component other than Supervised Job Search must be monitored monthly for attendance of scheduled hours. In addition, individuals participating in an education, training and/or work experience component must be monitored for satisfactory progress at periodic intervals.

Note that completion of a SNAP E&T component assignment does not mean the SNAP E&T case must close. The SNAP E&T case must close however if the EW closes the SNAP case.
1. Case Management

Case Management is defined as services and activities that must directly support an individual’s participation in the SNAP E&T program. Case management services can include, but are not limited to, comprehensive intake assessments, individualized Plan of Participation, progress monitoring, or coordination with service providers consisting of case management and at least one component. SNAP E&T programs must consist of case management and at least one Employment and Training Component. Case Management is a SNAP E&T component and must be provided to all SNAP E&T Participants. Case Management must directly support an individual’s participation in an Employment and Training program. Case Management services must be targeted to the needs of the participant and allow for efficient delivery of services. Case Management Services may only include allowable Employment and Training Costs. Time spent by the participant must count toward time-engaged with Employment and Training, as long as the services are allowable costs.

2. Supervised Job Search

Job Search activities that occur at in state-approved locations or systems where job-search activities are directly supervised and the timing/activities are tracked. This component requires participants make a predetermined number of inquiries to prospective employers over a specified period of time. Examples of state approved locations may include but are not limited to American Job Centers (A.J.C’s), Public Libraries, Employment Service Organizations (E.S.O’s), 50/50 Providers and use of software/electronic platforms which track & time job search activities. Supervised Job Search may be self-paced and can occur remotely or in person, but engagement with a skilled person has to occur at least monthly. Supervised Job search activities must have a direct link to increase employment opportunities.

a. Participants assigned to this component must participate in up to 8 weeks of supervised job search every 12 months.

b. Supervised Job Search may be performed individually or in a group setting.
   1. Individual
      A participant makes a predetermined number of job contacts on his/her own.

   2. Group
      A group of participants access telephones, computers, fax machines, newspapers, photocopiers and any other equipment to aid in a job search.

c. The participant must schedule up to 48 job interviews or submit up to 48 applications/resumes to prospective employers per 8-week session. The SNAP E&T worker must provide support and direction to the registrant throughout the supervised job search assignment.
1. The participant must be registered with the nearest Virginia Employment Commission Office. Registration with the Virginia Employment Commission will be considered as one employer contact.

2. The participant must report employer contacts in writing to the SNAP E&T worker by completing the SNAP E&T Supervised Job Search Form.

3. To qualify as an employer contact, four conditions must be met:
   a. The participant must present himself/herself to an employer as being available for work;
   b. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified in terms of experience, training or ability;
   c. The participant cannot count the same employer more than once during a given supervised job search period unless different positions were sought; and
   d. Contacts with employers may only be in the form of face-to-face interviews or by submission of applications or resumes to businesses that are hiring.

4. The SNAP E&T worker may contact any employer listed on the SNAP E&T Supervised Job Search Form to verify the contact.

   d. The specific requirements of Supervised Job Search will be determined by the local agency and described in each agency’s Local Employment & Training Plan.

   e. Participants who obtain full-time employment while participating in the Supervised Job Search component will have fulfilled all program requirements for that assignment.

   f. Participants who obtain full-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their supervised job search. For example, if a registrant assigned to Supervised Job Search was required to have 24 job contacts but had completed only 17 at the time of employment, the registrant must make 7 more contacts.

   g. Participants who obtain part-time employment during Supervised Job Search and remain employed for 30 calendar days or more will have fulfilled all program requirements for that assignment.

   h. Participants who obtain part-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search requirement.
i. If, at the end of the supervised job search assignment, the participant is unemployed or employed part-time and remains registered, they must be re-assessed and assigned to an appropriate component within 30 days.

j. Participants who are employed part-time will continue active participation in SNAP E&T with their activities scheduled around their work hours.

k. The Supervised Job Search component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals subject to the work requirement.

For purposes of the SNAP E&T evaluation, full-time employment is defined as employment of at least 30 hours per week and part-time employment is defined as less than 30 hours per week.

3. Job Search Training

This component strives to enhance the job readiness of participants by providing job seeking techniques and methods to increase motivation and self-confidence.

a. Job Search Training includes activities that may consist of employability skill assessments, employability training, job placement services, or other direct training or support activities, including educational programs to expand the job search abilities or employability of the registrant. The Employment and Training Annual Plan must describe whether the local department will utilize Job Search Training component. If utilized, the process must be described. Examples of some acceptable programs are as follows:

1. Group or Individually coordinated job search training activities may consist of employability assessments, occupational exploration, training and counseling in personal preparation for employability, and training and counseling in techniques for identifying and pursuing employment opportunities (including information on local emerging and demand occupations and job placement services).

2. Nutrition Class
   a. Classroom instruction on how to pack a nutritious lunch.
   b. Classroom instruction on how to provide nutritious meals for a household and still be employed.

b. The Job Search Training component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.
4. Work Experience

A work experience program is defined as a program designed to improve employability of the household member through actual work experience or training, or both, and to enable individuals employed or trained under such programs to move promptly into regular, public or private employment. Work Experience is a planned, structured learning experience that takes place in a work place for a limited period of time. Work Experience may be paid or unpaid, as appropriate and consistent with other laws such as the Fair Labor Standards Act (FLSA). Work Experience may be arranged within the private sector, the non-profit sector or the public sector. Labor Standards apply in any work experience setting where there is an employee /employer relationship, as defined by FLSA.

A Work Experience Program must not provide any work that has the effect of replacing the employment of an individual not participating in the employment or training experience program. Additionally, the Work Experience must provide the same benefits and working conditions that are provided at the job site to employees performing comparable work for comparable hours. Work Experience is now divided into two categories:

a. Work Activity

1. This is defined as a Work Activity performed in exchange for SNAP Benefits to improve employability. Work Activity provides an individual with an opportunity to acquire general skills, knowledge and work habits necessary to obtain employment. The purpose of work activity is to improve the employability of those who cannot find unsubsidized full-time employment.

b. Work Based Learning

1. Work Based Learning activities are defined as sustained interactions with industry or community professionals in real world settings to the extent possible. For example, Work Based Learning activities can take place at an educational institution that foster in-depth, firsthand engagement with the tasks required in a given career field that are aligned to curriculum and instruction. Work-based learning emphasizes employer engagement and includes specific training objectives that leads to regular employment.

2. Work-based learning can include internships, pre-apprenticeships, apprenticeships, customized training, transitional jobs, incumbent worker training, and on-the-job training as defined under WIOA. Work-based learning can include both subsidized and unsubsidized employment models.

The work experience placement may be followed by two weeks of supervised job search.
The primary focus of work experience is the development of good work habits, additional job skills, positive work attitudes, an understanding of the employee-employer relationship, and to obtain a recent job reference.

The Work Experience component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

c. Time Frames

1. The number of weeks a registrant may participate depends on the job site.

2. The amount of time used in traveling to and from the job site is not included when determining the number of hours the participant can work.

3. The participant cannot be required to be on a work site more than 120 hours per calendar month.

4. The total amount of time spent each month by a mandatory or voluntary participant in an SNAP E&T work program, combined with work for compensation, is unlimited. However, the State must provide Worker’s Compensation coverage for a maximum of 120 hours a month.

d. Assignment Criteria

Each assignment must take the prior training, experience, skills and employment goal(s) of the participant into consideration in order to determine whether:

- The individual is in need of additional job skills or

- Work experience will yield a job reference or the development of good work habits or job skills.

e. Limitations

The use of the Work Experience component is limited by the following:

1. Participants must not be required to use their personal resources to pay participation costs.

2. Participants in the Work Experience component must not displace persons currently employed or be placed in established, unfilled positions.

Participants must not perform tasks that would have been undertaken by current employees or which would have the effect of reducing the work hours of paid employees. Work Experience participants cannot be placed in the position of workers who are on sick leave, annual leave, leave without pay, or any other granted leave with or without pay, as that would be an act of displacement.
3. Participants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the participant’s home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

f. Worker’s Compensation

For Worker’s Compensation purposes only, the Virginia Department of Social Services is considered the individual’s employer. The Virginia Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer’s First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with 0765-000e, SNAP WORK EXPERIENCE PARTICIPANT. See Appendix II of this Part. The Employer’s First Report of Accident form is in Appendix II.

2. The Local Agency Supervisor must develop a Panel of Physicians (with no less than three physicians) to offer to the injured employee. The Panel of Physicians form is available at http://www.covwc.com/physicianform.php. Providers should be in close proximity if possible and have skills related to employee’s needs. A provider list is available at http://www.covwc.com/pponetwork.php. If you need help navigating the search tool or assistance with locating a provider, please contact our network partner, CareWorks at client.services@careworks.com or by calling (800) 734-4460.

3. The work site must submit all correspondence (forms, bills, etc.) regarding injury and accidents to Managed Care Innovations (MCI) in one of four ways:

   Upload the documents with the Claim Reporting Portal by visiting froi.sedgwick.com
   Email to covimaging@yorkrsq.com
   Fax to 804-371-2556
   Mail to P.O. Box 1140, Richmond, VA 23218-1140

4. The work site must send a copy of the accident report to the SNAP E&T Worker at the local agency.

5. Physicians should be instructed to submit their invoices and Attending Physician’s Report directly to the claims office at the MCI. All invoices must show the participant’s/employee’s social security number.

TRANSMITTAL #32
5. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability or job retention of participants. Education services are allowed for up to 90 days after employment. The Education component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.

b. Educational programs to which participants may be assigned include, but are not limited to:
   1. Adult Basic Education;
   2. GED;
   3. Vocational Education;
   4. Community College Programs;
   5. Post-Secondary Education;
   6. Employment Training and Education Programs.

Such programs or activities must be part of a program or study of career and technical education as defined in section 3 of the Carl D. Perkin Act of 2006, high school or equivalent educational programs, remedial education programs for basic literacy level achievement and English as a second language instructional programs.

Educational components must directly enhance participants’ employability. Approved components must establish a linkage between education and job-readiness.

c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.

d. During an individual’s participation in an education program, progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution’s quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant’s grade(s). Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.

e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.

f. The completion of an education assignment may be followed by two weeks of job search.
6. **Training**

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment or to retain employment. Training services are allowed for up to 90 days after employment.

a. Training placements must be based on an assessment that indicates training is necessary to improve the registrant's employability or job retention.

b. Training programs to which registrants may be referred include, but are not limited to:

1. Computer classes,
2. Vocational Rehabilitation,
3. Employment Training and Education Programs.

c. Participation in training programs is limited to the amount of time generally allowed for the completion of the program.

d. During an individual's participation in a training program, progress must be monitored to ensure that satisfactory progress, as defined by the training facility, is being made. However, at a minimum, an evaluation may consist of documentation from the training facility that shows the registrant's progress. Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.

e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.

f. The completion of a training assignment may be followed by two weeks of job search.

7. **Employment and Training for Ex-Offenders**

Employment and training services for ex-offenders are offered in partnership with the Virginia Department of Criminal Justice. This component includes job skills assessments, occupational exploration, training and counseling in personal preparation for employability, employment opportunities, including information on local emerging and demand occupations and job placement services. This component will share costs for education and vocational training and supportive services. A referral form will be used. See Appendix II for the referral form.

8. **Employment and Training for Refugees**

Employment and training services for refugees are offered in a partnership with the Office of Newcomer Services through local Refugee Resettlement Agencies. Employment and training participants under the Refugee Social Services Program or Match Grant Program meet participation requirements for SNAP E&T by way of their enrollment in the Refugee Program(s). Participants enrolled in both the Refugee Resettlement Program and SNAP E&T must meet the following procedures:
a. The refugee resettlement staff will accompany the participant to the initial SNAP E&T assessment to help with language barriers, if any, and to talk about the Comprehensive Resettlement Plan (CRP) that will substitute for a SNAP E&T Plan of Participation.

b. SNAP E&T agencies must stay in contact with the resettlement agency but, the resettlement agency is not required to send a break-down of component activities and hours to the SNAP E&T agency.

c. SNAP E&T will be notified if a refugee refuses to comply with refugee resettlement requirements to determine whether the SNAP E&T case should be closed; when someone leaves the program; and when there is a job placement.

9. Job Retention

Job retention services is an allowable Employment & Training component. SNAP E&T agencies may offer this component for at least 30 days and no more than 90 days. The job retention component is intended to provide support services for at least 30 days and up to 90 days to individuals who have secured employment. Individuals are eligible to receive job retention services if they received SNAP benefits in the month of or the month before they start job retention, and may receive job retention services after leaving SNAP unless the individual is leaving SNAP due to a failure to comply with the general work requirement or an intentional program violation. The participant must have secured employment after or while receiving other Employment & Training services. There is no limit to the number of times an individual may receive job retention services, as long as the individual has re-engaged with Employment & Training prior to obtaining new employment.

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in SNAP E&T, including volunteers, for expenses that are reasonably necessary and directly related to participation in SNAP E&T. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation in a component and neither the registrant nor the agency can provide them, and no alternatives are available, place the participant in either the pending or inactive status.

The need for any supportive services must be linked to needs identified on the Participant’s Plan of Participation. Supportive services related to starting or retaining employment are allowed for a period not to exceed 90 days.

Participants who fail to comply with SNAP E&T requirements are not entitled to supportive services.

1. SNAP E&T Worker Responsibilities

a. The SNAP E&T worker is a case manager. The worker must assist the participant in meeting the service needs. This may be done directly by the SNAP E&T worker or through a referral to a service/social worker or an outside service provider.
b. When providing social services to recipients, the Plan of Participation may replace the Service Application regardless of the funding source for the service.

2. Social/Supportive Services for Participants

There are three categories of social/supportive services available to SNAP E&T participants. These SNAP E&T social/supportive services may be provided directly or may be purchased.

a. Child Care

Child care services are provided to enable a caretaker to participate in program components.

1. Arrangement for and/or payment of child care as a supportive service must be provided when the participant needs this service to participate in component activities.

2. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, child care may be authorized.

3. Participants who need child care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child care policy. Payment may also include child care related transportation costs.

b. Transportation

This service is provided to enable participants to travel to and from authorized SNAP E&T activities.

1. The participant is primarily responsible for arranging transportation to participate in an SNAP E&T component. Transportation will be provided only when the registrant is unable to make arrangements.

2. Transportation may be provided by any of the following means:

a. Agency or public transportation;

b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or

c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.
c. Other allowable expenses include:

1. Clothing suitable for job interviews;
2. Licensing and bonding fees for a work experience or job placement;
3. Uniforms;
4. Work shoes;
5. Purchase of an initial set of tools or equipment if required for a SNAP E&T component or job retention component;
6. Fingerprinting, if necessary for a job;
7. Background check when necessary for a job;
8. Medical services such as TB testing if required for a job;
9. Personal safety items required to complete training/educational coursework;
10. Books;
11. Course registration fees;
12. Drug tests if required for a job;
13. Eye exams and vision correction, such as the purchase of eyeglasses;
14. Dental work such as routine cleaning;
15. Minor auto repairs;
16. Test fees and training material directly related to a SNAP E&T component;
17. Union dues necessary for a job; and
18. Housing assistance including rent/or utilities not to exceed $1,500.00 per occurrence and no more than two times in a 12 month period.
20. Certain fees associated with the reinstatement of Driver’s Licenses (Exceptions apply to certain conviction-related suspensions and revocations. A list of these suspensions and revocations can be found at https://www.dmv.virginia.gov/webdoc/pdf/dmv39f.pdf. Assistance is limited to $300.00 per occurrence and no more than once in a 12 month period).

3. Duration of SNAP E&T Services

SNAP E&T social/supportive services may be provided for as long as the individual needs the service to participate in a SNAP E&T component.

F. VOLUNTEERS

SNAP household members who are exempt from the work registration requirement may volunteer to participate in SNAP E&T.

1. Agencies may, at their option, permit volunteers to participate in a SNAP E&T component.

2. The same assessment procedures that apply to mandatory participants will apply to volunteers.
3. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the SNAP E&T program.

   Example

   A volunteer works part-time and has been assigned to the training component for 5 hours a week. Child day care services may only be provided for the 5 hours that the individual participates in the Training activity.

G. CHANGES/TRANSFERS

1. The SNAP E&T worker must notify the Eligibility Worker of any changes in the participant’s situation that may affect the SNAP benefits or the individual’s exemption status. This notification must be in writing and must occur within five working days of the change. The Communication Form must be used for this purpose.

2. SNAP cases may be transferred from one Virginia locality to another. SNAP E&T case transfer procedures follow.
   - When a SNAP E&T case transfers from one SNAP E&T locality to another SNAP E&T locality, daily alerts are generated to the SNAP E&T worker in the sending locality and to the transfer in caseload in the receiving locality.
   - The sending SNAP E&T locality will need to close all open SNAP E&T enrollments for the SNAP case with the SNAP E&T Closure Status value = “05” for Transferred.
   - In the SNAP E&T database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
   - The SNAP E&T worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAP E&T worker has closed the enrollment record.
   - When the receiving SNAP E&T locality opens a SNAP E&T Enrollment for the transferred in SNAP E&T client, the rule for the SNAP E&T Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAP E&T enrollment closed for transfer(closure status = 05).
   - The Date Entered Employment may equal the Date Entered Employment on the Enrollment in the Transfer Out locality. However, any “MMYYYY of Change” entered in the new FIPS can only start with the month after the last “MMYYYY of Change” in the Transfer Out locality.
   - If a SNAP case transfers from a SNAP E&T to a non-SNAP E&T agency, the enrollment is closed in the sending agency. No action is taken in the receiving agency.
   - If a SNAP case transfers from a non-SNAP E&T to a SNAP E&T agency, a referral is made to the SNAP E&T queue if the SNAP participant volunteers during the certification period.
   - No action must be taken if a SNAP case transfers from a non-SNAP E&T to a non-SNAP E&T agency.
H. SNAP RECIPIENTS & HIGH SCHOOL ATTENDANCE

The use of SNAP E&T Funds for Individuals attending High School is prohibited based on the following conditions:

1. State agencies may not use SNAP E&T funds to pay for costs associated with programs or courses offered through public high schools. This includes general types of government services normally provided to the general public, such as public education. The prohibition extends to paying for costs associated with programs offered through private high schools. Since a free public education is available through the State public education system, it is neither reasonable nor necessary to pay for services that are available to the individual for free.

2. Use of SNAP E&T funds may be used in certain cases for costs associated with out-of-school activities. While there are instances when it may be appropriate to provide SNAP E&T services to these individuals after school or on the weekends (i.e. outside of a high school setting), State agencies must ensure the following:
   a. The costs are reasonable and necessary. Most individuals 16 to 18 years of age are required to be in school and are already receiving services through the State's education system. Virginia provides free high school education beyond age 18. High school curriculums are designed so that students are college or career ready upon graduation. Local agencies must work with the respective local school district to ensure that SNAP E&T service offered are not duplicative.
   b. The components or activities offered meet the purpose and design requirements of SNAP E&T. The purpose of SNAP E&T is to help SNAP household members gain skills, education, or experience that help them obtain regular employment. SNAP E&T components must be designed to move SNAP recipients promptly into employment. There should be a direct link between the activities and the member's ability to obtain employment. Employment and Training participants, if offered regular employment, should be in a position to accept it. Programs designed for individuals who are still in high school are unlikely to meet these requirements. For example, drop-out prevention programs, career exploration activities, or summer youth employment programs, while admirable, do not meet these requirements. In the alternative, a program where an industry sponsor provides specific job training after school or in the evenings that is designed to lead directly and promptly to regular employment may be allowable.

3. Use of SNAP E&T funds may be used in certain cases for individuals above the Age of compulsory education and who are not attending high school: Individuals age 16 or 17 who are head of the households or not attending school may be subject to the work requirements. In such cases, it would be appropriate for the Eligibility Worker to refer the individual to SNAP E&T. The associated costs must be allowable as detailed above. Interested SNAP participants who are 16 or 17 years of age and who are not attending high school should be referred to work with their state workforce agencies to coordinate services with the Workforce Innovation and Opportunity Act (WIOA) Youth Program.
I. PROVIDER DETERMINATIONS

Provider determinations are issued when SNAP E&T participants have been determined to be ill-suited to participate in assigned Employment and Training component activities by a provider. LDSS staff are required to notify SNAP E&T participants who have been issued provider determination by an Employment and Training program or 50/50 provider within 10 days of receiving the information from the provider. By the next recertification period the LDSS must select one of the following steps after an individual receives a provider determination.

1. Refer the individual to an appropriate employment and training component;
2. Refer the individual to an appropriate workforce partnership, if available;
3. Re-assess the individual for mental and physical fitness; or
4. Coordinate with other Federal, State, or local workforce or assistance programs to identify other Employment and Training opportunities.

Provider Determinations are required to be documented in the VaCMS and a notation of which one of the four steps listed above was taken.

J. WORKFORCE PARTNERSHIPS

Workforce Partnerships are cultivated by fostering partnerships with Employers, Employer Service Organizations, not-for-profits or eligible WIOA service providers. Workforce Partnerships for SNAP E&T participants are focused on gaining employment and training opportunities. Workforce Partnerships must be approved by the SNAP E&T unit or state contracted providers of Employment and Training programs. Workforce Partners must provide at least 20 hours of training, work or work experience. The SNAP E&T provider must provide SNAP participants with information about workforce partnerships, so that participants can make an informed decision.

K. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their SNAP E&T program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supersede the Act. Contracts with other state entities, including community colleges and WIA Service Delivery Area (SDA) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

1. A copy of the contract must be submitted to the Division of Benefit Programs in order to maintain a central library of SNAP E&T contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.
2. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency’s Local Employment and Training Plan. Prior to contracting, the agency should ensure that the contractor can provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor’s demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

5. Expected Services

The deliverable services of the contract should be written in such a way as to identify the performance and outcomes acceptable through the contract. These performance measures and outcomes will assist in determining the success of the contract. The definition of effectiveness and progress measures for the contract should be agreed upon prior to the start of the contract. Success should be defined incrementally and in terms of completion.

6. Payment and Reimbursement

Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.

7. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating SNAP E&T, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies that choose to contract for 12 months and who later become dissatisfied with the contractor’s performance may terminate the contract by providing notice as stated in the contract.
8. Contract Requirements

a. Format

The agency must use the revised contract format approved by the Office of the Attorney General. Other formats may be used in addition if required by the local government. A completed version of the state-approved format must be signed and sent to the Division of Benefit Programs along with a description of the services to be provided. The contract must show the total cost for all contracted services between the agency and the contractor. If more than one service will be provided, a separate cost for each service should be included in the description of the services.

b. Description of Services

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a description of each service.

The description must contain:

1. A summary of activities included in the service;
2. An explanation of roles of the contractor and agency in providing the service;
3. An explanation of the contractor’s responsibility regarding required reporting;
4. A description of the numbers and kinds of clients who will receive the service (age, volunteers, and high school graduates, etc.);
5. A statement of the time frame for the service, including beginning and ending dates; and
6. A description of the specific anticipated outcomes

c. Contract Monitoring

1. It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals.

Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency must require the contractor to submit monthly client specific progress reports as well as quarterly reports. The quarterly report should include information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress.
2. It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor.

L. TERMINATION OF SNAP E&T ENROLLMENT

SNAP E&T participants are expected to comply with component requirements. Failure to comply may result in the closure of the SNAP E&T case or the loss of supportive services unless there is good cause for the noncompliance. SNAP clients who are subject to time limit benefits and fail to comply with SNAP E&T may result in the loss of benefits for the affected individual if no other exemption exists.

1. Good Cause for Failure to Participate
   a. Prior to termination, the SNAP E&T worker must determine if a good cause reason for the noncompliance existed at the time of the noncompliance. Documentation must be requested from the participant as part of the evaluation.
   b. A participant who has good cause for noncompliance will not be terminated. Good cause exists if:
      1. The participant’s inability to fulfill program requirements is due to circumstances outside his/her control or is the result of a change in circumstances over which the participant had no control;
      2. Childcare is necessary for an individual to accept employment or enter or continue in the program, and childcare cannot be arranged by the recipient nor provided by the agency.
      3. Transportation is necessary for an individual to accept employment or enter or continue in the program, and transportation can not be arranged by the recipient nor provided by the agency.
   c. The good cause investigation will consist of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts must be made to determine if the participant has contacted the SNAP E&T worker to discuss the problem, giving a reason for not attending an interview, or for not completing an assignment, or having not kept any program related appointment.
   d. A reasonable effort must be made to contact participants. The worker must document that an attempt by telephone or a personal contact has been made prior to terminating the case.

The purpose of this contact is to ensure the participant understands the program and has an opportunity to explain the reason for noncompliance.
e. The SNAP E&T worker may issue a warning to a participant instead of closing the SNAP E&T case when there has been a misunderstanding of the requirements and there have been no prior acts of noncompliance.

2. Reasons for Terminating SNAP E&T

   Failure to:
   
a. complete and return the pre-assessment form or other requested information by the required date;

b. report for scheduled appointments and/or interviews;

c. actively engage in Supervised Job Search or to complete requirements designated in the annual local Employment and Training Plan and state policy;

d. report to or complete a Work Experience assignment, including job search;

e. report to or complete assigned education and training activities, including job search;

f. report to or complete other assigned SNAP E&T activities as stated on the Plan of Participation;

g. accept available supportive services, thereby preventing participation in any mandatory program activity;

h. accept a bona fide offer of suitable employment. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:

   1. not be beyond the physical or intellectual capabilities of the registrant; and

   2. provide reasonable compensation (either the federal minimum wage or the prevailing wage in the community for that type of job).

i. report to an employer to whom the participant was referred by the SNAP E&T worker.

3. Required Documentation

   a. A copy of all correspondences with the participant must be in the case record.

   b. The Plan of Participation (unless the participant fails to appear for assessment, or appears but refuses to participate in the assessment) stating the SNAP E&T activity to which the participant was assigned and any actions required by the participant.

   c. Contact Sheet documenting all contacts with the participant.

   d. SNAP E&T Notice of Case Closure.
e. Any referrals to an education, training or work experience provider.

f. Any records of the participant’s performance or progress in an activity.

g. Any records of the participant’s attendance, i.e. The Weekly Time and Attendance Record or the Work Experience Attendance and Performance Record.

4. SNAP E&T Notice of Case Closure

a. The SNAP E&T worker must send the Notice within three working days of the date he/she becomes aware of the act of noncompliance.

b. The Notice must inform the participant of the specific requirement that was not met and advise the participant to contact the SNAP E&T worker within five working days from the date the Notice of Sanction was mailed to establish good cause.

1. If the participant does not respond to the Notice by the date given, he/she is subject to termination from the program.

2. If the participant responds to the Notice, the information becomes part of the documentation needed to determine if the SNAP E&T case will close. If the registrant does not present good cause, the SNAP E&T case must close. If good cause is determined to exist, the SNAP E&T case will not be affected.

M. APPEALS/HEARINGS

1. Right of Appeal

All participants have the right to appeal an agency decision that results in adverse action being taken against them, including the closure of the SNAP E&T case and the termination of supportive services. See Part XIX for the appeals process.

The SNAP E&T case must remain open until a decision is rendered.

1. If the agency action is reversed, the participant must be reassessed to determine the appropriate component assignment.

2. If the agency action is sustained, the SNAP E&T case must be closed.

N. STATISTICS AND REPORTING

The SNAP E&T Local Monthly Report is produced using the Data Warehouse. The local agency should maintain a copy of the report.
O. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each local department of social services must submit a Local Employment and Training Plan to the Virginia Department of Social Services by July 1st of each year or as directed. The plan must describe the locality’s SNAP E&T component and must follow the following format:

1. Intent of the SNAP E&T in the locality.
2. A numerical description of the SNAP E&T population.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with SNAP E&T duties.
6. The locality’s budget for the SNAP E&T program. This is the total SNAP E&T allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency’s Standard Operating Procedures that address these elements:
   a. Referral and Case Opening Procedures
      1. The procedure by which a potential participant is referred.
      2. The steps for opening a case once it has been referred and the time frame by which this must be done.
   b. Assessment Procedures
      1. Describe what will be used to identify and evaluate the participant’s occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
      2. Describe procedures for conducting educational tests and assessments. Include the following in the description of the procedures:
         - Assessment tools that will be used
         - Types of tests to be used
         - Criteria for determining who should be tested

TRANSMITTAL #32
- Incorporation of test results into case records
- Staff responsible for conducting assessment
- Referral procedures if test and assessments are conducted outside of the agency

3. Describe how assessment information of other agencies will be integrated with the SNAP E&T assessment. Other agencies include DRS, VEC, and Mental Health.

c. Component Assignment
1. Describe how program components are assigned.
2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
3. Describe how the agency monitors component activities and evaluates them for effectiveness.

d. Social and Supportive Services
1. Develop a list of the specific services available to SNAP E&T registrants in the locality.
2. Describe how and why spending limits are set and describe what steps will be taken to assure equity for each registrant.

e. Monitoring Worker Performance
1. Explain how caseloads will be monitored.
2. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.

f. Monitoring Participation and Progress
1. Delineate the optimal time frames the agency has set for completion of each component activity when applicable. Describe the methods and means by which the agency monitors registrant progress in each of the components.
2. Describe how the agency tracks and documents the registrant's advancement in and completion of components.
3. Describe how the agency documents participation hours and how the documentation is maintained.
g. Contracts

1. Describe the process by which decisions are made to contract for SNAP E&T services, the factors involved in making these decisions, and the level of responsibility for the decisions. Consideration should be given to the following issues:
   - Local procurement process
   - Development of the contract, including clear outcome measures and quantifiable agency and contractor expectations
   - Contract monitoring
   - Contract termination for non-performance

2. Describe the procedures and timeframes the agency will follow in providing the Division of Benefit Programs with copies of the proposed contract.
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## SNAPET FORMS

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<td>SNAPET Pre-Assessment Form</td>
<td>4-5</td>
</tr>
<tr>
<td>032-02-0074-11-eng</td>
<td>SNAPET Assessment Form</td>
<td>6-9</td>
</tr>
<tr>
<td>032-02-0075-06-eng</td>
<td>SNAPET Plan of Participation</td>
<td>10-12</td>
</tr>
<tr>
<td>032-02-0077-08-eng</td>
<td>SNAPET Job Search Form</td>
<td>13-15</td>
</tr>
<tr>
<td>032-02-0081-06-eng</td>
<td>SNAPET Work Site Agreement</td>
<td>16-17</td>
</tr>
<tr>
<td>032-02-0080-02-eng</td>
<td>Work Experience Position Form</td>
<td>18-19</td>
</tr>
<tr>
<td>032-02-0082-07-eng</td>
<td>Referral to Work Experience Site</td>
<td>20-21</td>
</tr>
<tr>
<td>032-02-0083-02-eng</td>
<td>Work Experience Attendance and Performance Record</td>
<td>22-23</td>
</tr>
<tr>
<td>032-02-083A-03-eng</td>
<td>Time and Attendance Record</td>
<td>24-25</td>
</tr>
<tr>
<td>032-02-0072-12-eng</td>
<td>Employment Services Programs Communication Form</td>
<td>26-28</td>
</tr>
<tr>
<td>032-02-0078-06-eng</td>
<td>Contact Sheet</td>
<td>29-31</td>
</tr>
<tr>
<td>032-02-0089-08-eng</td>
<td>SNAPET Notice of Case Closure</td>
<td>32-34</td>
</tr>
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<td>032-03-0045-00-eng</td>
<td>SNAPET Medical Evaluation</td>
<td>35-37</td>
</tr>
<tr>
<td>032-03-0412-02-eng</td>
<td>Local Department of Social Services Re-Entry Client Referral Sheet</td>
<td>38-39</td>
</tr>
<tr>
<td>VWC Form No. 3 (rev. 10/08)</td>
<td>First Report of Injury</td>
<td>40-41</td>
</tr>
</tbody>
</table>
A pocket Résumé is a summary of your work and education history. When you apply for a job, employers will ask you to list this information on an application form or to discuss it with them during an interview. By filling in the Pocket Résumé, you will be prepared to give an accurate and complete description of your qualifications – and thereby get one step ahead of other job seekers.

<table>
<thead>
<tr>
<th>NAME ____________________________________________</th>
<th>TELEPHONE NO. ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS__________________________________________</td>
<td>CITY/STATE______________</td>
</tr>
<tr>
<td>BIRTHDATE________________________________________</td>
<td>SOCIAL SECURITY NO. ________________________</td>
</tr>
</tbody>
</table>

**EDUCATION**

<table>
<thead>
<tr>
<th>NAME/ADDRESS OF SCHOOL</th>
<th>YEAR COMPLETED</th>
<th>COURSE/DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE SCHOOL</td>
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<td>HIGH SCHOOL</td>
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<tr>
<td>COLLEGE</td>
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<tr>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WORK EXPERIENCE (PAID OR VOLUNTEER)**

<table>
<thead>
<tr>
<th>EMPLOYER’S NAME &amp; ADDRESS</th>
<th>SUPERVISOR</th>
<th>DUTIES</th>
<th>FROM</th>
<th>TO</th>
<th>WAGES/SALARY</th>
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</table>

**REFERENCES**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>POSITION</th>
<th>TELEPHONE NO.</th>
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</tbody>
</table>

**OTHER INFORMATION**

<table>
<thead>
<tr>
<th>HOBBIES</th>
<th>INTERESTS</th>
<th>SPECIAL SKILLS</th>
</tr>
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</tbody>
</table>
Tips For Job-Seeking Success

BELIEVE IN YOURSELF
Remember, you have much to offer an employer.

TREAT JOB-SEEKING AS A FULL TIME JOB.
About half of each day should be spent getting job leads and interviews. Plan to spend the rest of each day on actual interviews and in filling out job applications.

DON'T LIMIT YOURSELF TO ONE TYPE OF JOB.
Remember that you can do many things. If there are no jobs available in the kind of work that you have done before, don't be afraid to look for a job in a different field.

KEEP YOURSELF ORGANIZED.
Have a folder to keep your papers in. Keep records of where you've been and who you talked to.

FILL OUT THE POCKET RÉSUMÉ
on the back of this pamphlet and use it when you are asked to fill out a job application. If you need any help, see your Employment Services Worker.

GET LETTERS OF RECOMMENDATION
from former employers and friends who know you well. Have copies made so that you can leave them with interviewers and attach them to job applications.

ALWAYS GET THE NAME OF THE PERSON WHO CAN ACTUALLY HIRE YOU
and talk to that person. Usually someone's secretary or a personnel department employee cannot hire you. Phone or go in person to get face-to-face interview.

DRESS NEATLY.
First impressions do count!

LEAVE FAMILY AND FRIENDS AT HOME WHEN YOU GO FOR THE INTERVIEW.
The employer is looking for an independent, capable person. One way to show that you are that kind of person is to handle the interview by yourself.

DON'T FORGET TO MENTION THE PERSONAL QUALITIES
that will make you a good worker. Some of these qualities might include getting along well with people, learning quickly, being reliable, etc.

KEEP TRYING!
Get in the habit of arranging a time to call back to check on the status of your application or to see if there are any new openings. By doing this, your chances of getting hired are greater.

DON'T GET DISCOURAGED!
Your chances of getting a job increase with each interview you have.

THERE IS NO REASON TO TELL AN EMPLOYER YOU ARE RECEIVING ASSISTANCE
unless you wish to do so.

YOUR EMPLOYMENT SERVICES WORKER
is available to offer any help you may need. Good luck.
WORKING YOUR WAY TO A BETTER LIFE PAMPHLET

FORM NUMBER - b032-01-0921

PURPOSE OF FORM - This pamphlet provides SNAPET participants with "Tips for Job-Seeking Success."

USE OF FORM - SNAPET Workers/Case Managers may give this pamphlet to participants to provide helpful hints on how to seek employment successfully. The pamphlet also provides participants with a place to record basic educational and employment history.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original to participants

INSTRUCTIONS FOR USE OF PAMPHLET:

Distribute to participants as needed.

This pamphlet is designed for use in individual or group job search efforts.
Please complete this form and mail it back to us in the enclosed envelope by _____.

### A. General Information/Education

YOUR FULL NAME: 

ADDRESS: 

PHONE:  

LAST GRADE COMPLETED:  

ARE YOU ABLE TO READ ENGLISH?  

YES  

NO

LIST ANY TRAINING, SKILLS OR SPECIAL SCHOOLING YOU HAVE TAKEN:

DID YOU COMPLETE A COURSE?  

YES  

NO  

DID YOU RECEIVE A CERTIFICATE?  

YES  

NO  

WHEN?  

### B. Employment

ARE YOU WORKING NOW?  

YES  

NO  

IF NO, DO YOU EXPECT TO BE WORKING SOON?  

YES  

NO

PLEASE TELL US ABOUT YOUR CURRENT JOB OR LAST JOB:

EMPLOYER’S NAME:  

YOUR JOB TITLE:  

DATE BEGAN:  

DATE LEFT:  

YOUR DUTIES:  

PAY PER HOUR:  

HOURS PER WEEK:  

WHAT OTHER TYPES OF JOBS HAVE YOU HELD IN THE PAST?  

WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?  

### C. Employment/Training Needs:

IS THERE ANYTHING WE NEED TO KNOW IN HELPING YOU FIND EMPLOYMENT? (CHECK ALL THAT APPLY TO YOU)

- [ ] LACK OF SKILLS OR TRAINING  
- [ ] LACK OF CHILD CARE  
- [ ] NEED EYEGLASSES  
- [ ] MEDICAL PROBLEMS  
- [ ] NO JOBS AVAILABLE  
- [ ] LACK OF TRANSPORTATION  
- [ ] CANNOT READ  
- [ ] FAMILY PROBLEMS  
- [ ] DID NOT FINISH HIGH SCHOOL  
- [ ] LANGUAGE PROBLEMS  
- [ ] OTHER

PLEASE GIVE DETAILS FOR ANY ITEMS YOU HAVE CHECKED:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU OR YOUR SITUATION?

YOUR SIGNATURE:  

DATE:
<table>
<thead>
<tr>
<th>AGENCY USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigned to: ___ Pending: ___ Inactive: ___ Active (specify): ___</td>
</tr>
<tr>
<td>Reason: ___</td>
</tr>
<tr>
<td>Begin Date: ___ End Date: ___ Worker #: ___ Date: ___</td>
</tr>
</tbody>
</table>

032-02-014/2 (10/09)
SNAPET PRE-ASSESSMENT FORM

FORM NUMBER - 032-02-014

PURPOSE OF FORM - This form may be used prior to conducting an initial assessment in order to screen participants for SNAPET. The form records basic information concerning the participant's education level, skills and abilities, ability to read English, recent work experience, employment goal and barriers to employment.

USE OF FORM - The information on this form is used to assess the job readiness of the participant and serves as a screening tool to help the SNAPET Worker decide whether participation in the program is feasible.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original must be maintained in the participant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM: - This form may be mailed to the participant, completed by the participant, signed and returned to the agency in the envelope provided by the agency. The form may also be completed by the Eligibility Worker during the certification interview.
SNAPET ASSESSMENT FORM

A. EDUCATIONAL BACKGROUND

1. Last Grade Completed ______ Date______

2. Other (test results, date given, type, etc.): ______

3. Other training/special schooling and dates: ______

B. EMPLOYMENT HISTORY* (Begin with the most recent job):
*(Note: This information will be used to identify jobs into which participants may be placed immediately)

1. Employer ______ Job Title ______
   Duties ______
   Date Started ______ Left ______ Highest Pay ______
   Reason for leaving ______

2. Employer ______ Job Title ______
   Duties ______
   Date Started ______ Left ______ Highest Pay ______
   Reason for leaving ______

3. Employer ______ Job Title ______
   Duties ______
   Date Started ______ Left ______ Highest Pay ______
   Reason for leaving ______

4. Employer ______ Job Title ______
   Duties ______
   Date Started ______ Left ______ Highest Pay ______
   Reason for leaving ______

☐ Assessment ______ (Date)  ☐ ABAWD

☐ Reassessment ______ (Date)
Most favorite job? _______  Why? _______
Least favorite job? _______  Why? _______

C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills):

_____
_____
_____

032-02-0074-eng-11 (9/2009)  Page 1 of 2
1. Do you have a current driver’s license? _____
2. Do you have access to a car? _____ If not, what do you do for transportation? _____
3. Have you ever been convicted of a felony? _____ Explain _____
4. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? _____ Explain _____
5. What type of child care could you arrange to help you accept a job? _____
6. Have you registered with the Virginia Employment Commission (VEC)? _____
   If so, when was the last time you contacted the VEC? _____
7. Have you registered with WIA (Workforce Investment Act) or like programs? _____
8. Are you scheduled to begin an education or training program in the next sixty (60) days? _____
   If so, where? _____

D. Which of the following are barriers to your finding and/or keeping a job? (Circle all that apply):
   - Family Circumstances
   - Legal/Criminal
   - Homeless
   - Child Care
   - Substance Abuse
   - Transportation

   Other: _____

   List ways that you can help to overcome each barrier circled: _____

   _____
   _____

E. CONSIDERATIONS IN EMPLOYMENT PLANNING: (check all that apply)
   - No prior Work History/Intermittent Work History
   - Homeless
   - Lack of Credentials/Certifications
   - Child Day Care
   - Limited English Speaking/Reading Ability
   - Migrant Worker
   - Lack of Transportation
   - Legal/Criminal
   - Lack of HS Diploma/GED
   - Substance Abuse
   - Lack of Job Skills
   - Disability _____

   Other _____

F. JOB INTERESTS/EMPLOYMENT GOAL: _____

G. GENERAL COMMENTS/SUMMARY: _____

   _____
   _____
SNAPET ASSESSMENT FORM

FORM NUMBER - 032-02-0074

PURPOSE OF FORM - This form is initially completed at the time of the SNAPET assessment interview. The form records information concerning the SNAPET participant’s educational background, employment history, interests and abilities, and employment goals. This form will also be updated at reassessment interviews.

USE OF FORM - The information on this form is used to assess the job readiness of the SNAPET participant and serves as a foundation for development of the participant’s SNAPET Plan of Participation. This form will be used after the initial assessment process to record dated information of the participant’s educational background, employment history, abilities, and employment goals. Information added after the initial assessment needs to be dated as to MM/DD/YY of entry. Update the form, as appropriate, or complete a new form if the information changes significantly during the course of the program participation.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original will be maintained in the participant’s case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Check the appropriate line to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews. If the participant is an ABAWD check the appropriate line.

A. EDUCATIONAL BACKGROUND:
   Information about the last grade completed is obtained from the participant during the assessment interview. The worker/case manager will use this part of the form to record functional education level testing. Record any training, special schooling or post-secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time of initial assessment, if known, or may be added at the time of reassessment.

B. EMPLOYMENT HISTORY:
   This section provides a chronological listing of the SNAPET participant’s employment. Information about the participant’s duties on the job, reasons for leaving, and job preferences are important for employability planning.

C. VOLUNTEER WORK/HOBBIES/ABILITIES:
   In this section include any information that could assist the on-going employability planning process. This information will be particularly useful in assessing SNAPET participants with limited skills/employment histories.

D. These questions are designed to help the SNAPET participant think about some of the things, which may affect employability as well as the ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the registrant at the time of the interview.

TRANSMITTAL #7
E. This section is designed to allow the SNAPET participant to acknowledge things that may impact progress toward self-sufficiency. If problems are identified, the participant may decide how these problems may be resolved.

F. This section is designed to help the worker/case manager identify major considerations in planning with the participant. This is a list of potential obstacles to the registrant’s achieving employment. In discussing employability planning with each participant, this list will enable the worker to identify these obstacles and to discuss how the participant and the worker/case manager will cooperatively endeavor to remove them.

G. This section is designed to record any employment goal or area of job interest of the participant after careful evaluation of discussion about all of the information gathered during the interview.

H. This section is designed for the worker/case manager to record any additional information not addressed on the form.
SNAPET PLAN OF PARTICIPATION

PLANNED COMPONENT ASSIGNMENT

<table>
<thead>
<tr>
<th>Assignment</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Currently employed full-time</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Currently employed part-time</td>
<td>□</td>
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Case Management

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<tr>
<th>Program Activity Assignment</th>
<th>Description/Location</th>
<th>Planned Begin Date</th>
<th>Planned End Date</th>
<th>Planned Weekly Hrs</th>
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<tbody>
<tr>
<td>Supervised Job Search</td>
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<tr>
<td>Supervised Job Search Training</td>
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</tr>
<tr>
<td>Work Experience</td>
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</tr>
<tr>
<td>Education</td>
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<tr>
<td>Training</td>
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</table>

CURRENT PROGRAM ACTIVITY ASSIGNMENT

<table>
<thead>
<tr>
<th>Program Activity Assignment</th>
<th>Description/Location</th>
<th>Planned Begin Date</th>
<th>Planned End Date</th>
<th>Planned Weekly Hrs</th>
</tr>
</thead>
<tbody>
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</table>

☐ PENDING Dates: ____ ☐ INACTIVE Dates: ____

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:
SUPPORTIVE SERVICES

☐ Day Care       ☐ Transportation       ☐ Other (please describe)       ☐

None

Participant responsibilities for current component assignment(s): ______


Agency responsibilities: ______________________________


PARTICIPANT OBLIGATIONS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my worker/case manager.

I understand that, if I fail to participate without a good reason, my SNAPET case may be closed.

☐ FOR PARTICIPANTS ASSIGNED TO COMPONENTS

I will carry out the responsibilities as agreed.

☐ FOR PARTICIPANTS ASSIGNED TO PENDING

I understand that I am not actively participating at this time, but that I must answer all calls and letters from agency staff since I may be required to participate in the future.

☐ FOR PARTICIPANTS ASSIGNED TO INACTIVE

I understand that I will not actively participate at this time. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

PARTICIPANT’S SIGNATURE_______________________________ DATE ________________

CASE MANAGER’S SIGNATURE_________________________ PHONE______________
SNAPET PLAN OF PARTICIPATION

FORM NUMBER - 032-02-075

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the SNAPET participant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the SNAPET Assessment Form. It details specific activities to which the participant will be assigned and identifies any service needs during the assignments to these activities.

USE OF FORM - This form is prepared initially at assessment and at the time of each reassessment. A copy of this form may serve as the Service Application if there is a need for supportive services.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in participant’s case record with a copy provided to the participant and a copy to the Service Worker, if necessary.

INSTRUCTIONS FOR PREPARATION OF FORM:

PLANNED COMPONENT ASSIGNMENT - This section is designed to list the components to that the SNAPET participant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each assessment.

CURRENT PROGRAM ACTIVITY ASSIGNMENT - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location dates and hours. Record the date as MM/DD/YY. Any placement to pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Identify any services needed by the participant to engage in the required program activities.

PARTICIPANT RESPONSIBILITIES - Outline the specific steps the participant is required to take in order to comply with program requirements. The worker/case manager will determine the amount of detail needed in this section on a case by case basis.

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

PARTICIPANT OBLIGATIONS - By signing this section of the form, the participant notes participation in planning for the activities described and acceptance of responsibility as a SNAPET participant.
SNAPET SUPERVISED JOB SEARCH FORM

IMPORTANT! YOU HAVE BEEN ASSIGNED TO JOB SUPERVISED SEARCH. USE THIS FORM TO RECORD THE CONTACTS YOU ARE REQUIRED TO MAKE WITH EMPLOYERS WHILE YOU ARE LOOKING FOR A JOB. IF YOU DO NOT COMPLETE THIS FORM AND RETURN IT TO YOUR CASE MANAGER, YOUR SNAPET CASE MAY BE CLOSED.

REMEMBER YOU MUST:
• Have a face-to-face interview and/or leave a job application and/or a resume with at least ________ employers during the next ________ weeks.
• Accept suitable job offers.
• Notify your SNAPET Worker/Case Manager as soon as you get a job.
• Register with the Virginia Employment Commission. This is considered a contact.

• Complete the Supervised Job Search Form(s) and:

  Return this form by __________________ to ____________________________ .

  Keep the interview scheduled with your case manager and bring your completed forms on:
  ____________________________ at ____________________________ at ____________________________ .
  Date Time Address

SNAPET Worker/Case Manager: ____________________________ Phone ____________________________

EMPLOYER CONTACT LIST:
REMEMBER! These contacts may be verified by your worker/case manager. You do not need to get the signature of the employers you contact. To count as a contact, you must have a face-to-face interview or leave an application and/or a resume.

YOUR CONTACTS		DID YOU: (CHECK ANY THAT APPLY)

COMPANY: VIRGINIA EMPLOYMENT COMMISSION	REGISTER
ADDRESS: ____________________________ SUBMIT AN APPLICATION/RESUMÉ

TYPE OF JOB: ____________________________ INTERVIEW
PERSON CONTACTED: ____________________________ RESULT OF CONTACT:
DATE OF CONTACT: ____________________________

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YOUR CONTACTS DID YOU: (CHECK ANY THAT APPLY)

COMPANY: 
ADDRESS: 
REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW

TYPE OF JOB: 
PERSON CONTACTED: 
DATE OF CONTACT:
RESULT OF CONTACT:

YOUR CONTACTS DID YOU: (CHECK ANY THAT APPLY)

COMPANY: 
ADDRESS: 
REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW

TYPE OF JOB: 
PERSON CONTACTED: 
DATE OF CONTACT:
RESULT OF CONTACT:

YOUR CONTACTS DID YOU: (CHECK ANY THAT APPLY)

COMPANY: 
ADDRESS: 
REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW

TYPE OF JOB: 
PERSON CONTACTED: 
DATE OF CONTACT:
RESULT OF CONTACT:

YOUR CONTACTS DID YOU: (CHECK ANY THAT APPLY)

COMPANY: 
ADDRESS: 
REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW

TYPE OF JOB: 
PERSON CONTACTED: 
DATE OF CONTACT:
RESULT OF CONTACT:
SNAPET SUPERVISED JOB SEARCH FORM

FORM NUMBER - 032-02-0077

PURPOSE OF FORM - This form provides written documentation of the SNAPET participant’s supervised job search contacts.

USE OF FORM - SNAPET participants may use this form to record employer contacts and the outcome of the contacts during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the SNAPET participant completes supervised job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The SNAPET worker/case manager must complete the first section of the form. Discuss the information with the SNAPET participant.

The "Employer Contact List" must be completed by the SNAPET participant. The first lines in this section are to record the mandatory registration/contact with the Virginia Employment Commission. At the end of the supervised job search assignment or at a time designated by the SNAPET worker/case manager, the form is returned to the agency. The SNAPET worker/case manager must explain to the SNAPET registrant how the form is to be returned. Employers are not required to sign the form.

A statement on the form cautions the SNAPET participant that the SNAPET worker/case manager may contact the employer to verify the contact.

The second page of the form will need to be photocopied to provide enough space on the Employer Contact List to accommodate the number of supervised job search contacts assigned to each participant.
SNAPET EMPLOYMENT AND TRAINING (SNAPET)

SNAPET WORK SITE AGREEMENT

The _______ Department of Social Services (hereafter referred to as the
Agency) and _______ (hereafter referred to as the Work Site) enter into this
agreement in good faith to provide work experience and/or training to SNAPET participants.

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.

2. To provide a detailed explanation of SNAPET and the necessary paperwork for reporting
   requirements.

3. To provide necessary supportive services to enable the participant to participate in SNAPET.

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.

2. To not use participants to displace current employees or to fill vacant established positions or
   perform tasks that would have the effect of reducing regular employee’s work hours.

3. To not use participants to perform political, electoral or partisan activities or in response to
   any strike, lockout or other bona fide labor dispute.

4. To provide reasonable working conditions which do not violate federal, state or local health
   or safety standards.

5. To provide competent supervision to participants.

6. To prepare evaluation and time sheets for each participant and submit this information to the
   Agency by the fifth working day of each month during the designated training period.

7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from ______ to ______ (not to exceed one year)

______
Authorized Signature (Work Site) Date

______
Agency Representative Date

032-02-0081-06-eng (1/12)
SNAPET WORK SITE AGREEMENT

FORM NUMBER - 032-02-0081

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the work site and the agency.

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. The work site retains copy

INSTRUCTIONS FOR PREPARATION OF FORM:

After discussion with the work site representative, this agreement must be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required.
WORK EXPERIENCE POSITION(S)

This form is used to record information about each Work Experience position at a specific work site.

NAME OF WORKSITE___________________________________________________________________________

ADDRESS___________________________________________
Street     City  Zip
If directions are needed, put on back of form
CONTACT PERON AND JOB TITLE________________________________________________________________
PHONE________________________

POSITION TITLE____________________________________________  NUMBER OF POSITIONS_____________
SPECIFIC DUTIES______________________________________________________________________________
_____________________________________________________________________

WORK SITE WILL ACCEPT PARTICIPANT(S) DURING THE FOLLOWING HOURS.
Monday ___________to __________ Thursday_________to _________    Sunday__________to ________
Tuesday___________to __________ Friday____________to ___
Wednesday________to ___________ Saturday__________to __________      Total # Hours/Wk__________

WORK SITE SUPERVISOR______________________________________________  PHONE_________________
LEAD TIME NEEDED FOR ASSIGNMENT/CHANGES____________________________________________________

ADDITIONAL COMMENTS_______________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

WORK SITE CONTACT__________________________________________________  DATE__________________
Signature
LOCAL AGENCY CONTACT______________________________________________  DATE__________________
Signature
WORK EXPERIENCE POSITION FORM

FORM NUMBER - 032-02-0080

PURPOSE OF FORM - This information provides a description of a single position available at an organization with which the agency has a work site agreement.

USE OF FORM - The form is prepared by the worker/case manager as a guide for matching the participant's qualifications with the requirements of the position.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. The copy is sent to work site.

INSTRUCTIONS FOR PREPARATION OF FORM:

Identifying information at the top of the form will be as specific as possible and updated regularly when changes occur at the site.

Details for the position description will be as specific as possible and will also be updated regularly.

Each available position at the site will have a separate position description form.
COMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

Case #_______________________________

SNAP EMPLOYMENT AND TRAINING (SNAPET)  Employment Goal:______________________

REFERRAL TO WORK EXPERIENCE SITE  ________________________________

PARTICIPANT_______________________________________________PHONE_________________________
ADDRESS_________________________

TO THE PARTICIPANT: Take this form with you when you report for your interview with:

__________________________________________________________
Work Site Representative

on_________________________  __________________a.m./p.m.
Day of Week  Month   Day of Month    Time

at_________________________________________________________
Name of Work Site

Address

Specific Location
(Give building name, floor, room number, etc., as needed. If further directions are needed, put on back of form.)

If you are unable to keep this appointment, call your SNAPET Worker/Case Manager whose name and phone number are at the bottom of this form. Call as soon as possible. DO NOT WAIT UNTIL AFTER THE TIME OF YOUR APPOINTMENT! If you do not have a good reason, your SNAPET case may be closed. YOU MUST PRESENT THIS REFERRAL FORM AT THE INTERVIEW.

TO THE WORK SITE REPRESENTATIVE: The participant named above has been scheduled to interview with you for the Work Experience position of:

__________________________________________________________________________________________

As agreed, this participant is available to work the following schedule:

Monday _______to _______    Thursday_______to _______    Sunday_______to _______
Tuesday_______to _______    Friday_______to _______
Wednesday_______to _______    Saturday_______to _______    Total # Hours/Wk_______

This assignment will begin on________________________________________
Date

TO THE PARTICIPANT AND WORK SITE REPRESENTATIVE:

If you have any question call __________________________
SNAP Employment and Training Worker/Case Manager

at __________________________
Phone

032-02-0082-07-eng (1/12)
REFERRAL TO WORK EXPERIENCE SITE

FORM NUMBER - 032-02-0082

PURPOSE OF FORM - This form provides the participant and the work site with written information about the participant’s assignment to or interview at the work site.

USE OF FORM - The form is used to refer registrants to a work site to interview for a position for which there is a Work Experience Position(s) Form on file. In addition, it may be used to refer a participant to a specific assignment at a site.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in participant’s case record
1st Copy is sent to the work site
2nd Copy is given to the participant

INSTRUCTIONS FOR PREPARATION OF FORM

This form serves to refer a participant for an interview or an assignment to a work experience position for which there is a position description on file.

The form contains information that the participant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.

The form also contains information, which will help the work site representative interview the registrant, to understand the position being sought, and to provide the local agency contact information.

All sections of the form need to be completed in some detail for all parties to understand the referral.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

This form should be completed each month by the Work Site Supervisor and mailed by the 5th calendar day of the following month to the local social service agency. It enables Employment Services Program staff to monitor the participant’s attendance and performance.

WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

Participant Name ________________________________________________________________

Social Security Number __________________________________________________________

Local Social Service Agency ______________________________________________________

Work Site Agency ________________________________________________________________

MONTH: __________________________

Date and Hours Worked                     Performance Evaluation

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Knowledage of Assignment

Punctuality

Attitude

Safety Habits

Quality of Work

Cooperation

Initiative

Grooming

Works Well With Others

Accepts Supervision

OVERALL PERFORMANCE

Participant has ________ days of unexcused absences.

Will the Participant be given a favorable job reference if requested? □ Yes □ No

If Participant is being dismissed, please give reason(s) on reverse of this form.

Total hours worked this month ____________

Total hours participant was assigned to work this month ________________________

Work Site Supervisor ____________________________________________ Date __________

032-02-0083-02-eng
WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

FORM NUMBER - 032-02-0083

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a participant’s progress in a work experience placement.

USE OF FORM - This form is used by the work site supervisor to record the attendance and evaluate the performance of the participant in the work experience position. The form is also used by the worker/case manager to evaluate satisfactory participation (attendance) and any need for intervention to enhance the participant’s progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency is responsible for informing the work site supervisor of the responsibility to prepare the form monthly.

The agency is responsible for informing the work site supervisor of the number of hours the participant will be assigned each month.

Both the "Date and Hours Worked" and the "Performance Evaluation" sections need to be completed in their entirety to enable the worker/case manager to provide supportive services (i.e. counseling, day care, etc.) and to monitor attendance.

The work site supervisor is responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.
TIME AND ATTENDANCE RECORD
Education and Training

This form should be completed each month by the Instructor and returned to the local social services agency by the 5th calendar day of the following month. It enables SNAPET staff to monitor the participant’s time and attendance.

Participant Name  Social Security Number

Training Agency  Instructor’s Name

Training Agency Phone #  Local Social Services Agency

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Instructor’s Signature  Date

032-02-083A-03-eng (9/2009)
TIME AND ATTENDANCE RECORD

FORM NUMBER - 032-02-083A

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a participant’s time and attendance in an educational or training activity.

USE OF FORM - This form is used by the instructor to record the time and attendance of the participant in an education or training activity. The form is also used by the worker/case manager to evaluate satisfactory attendance and to note any need for intervention to enhance the participant’s progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency will be responsible for informing the instructor of their responsibility to prepare the form monthly.

The agency will be responsible for informing the instructor of the number of hours the participant will be assigned each month.

The "Date and Hours Worked" section needs to be completed in its entirety to enable the worker/case manager to monitor attendance.

The instructor will be responsible for completing, signing, dating and returning the form to the agency by the fifth calendar day after the close of the report month.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS
COMMUNICATION FORM- From EW to ESW

To_________________________________, ESW

From_______________________________, EW

Date_______/_______/_______

Reply Needed By_______/_______/_______

Copy Sent to Child Care Worker

Name of Participant______________________

Participant’s Client ID # ____________________

Case Name _____________________________

 SNAPET  TANF  TANF-UP

Case Number ___________________________

 Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on_______/_______/_______ (APR attached). Effective Date of TANF approval: _______/_______/______.

 Result of reevaluation of non-exempt/mandatory status: _______________________________________

 Volunteer no longer wishes to participate.

 Non-exempt/mandatory individual now exempt. Reason: ________________________________________

 Individual may be unable to participate in ESP/SNAPET program because __________________________

____________________________________________________________________________________

 Individual is not able to   Read English   Write English

 Individual will enter/entered employment at ___________________________on_______/_______/______.

Scheduled # of Hours/week______________. Rate of pay $____________ per ________________.

Frequency of pay: _____________________. Date of First Pay: _______/_______/_______.

 Individual/household no longer eligible for SNAP. Case closed due to: (check one)

 Employment/benefit reduction/savings information provided below

 Other: ______________________________________________________________________________.

Effective Date: _______/_______/_______.

 Individual removed from the SNAP household because ________________________________________

____________________________________________________________________________________

Effective Date: _______/_______/_______.

 Effective with payment on _______/_______/_______, benefits will be reduced from $________ to $_______.

 Individual appealed TANF sanction. Case remains open until appeal resolved.

 TANF Sanction ended effective _______/_______/_______.

 TANF case reopened.

 24-Month Eligibility Termination date: _______/_______/_______.

 Appeal prior to 24-Month Closure or  Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: _______/_______/_______.  Client has requested that case remain open until appeal resolved.

 VIEW Transitional Payment established effective _______/_______/_______.

 VIEW Transitional Payment ended effective _______/_______/_______.

Reason: _______________________________________________________________________________

 Amount of SNAP allotment for the month of ___________________________ was $_____________.

 New certification period from _______/_______/_______ to _______/_______/_______.

____________________________________________________________________________________

 Individual is a refugee. Contact _________________ (refugee resettlement agency) at _________________ (telephone) before conducting VIEW/SNAPET initial assessment.

 Other ________________________________________________________________________________

032-02-0072-12-eng (12/11)
Name of Participant_______________________  Participant’s Client ID # ______________________
Case Name ______________________________  ☑️ SNAPET  ☑️ TANF  ☑️ TANF-UP
Case Number ____________________________

- ☐ Volunteer signed APR on ______________.  Please update AEGNFS screen and run ED/BC.
- ☐ Reevaluation of non-exempt/mandatory status is requested.  Reason: ________________________________
- ☐ Volunteer no longer wishes to participate.  Please update AEGNFS screen and run ED/BC.

- ☐ ☐ Individual will enter education or training activity on _______/_______/_______.
- ☐ ☐ Individual will be a participant in work experience.  Please provide the SNAP amount for the month of
  ________________.

- ☐ Individual will enter/entered employment on_______/_______/_______.
  Employer_____________________________
  Scheduled # of Hours/week: _____________.  Rate of pay: $____________ per __________.
  Frequency of pay: _____________________.  Date of First Pay: _______/_______/_______.
  ☐ Please send verification of employment.

- ☐ Individual has failed to comply with program requirements of ___________________________.  Good cause does not exist.
- ☐ Notify ESW if aware of good cause reason.
- ☐ Sanction TANF for (check appropriate answer)
  ☐ 1 month and compliance   ☐ 3 months and compliance   ☐ 6 months and compliance
- ☐ SNAPET case will close effective_______/_______/_______.
- ☐ Please provide the dollar amount of SNAP reduction due to employment or sanction.
- ☐ Please notify when suspended TANF case has been reinstated.

- ☐ VIEW Transitional Payment enrollment opened effective _____/_______/_______.
- ☐ VIEW Transitional Payment enrollment closed effective _______/_______/_______.
  Reason: ________________________________.

- ☐ Hardship denied on _______/_______/_______.
- ☐ Hardship granted from ___________/_______/_______ to _______/_______/_______.
- ☐ Hardship terminated on_______/_______/_______.

- ☐ Other ____________________________________________________________________________
  ____________________________________________________________________________________
  ____________________________________________________________________________________
FORM NUMBER - 032-02-0072

PURPOSE OF FORM - To exchange information about an employment services participant between the eligibility worker (EW) and the employment services worker (ESW).

USE OF FORM - Either the eligibility worker or the employment services may originate the form when circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The form consists of an EW to ESW page and an ESW to EW page. When the form is sent, both pages should be provided. A copy of the entire form should be retained in both the TANF/SNAP and VIEW/SNAPET files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the EW and the ESW, the date the form is sent, and the date the reply is needed must be entered in the upper right hand corner by the worker who originates the form.

Enter the identifying information for the case and participant.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or is applicable to the situation. If the worker needs to communicate information that is not listed on the form, check “Other” and enter the information.
## CONTACT SHEET

<table>
<thead>
<tr>
<th>WORKER NAME OR NUMBER</th>
<th>DATE (M.D.Y)</th>
<th>CIRCLE ONE PERSON(S) CONTACTED</th>
<th>CIRCLE ONE PHONE OFFICER</th>
<th>FIELD OFFICER</th>
<th>LETTER</th>
<th>ASSESSMENT</th>
<th>REVIEW/ASSESSMENT</th>
<th>OTHER</th>
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*This form may replace the case narrative if it is used to record all case information.

032-02-0078-06-eng (9/2009)
<table>
<thead>
<tr>
<th>WORKER NAME OR NUMBER</th>
<th>DATE (M,D,Y)</th>
<th>CIRCLE ONE</th>
<th>PERSON(S) CONTACTED</th>
<th>CIRCLE ONE</th>
<th>RECORD BRIEF INFORMATION ABOUT EACH CONTACT.* PLEASE PRINT</th>
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*This form may replace the case narrative if it is used to record all case information.
CONTACT SHEET

FORM NUMBER - 032-02-0078

PURPOSE AND USE OF FORM - This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original is maintained in the participant's case record

INSTRUCTIONS FOR COMPLETION OF FORM:

This form includes all contacts with a SNAPET participant and any case action taken. These include, but are not limited to interviews with the participant, other contacts (letters, notices, phone calls) with the participant regarding SNAPET assignments, and other case information such as the date a participant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information.
TO: ________________________________ Agency _____
                (Name)                Date _____
______________________________________________________________________
                (Address)            Case Number _____
______________________________________________________________________
                (City State & ZIP)

SNAPET NOTICE OF CASE CLOSURE

You are out of compliance with rules for SNAPET participation.

You did not participate as required in SNAPET. Because of this, your SNAPET participation will be terminated.

SNAPET WILL END BECAUSE:

☐ You did not keep your scheduled appointment on _____.

☐ You did not complete your assignment to _____.

☐ Other _____.

In order to avoid having your case closed, you must contact me by _____ to give me a good reason why you did not complete the activity checked above.

If we do not hear from you on or before _____, your SNAPET case will close effective _____

SNAPET Worker/Case Manager: _____

Telephone Number: _____
APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal
- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901
- Call me at the number listed on the front
- Call 1-800-552-3431

When to Appeal
- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.*
* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Local Agency Conference
In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency’s proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision
The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:
- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer’s decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.
SNAPET NOTICE OF CASE CLOSURE

FORM NUMBER - 032-02-0089

PURPOSE OF FORM -

This form informs households of the closure of the SNAPET case due to the failure to comply with SNAPET requirements. The form also establishes the time frame of five working days to establish good cause and notes the reason for being out of compliance.

USE OF FORM - The form must be sent to each participant after the participant fails to comply with SNAPET requirements.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original is sent to the participant
Copy is maintained in participant’s case record

INSTRUCTIONS FOR PREPARATION OF FORM:

1. Complete the identifying case information and the name and address of the person who did not comply with SNAPET requirements.

2. Check the appropriate block indicating what the participant failed to do.

3. Enter the last day of the 5-working-day good cause time period in the two remaining blanks.

   Example
   The SNAPET Worker sent a SNAPET Notice of Case Closure to a participant who was out of compliance on Thursday, March 3rd. The date by which the participant must contact the worker no later than March 10th.

4. Include the SNAPET worker/case manager’s name and phone number.
SNAPET MEDICAL EVALUATION

It is our goal to assist the individual named below in becoming economically self-sufficient. This person states that he/she is unable to participate in employment and training activities. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine program activities that this individual may be able to perform, even if there are some limitations.

Patient’s Name

Address

Phone #  Birthdate  /  /  

Agency Name

Address

Agency Contact

Phone #

ABILITY TO PARTICIPATE IN EMPLOYMENT AND TRAINING ACTIVITIES:

1. Date of examination on which this medical evaluation is based:  /  /  (Examination must have been conducted within the last 90 days).

2. In terms of participating in employment and training activities and the patient’s current health issue(s), check that which is MOST applicable at this time.

   A.  □  Able to participate in employment and training activities without limitations or modifications

          Skip the remaining questions and sign at the bottom of page 2.

   B.  □  Able to participate in employment and training activities at least 10 hours per week with limitations and/or modifications as needed

          Anticipated duration of limitation or need for modification (Check one)

          □  Less than 30 days
          □  31 – 60 days
          □  More than 60 days. Specify duration:

          □  Do you recommend that this patient apply for SSI or SSA disability at this time? Yes □ No □

          Skip to question 3 and continue through the signature section on page 2

   C.  □  Unable to participate in employment and training activities in any capacity at this time

          Anticipated duration of incapacity. (Check one)

          □  Less than 30 days
          □  31 – 60 days
          □  More than 60 days. Specify duration:

          □  Do you recommend that this patient apply for SSI or SSA disability at this time? Yes □ No □

          Skip to question 4 and continue through the signature section on page 2

032-03-0045-00-eng (3/10)
3. Please check the total number of hours per week that the patient can participate in employment and training activities. Circle one: 10 15 20 25 30 35

4. In your professional opinion, and based on your medical knowledge of the patient’s condition, list any limitations that would affect the patient’s ability to participate in employment and training activities.

☐ Physical Limitations:

☐ Psychiatric Limitations:

☐ Other Limitations Not Listed Above:

**DIAGNOSIS AND TREATMENT:**

5. Please indicate the primary medical reason for the patient’s inability to participate, or to participate with modifications and/or limitations, in employment and training activities in the “primary diagnosis” space below.

Primary Diagnosis:

If other medical issues contribute to the patient’s inability to participate, or to participate with modifications and/or limitations, in employment and training activities, please record those in “secondary diagnosis” space below.

Secondary Diagnosis:

6. Would reviewing this form jeopardize the patient’s health or well-being? ☐ Yes ☐ No

**COMPLIANCE:**

7. If physical therapy, counseling, medication or other treatments were prescribed, is the patient complying? ☐ Yes ☐ No ☐ Don’t know

8. If patient is not complying with recommendations, are you aware of the reason for not complying? ☐ Yes ☐ No ☐ Don’t know

9. Does the patient’s condition hinder his/her ability to care for his/her children? ☐ Yes ☐ No

**REFERRALS:**

10. Does the patient require additional evaluation and/or assessment to determine current and/or future functioning? ☐ Yes ☐ No

If yes, by whom:

Field or area of expertise

Date Referred:

**SIGNATURE:**

This form may be signed only by a medical doctor, including a psychiatrist, a doctor of osteopathy, or by a physician’s assistant or nurse practitioner working in the practice of a medical doctor or doctor of osteopathy.

Signature _______________________________________ Office telephone number: ______________

(Physician or Nurse Practitioner or, Physician’s Assistant)

Name ___________________________________________ Date form was completed: ______________

(Please print)

Office Address___________________________________________________________________________________
SNAPET MEDICAL EVALUATION

FORM NUMBER – 032-03-0045

PURPOSE OF FORM – To provide medical information about the mental or physical condition of a household member.

USE OF FORM – May be used by the local social services agency to secure medical information when a written statement is necessary to determine the ability to work.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the examining or treating physician and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – The worker must complete the information at the top of the form and submit it to the examining or treating physician. The worker may fill in element 5, item g with an activity not listed, if appropriate. The examining or treating physician must complete information requested in Items 1 through 14 and sign the form.
Local Department of Social Services Client Referral Sheet

Full Name of Client: __________________________________________________

Address: __________________________________________________________________

City/County ___________________________________________Zip Code: ___________

Client Case #: __________________________ Time-Limited: ______yes _______no

Referred To: _______________________________________________________________

(Name of Re-entry Services Coalition Member)

Services requested: __________________________________________________________

Local Social Services Agency: ________________________________________________

Person Referring: ___________________________________________________________

Signature of Person Referring: _______________________________Date:____________

Phone Number: (____) ______-____________ FAX: (____) ______-_____________

Email Address: _______________________________________

Authorization to release information:

Confidentiality: Any information obtained by the Re-entry Services Coalition concerning recipients of social services shall be treated as confidential in accordance with relevant provisions of State and federal law.

Client Signature: ___________________________Date_____________________

*Person Receiving Client: _________________________________________________

Signature of Staff Receiving Client: _______________________________Date:_________

*Client Referred to One-Stop: ____yes ____no Date: _________________________

*Local department of social service worker making referral must be notified via e-mail.

032-03-0412-02-eng (9/2009)
Local Department of Social Services Re-Entry Client Referral Sheet

FORM NUMBER - 032-03-0412

PURPOSE OF FORM – This form provides Re-Entry Services Coalition Members with a written request from the local department of social services to provide services to a SNAPET participant who is also an ex-offender.

USE OF FORM – The SNAPET worker must prepare the form to refer SNAPET participants who are ex-offenders to a Re-entry Services Coalition Member for necessary services.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The original form must be sent to the Re-entry Coalition Member for inclusion in the case file maintained at that organization. A copy of the completed form must be maintained in the SNAPET file.
# First Report of Injury

Virginia Workers' Compensation Commission
1000 DMV Drive
Richmond, Virginia 23220
1-877-664-2566

**Employer**

<table>
<thead>
<tr>
<th>Employer’s Legal Name</th>
<th>Federal Employer Identification Number (FEIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employer’s Mailing Address**

<table>
<thead>
<tr>
<th>Name/FEIN of Entity on Policy</th>
<th>Nature of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address of Insurer or Self-Insurer for this Claim</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Time and Place of Accident**

<table>
<thead>
<tr>
<th>Location where accident occurred</th>
<th>Date of injury</th>
<th>Hour of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a.m. p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date injury or illness reported</th>
<th>If fatal, give date of death</th>
<th>If fatal, give marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Single Divorced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Married Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injured Worker</th>
<th>Phone Number</th>
<th>Injured Worker ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injured Worker’s mailing address</th>
<th>Type of ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Security No. Employment Visa</td>
</tr>
<tr>
<td></td>
<td>Green Card Passport No.</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation at time of injury or illness</th>
<th>Date of birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male Female</td>
</tr>
</tbody>
</table>

**Nature and Cause of Accident**

Describe fully how injury or illness occurred

Describe nature of injury, occupational disease, or illness, including body parts affected

**Signatures**

<table>
<thead>
<tr>
<th>Submitter (name, signature, title)</th>
<th>Date</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Submitter’s Address**

VWC Form #3
Rev. 10/08
First Report of Injury

Filing Instructions

The Virginia Workers’ Compensation Act requires that ALL injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

Employer

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers’ compensation insurance provider for additional information.

Claim Administrator

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers’ Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criteria.* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave “reason for filing” blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed $1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers’ Compensation Commission.