



PARTICIPANT EXPECTATIONS and COMMITMENT

Participant Name: _____ DSS CL#: _____

SNAP employment and training is a work program that is intended to help support you in achieving your educational and career goals. Please read and sign the Student Expectations and Commitment form and the Authorization to Release Education Records form in order to participate in the SNAP employment and Training (E&T) program.

I understand that the SNAP E&T is an employment programs and the intent is to help me get the skills I need to get a job. I am committed to completing my educational plan, earning a certificate or degree, and getting a job. I am aware that there are resources available to assist me in my job search and the SNAP coordinator will guide me through the process. I must be able and available to work upon completion of the program.

My SNAP E&T coordinator is _____. I can reach the coordinator by email at _____ or by phone at _____.

- I understand that SNAP E&T is a program offered by Department of Social Services (DSS) and that in order to participate in SNAP E&T I must be receiving SNAP from DSS. Participation in SNAP E&T will not affect my direct SNAP nutrition assistance and I may receive SAGA cash assistance. I understand that I cannot receive TFA cash assistance and participate in SNAP E&T.
- I understand that participation in SNAP E&T is generally limited to one program per participant. I will inform the SNAP coordinator if I have participated in any other SNAP funded education program in the past.
- I understand that the SNAP coordinator will confirm my eligibility every month that I receive services and that I must submit all required paperwork and information to DSS to maintain SNAP benefits. I will communicate with the SNAP coordinator if there are any changes and I will immediately notify the coordinator of any changes to my address, phone number or email address.
- E&T participants may receive reimbursement for expenses that are reasonably necessary and directly related to participation in the E&T program. Allowable expenses for identified needs will be reimbursed upon presentation of appropriate documentation to the E&T service provider.
- My success in the program is my responsibility and depends on my commitment to attend classes regularly and participate in class lessons, discussion and any other activities that are assigned.
- I understand that if I am not able to fulfill the above expectations, I may lose my SNAP E&T eligibility.

My signature below confirms that I understand all of the above expectations and I am committed to the SNAP E&T program.

Participant Signature

Date

Coordinator Signature

Date