

**Supplemental Nutrition Assistance Program
Employment and Training**

Opportunities	Obligations
<ul style="list-style-type: none"> You may be reimbursed for transportation expenses that are related to participation in the SNAP E&T program. Documentation of actual expenses incurred may be required. If your monthly transportation costs to participate in the program are more than the maximum monthly reimbursement amount, you will be assigned to a more suitable activity. If a suitable activity is not available, you may have good cause for not participating in the E&T program. If you find employment after participating in the program, you may be reimbursed for uniforms or other clothing required for employment, equipment, supplies, tools required to perform the job, testing fees, and transportation. 	<ul style="list-style-type: none"> You must participate and complete all assigned SNAP E&T program activities. You must seek and apply for employment. You must accept reasonable offers of suitable employment. You must remain employed without reducing your hours or quitting unless there is a good documented reason.
<ul style="list-style-type: none"> You may have decisions made about your SNAP E&T case reviewed by a SNAP E&T program supervisor. If you disagree with the decision made by the supervisor, you may file a written grievance with your local workforce board. 	<p>You must keep your account current with any changes that may affect your participation including household changes, change of telephone number, change of address, etc.</p>

Failure to Participate	
Penalty	Consequence
1	Loss of food assistance for a minimum of one month or until compliance, whichever is longer
2	Loss of food assistance for a minimum of three months or until compliance, whichever is longer
3	Loss of food assistance for a minimum of six months or until compliance, whichever is longer
<p>Note: Unless you meet an exemption, you must comply with the program after the sanction period ends before your benefits can be restored.</p>	

Participant's Signature

Date

Printed Name

Case Number

**You have not been asked to provide your social security number on this form. For your information however, the Social Security Act (42 U.S.C. 1137) provides that your social security number may be used to administer the program, including determination of eligibility, attributing the receipt of services, correspondence and participation, as well as for reporting purposes.*

Employment and Training Questions
Department of Economic Opportunity (DEO)
Email: CustomerInfoCenter@deo.myflorida.com
Toll Free Number: 1-855-212-0880

Benefit Eligibility and Referral Questions
Department of Children and Families
Website: www.myflfamilies.com
ACCESS: www.myflorida.com/accessflorida/