Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T)

**Opportunities**

- You may receive reimbursement for expenses that are related, allowable, and considered necessary expenses for participation in the SNAP E&T program.
- If your monthly 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 SNAP 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.
- 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 SNAP E&T program, you have the right to ask for a formal review of our decision. If you want a hearing, you must ask for the hearing by writing to your local Department of Children and Families’ (DCF) office, calling the DCF call center at 1-850-300-4323, or going into a local DCF office.

**Obligations**

- 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.
- 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.

**Failure to Participate**

<table>
<thead>
<tr>
<th>Penalty Level</th>
<th>Consequence</th>
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<tbody>
<tr>
<td>1</td>
<td>Loss of food assistance benefits for a minimum of one month or until compliance, whichever is longer.</td>
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<tr>
<td>2</td>
<td>Loss of food assistance benefits for a minimum of three months or until compliance, whichever is longer.</td>
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<tr>
<td>3</td>
<td>Loss of food assistance benefits for a minimum of six months or until compliance, whichever is longer.</td>
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</tbody>
</table>

Note: Unless you meet an exemption, you must comply with the SNAP E&T program after the sanction period ends AND before your benefits can be restored.

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**Participant 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.*

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**Employment and Training Questions**

Florida Department of Economic Opportunity (DEO)

Email: CustomerInfoCenter@DEO.MyFlorida.com

Toll Free Number: 1-855-212-0880

**Benefit Eligibility and Referral Questions**

Florida Department of Children and Families (DCF)

Website: www.myflfamilies.com

ACCESS: www.myflorida.com/accessflorida/