

NC Department of Health and Human Services
FNS Employment and Training Screening & Referral form



Referral information:

Referral Source:			
Referring Party			
Contact information:		Date:	
Referral Type:			

Participant information: (please encrypt referral)

Name:		ABAWD Status:	
Address/City/State/Zip:		FNS Cert. period:	
Date of Birth:		CNDS#:	
Contact information:		SS# (or last 4 #'s):	

Screening questions (Yes/No)

Is individual currently interested in education and/or training?	
Is individual currently interested in obtaining employment?	
Does individual have any challenges to gainful employment?	

Services of Interest (check all that apply)

Supervised Job search		Basic Education	
Job search training		Vocational Training	
Work Experience (Work Activity)		Self-employment training	
Work Experience (Work-based Learning)		Job retention	
Pre-Apprenticeship		Apprenticeship	

Referral result: (TO BE COMPLETED BY LOCAL DSS)

Individual is suitable for SNAP E&T and being referred to:	
Individual is not being referred due to:	
Referring County DSS/NCDHHS:	

Participant acknowledgement:

These services will be provided at no cost to you and will be funded by the Supplemental Nutrition Assistance Employment and Training Program, the county, and participating agencies. If you choose to take this opportunity, you may also be provided assistance with transportation, books/supplies, work clothing or uniforms, childcare, and other costs related to participating as funding permits. You may be exempt from participation if there is no funding available to provide these supports. Supportive services may continue for up to 90-days after getting a job if you stay connected to our SNAP Employment and Training provider. Contact is once a month, or more as needed, via text, email, phone, or in person with us and/or our partner agency. Since this is a voluntary program, you are not required to participate to continue receiving Food and Nutrition Services (FNS) benefits. If you would like to be a part of this program, please read and sign this statement:

- ✓ I understand that this is a voluntary program, and it does not affect my FNS benefits.
- ✓ While I understand that this is a voluntary program, I agree to fully participate in order to increase my chances of finding employment or getting a better job.

_____ **Participant Signature** _____ **Date**

(Referring agency to upload a copy to participant's NCWorks Geosol record)

