

PARTICIPANT SCREENING INFORMATION

First Name		Last Name	
Email		Phone Number	
Date of Birth		County of Residence	
Mailing Address			

SCREENING QUESTIONS

	Yes	No
Is individual currently interested in education and/or training?	<input type="checkbox"/>	<input type="checkbox"/>
Is individual currently interested in obtaining employment?	<input type="checkbox"/>	<input type="checkbox"/>
Does individual have any challenges to gainful employment?	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES OF INTEREST (Check all that apply)

Supervised Job Search	<input type="checkbox"/>	Basic Education	<input type="checkbox"/>
Job search Training	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>
Self-employment Training	<input type="checkbox"/>	Work Experience (Work Activity or Work-based Learning)	<input type="checkbox"/>
Pre-Apprenticeship/Apprenticeship	<input type="checkbox"/>	Job Retention	<input type="checkbox"/>

REFERRAL INFORMATION (To be completed by NCDHHS, local DSS or NCDHHS Provider)

Referral Date		Referral Source	
Referring Party		Referring Party Email	
ABAWD Status		FNS Cert Period	
Referral Type		CNDS #	
		SSN (or last 4)	

REFERRAL RESULT (To be completed by NCDHHS or local DSS)

Individual is suitable 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: