FOOD AND NUTRITION SERVICES E&T INFORMATION TRANSMITTAL

Last Name	First Name	— <u>—</u>	FNS Case #	Social Security #
-				
Address			DOB	
Address Telephone #				
A. PLACEMENT The above referenced FNS E&T program participant:				
☐ Was placed by ESC w	rith		as	
Obtained employment withas			as	
Enrolled in Education and Training with for				
B. REQUEST FOR REFERRAL				
On this date, the above referenced individual stated that he/she is included in an active FNS case and requested to volunteer for participation in the E&T program.				
and requested to volunteer for participation in the E&T program.				
C. REQUEST FOR TERMINATION OF VOLUNTEER STATUS By Volunteer				
By ESC - The above referenced FNS E&T program participant failed to report for the following services:				
☐ Assessment ☐ Job Interview				
☐ 4 or 8 week Job Search Follow-up Interview ☐ Counseling ☐ Testing ☐ ESC Call-in				
Education/Training Application Process Work				
D. EOD DCC OFFICE LIS	DE ONI W			
D. FOR DSS OFFICE USE ONLY:				
Request Cure of CAREER Start Disqualification by attending ESC assessment only				
Request Cure of E&T Disqualification for failure to attend ESC assessment				
Request Cure of E&T Disqualification for failure to complete job search				
			Caseworker Signature	Date
			Caseworker Signature	Date
E. DISQUALIFICATION PROCESS				
The above referenced FNS E&T program participant:				
☐ Did not comply with the E&T or CS requirements that caused disqualification.				
Complied with the E&T or CS requirements that caused disqualification.				
Complied with the E&T or CS requirements that caused disqualification and wishes to participate as a volunteer.				
ESC Consultant		C Office		Date
ESC CONSUNAIN	ESC	Office		Date

DSS-2625 (Rev. 11/10) NCESC-2625 (Rev. 11/10)