

FOOD AND NUTRITION SERVICES WORKFARE INFORMATION TRANSMITTAL

_____ Last Name	_____ First Name	_____ MI	_____ FNS Case #	_____ Social Security #
_____ Address			_____ DOB	<input type="checkbox"/> M <input type="checkbox"/> F
_____ Address			_____ Telephone #	

A. PLACEMENT The above referenced FNS Workfare program participant:

Was placed with _____ as _____

Obtained employment with _____ as _____

Other _____

B. CHANGES _____

C. REQUEST FOR TERMINATION OF VOLUNTEER STATUS By Volunteer

By Workfare unit - The above referenced FNS Workfare program participant failed to report for the following:

<input type="checkbox"/> Workfare Assessment	<input type="checkbox"/> Workfare Job Interview
<input type="checkbox"/> Follow-up Interview after Job Search	<input type="checkbox"/> Workfare Job
<input type="checkbox"/> Workfare Follow-up Interview	<input type="checkbox"/> Other _____

D. FOR DSS OFFICE USE ONLY:

Request Cure of Workfare Disqualification by attending assessment or follow-up interviews

Request Cure of Workfare Disqualification for failure to attend Workfare job interview

Request Cure of Workfare Disqualification for failure to complete obligation of _____ hours for _____

FNS caseworker signature

Date

E. DISQUALIFICATION PROCESS

The above referenced FNS Workfare program participant:

Did not comply with the Workfare requirements that caused disqualification.

Complied with the Workfare requirements that caused disqualification.

Complied with the Workfare requirements that caused disqualification and wishes to participate as a volunteer.

Workfare worker signature

Date