South Carolina Department of Social Services SNAP Employment and Training Program

ABAWD REFERRAL FORM

***** IMPORTANT NOTICE *****

SNAP applicants and recipients who are Able-Bodied Adults Without Dependents (ABAWDs) <u>MUST PARTICIPATE</u> in the SNAP Employment and Training Program. The individual listed below has been designated as a Mandatory ABAWD participant and is required to contact the E&T Program Provider indicated below by phone within 10 days of the date of this referral notice to begin participation. Failure to do so may result in a disqualification from receiving SNAP benefits.

	Participan	nt Information	
Mandatory Participant Name:		DOB:	
Mailing Address:			
Telephone:	Re	eferral Date:	
Status: ☐ Mandatory ABAWD			
CHIP No.:	County:	Case Name:	
Referral Information			
		Telephone:	
	Mandatory Participant	Referred to E&T Provider:	
☐ Goodwill of SC Telephone: _			
	Magage to Elimibility	, Staff from EQT Drawiday	
	Message to Eligibility	staff from E&T Provider	
☐ Client failed to contact Provider	to schedule initial appoir	ntment.	
☐ Client failed to appear for initial	scheduled appointment	on:	
☐ Client is exempt from Work Reg	gistration and/or E&T Red	quirements. (Document exemption reason below):	
Reason for Exemption:			
E&T Provider Staff Signa		 Date	