

Date: _____

Case Number: _____

Case Name: _____

SNAP/CA Center: _____

Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Enrollment and Consent Form

Provider/Program Name: _____

Provider/Program Address: _____

Participant's Name: _____

This is to inform you that you are asking to enroll as a participant in the Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) program listed above.

Federal SNAP E&T funds pays for all or part of the cost of your participation in this SNAP E&T program.

When you receive SNAP E&T education and training services you will gain skills that improve your ability to find and/or keep employment.

****Important Consent Information – Please Read and Sign Below****

I give my consent and fully understand that the New York City Human Resources Administration (HRA) will provide _____ with limited participant-

(Provider)

identifiable information and data about me to verify my identification, eligibility for the SNAP E&T program, and my employment status, as well as for purposes of programmatic tracking and follow-up of any engagement in/retention with employment following participation in the SNAP E&T program, so long as I am a participant in the program. This data may include, but is not limited to, my name, address, telephone number, date of birth, the last four digits of my Social Security number, my SNAP or Cash Assistance case status and details, and related recertification dates.

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I understand that the training provider may give HRA personal identifiable information and data related to my program participation, enrollment, and employment.

I understand that any changes in my employment status and/or income that occur during my participation in this program will be reported to HRA by the training provider and could result in changes to my current SNAP or Cash Assistance benefits.

I also understand that I must report changes in my employment status and income to HRA, as the SNAP reporting rules require.

I also understand that if I choose not to sign the consent form, I will not be eligible to participate in the SNAP E&T program until such time that I agree to sign the consent form.

Participant's Signature

Date

Participant's Email Address

Telephone

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.