



**PARTICIPATION REVIEW NOTICE**

To:

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**IF YOU ARE A MANDATORY SNAP EMPLOYMENT & TRAINING REGISTRANT, FAILURE TO COMPLY WITH SNAP EMPLOYMENT & TRAINING PARTICIPATION REQUIREMENTS WITHOUT GOOD CAUSE MAY RESULT IN CANCELLATION OF YOUR CASH AND/OR SNAP BENEFITS (PM 03-14-03, PM 03-15-03 AND PM 21-06-09)**

You are registered with SNAP Employment & Training and currently assigned to the:

\_\_\_\_\_ component.

You must continue to meet the participation requirements of the component to which you are assigned.

Respond Per Instructions Below:

IF THIS BOX IS CHECKED, COMPLETE THE FOLLOWING PAGE OF THIS FORM AND RETURN WITHIN TEN (10) DAYS FROM THE "DATE" WHICH APPEARS ON THE TOP OF THIS FORM.

Failure to complete and return this form within ten days may be considered as an instance of non-cooperation. If you have any questions about the instructions stated above, contact your local office worker,

\_\_\_\_\_, at \_\_\_\_\_  
or 1-866-324-5553 TTY/Nextalk, 711 TTY Relay.

\_\_\_\_\_  
Local Office



**PARTICIPATION REVIEW NOTICE**

**EMPLOYMENT ACTIVITY REPORT**

To verify your continued efforts to seek employment it is necessary that you answer the following questions, sign, and return the completed form.

1. How many employer contacts have you made in the last month? Check the appropriate blank line below.

- None     1 to 5     6 to 10     11 to 15     16 to 20     More \_\_\_\_\_  
Number

2. Have you enrolled in or completed any Education and Training Program in the last six (6) months?  Yes     No

3. Have you had any contact with other organizations, educational providers, or agencies in the last six (6) months? Check the appropriate blank line.  Yes     No

- Unemployment Office     Met     Chicago City Colleges

Other \_\_\_\_\_

4. Are you now, or have you been, employed in the last six (6) months? If your answer to this question is Yes, complete the box below:  Yes     No

**Employment Information**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Job Title:	Hourly Wage	Hours Worked Per Week
Starting Date:	Date 1st Full Pay:	Ending Date

- Permanent     Temporary

5. Are you now, or have you been, receiving any of the benefits listed below?  Yes     No

Indicate which one(s) by checking the blank line in front of the source.

- Unemployment Insurance Benefits     Social Security or SSI Benefits  
 Workman's Compensation     Other: \_\_\_\_\_

If your answer to this question is Yes, complete the box below.

Date 1st Payment Received _____
Amount of Payment _____
Payment Received <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____

I certify that the information above is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date