



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 BLANK 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 _____

Local Office



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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	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
		Ending Date

5. Are you now, or have you been, receiving any of the benefits listed below? Indicate which one(s) by checking the blank line in front of the source. Yes No
- 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