State of Illinois
Department of Human Services - SNAP Employment and Training

**6A(1 YEAR)**

# REGULAR EARNFARE REFERRAL AND ATTENDANCE RECORD

**I.** Client Name: _____ Employer Contact Name: _____

Address: _____ Company Name: _____

Social Security Number: _____ Address: _____

SNAP Case Number: _____ City, State: _____

Telephone: _____ Telephone: _____

**II. REFERRAL**

Report to: _____ on _____ at _____
(name ) (start date) (time)

SNAP Work-off Hours: _____ + Cash Assistance Hours: _____ = Total Hours: _____

Work Schedule: (Check Days/List Hours): ☐ Monday ☐ Tuesday ☐ Wednesday HOURS: _____
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Earnfare Caseworker: _____ Telephone: _____ Fax: _____

**III. DAILY SIGN IN/OUT**

| DATE | TIME IN | LUNCH Start Time | LUNCH End Time | TIME OUT | TOTAL HOURS | CLIENT SIGNATURE (sign each workday) |
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Earnfare clients may not work more than 40 hours per week. Does your organization have a paid lunch period? ☐ Yes ☐ No
If yes, count the paid lunch period toward the total work hours; if no, do not count the unpaid lunch period toward the total work hours. Total Hours Worked **(INCLUDING LUNCH PERIOD, IF PAID):** _____
Should the client be reassigned to this employer/location? ☐ Yes ☐ No

(if no, please explain): _____

**IV. PAYMENT VERIFICATION/CALCULATION:**

**If client works all required hours, issue the maximum Earnfare payment.**

Total Hours Worked: _____ - _____ SNAP Work-off Hours = _____ Earnfare Hours Worked:

Earnfare Hours Worked _____ X _____ State Minimum Wage = _____ Earnfare Cash Assistance issued.

DATE ISSUED: _____ Total Hours Worked (including lunch period, if paid): _____

Earnfare Employer _____ Date: _____
**(Authorized Signature)**

**INSTRUCTIONS FOR EARNFARE EMPLOYER:** Submit this document with original signatures with Billing submittal; copy to Earnfare Worker.