



State of Illinois
 Department of Human Services
SNAP EMPLOYMENT & TRAINING (SNAP E&T)
CONCILIATION APPOINTMENT NOTICE

6A (3 Years)

DATE: _____

CASE NAME: _____

CASE NUMBER: _____

A conciliation appointment is scheduled for you on _____

_____ at _____ a.m.
 p.m.

at:

It is important that you:

- * be on time to your appointment, if you are late, you may be considered to have failed to keep the appointment;
- * bring this notice;
- * bring your medical card; and
- * bring the documentation that you may have to help prove the good cause that explains your failure to cooperate/comply.

IF YOU FAIL TO KEEP THIS APPOINTMENT OR FAIL TO SHOW GOOD CAUSE FOR YOUR FAILURE TO COOPERATE WITH SNAP EMPLOYMENT AND TRAINING REQUIREMENTS, YOUR CASH AND/OR SNAP ASSISTANCE WILL BE STOPPED (PM 21-06-08).

The purpose of the conciliation meeting is to:

- * hear your explanation for not keeping the appointment or for failure to cooperate;
- * determine if you had good cause for not complying;
- * explain your rights and responsibilities including the right to a fair hearing;
- * discuss what is expected from SNAP Employment and Training and you;
- * if it is determined at this meeting that you had good cause your assistance will not be stopped; or
- * if it is determined that you did not have good cause, a conciliation agreement will be developed (which you must fulfill following the conciliation meeting). If you fulfill the stipulations in the agreement during the specified time period, your assistance will not be stopped.

In order to reschedule your appointment or if you had good cause for not attending the above appointment, contact:

_____ at _____ or 1-866-324-5553 TTY Nextalk, 711 TTY Relay.



GOOD CAUSE

Good Cause may include, but is not limited to:

death in the family;

illness or incapacity;

required court appearance or being temporarily in jail;

family crisis;

an emergency situation;

lack of reasonably available transportation;

lack of reasonably available child care;

severe weather;

job referral does not meet appropriate work or training criteria;

lack of any supportive service or other resource which presents a significant barrier to SNAP E&T participation;

current participation in employment or training program that is in line with the employment related goals of the program;

failure to comply due to symptoms of a condition for which the client has been referred for rehabilitation services;

failure of the client to comply because of attendance at a test or mandatory class or function at an educational program (including college);

lack of reading or writing skills;

failure of DHS staff or SNAP E&T provider to correctly forward information to each other;

failure of the client when it is determined the client should be in a different SNAP E&T component or exempt;

non-receipt of mail by the client of a notice advising them of a program requirement, if documented by the client.