



PARTICIPATION REVIEW NOTICE

Date: _____

7106650c-1375-4e3f-944a-bf12f06c2510

NAME: _____
ADDRESS: _____
ADDRESS: _____
CITY, ST. ZIP _____

Case Number: _____

Office Name: _____

Office Address: _____

Phone: _____

TTY: _____

Fax: _____

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llame al 1-800-843-6154 (TTY 1-866-324-5553 TTY/Nextalk, 711 TTY Relay).

You can manage your account online at abe.illinois.gov

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 SNAP BENEFITS (PM 03-14-03, PM 03-15-05, PM 21-06-03 and PM21-06-10-d).

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 (10) days may be considered as an instance of non-cooperation. If you have any questions about the instructions stated above, contact the Family Community Resource Center listed above.



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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.

- How many employer contacts have you made in the last month? Check the appropriate box below.
 None 1 to 5 6 to 10 11 to 15 16 to 20 More _____
 (Number)
- Have you enrolled in or completed any Education and Training Program in the last six (6) months? Yes No
- Have you had any contact with other organizations, educational providers, or agencies in the last six (6) months? Check the appropriate box.
 Yes No
 Unemployment Office Met Chicago City Colleges
 Other _____
- 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
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	

- Are you now, or have you been, receiving any of the benefits listed below? Indicate which one(s) by checking the box 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 First 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