



SNAP ACTIVITY REPORT

Client Name: _____

FCRC: _____

Case Name, if Different: _____

Case Number: _____

This form is to verify the type of activity and the hours completed to meet a SNAP work activity. Complete the type and description of the activity performed. Enter the date along with the start and finish times that you completed an activity. Sign your name and date the form. Give your completed form to the organization's representative to complete the name of the organization, sign and date. **You must return your completed form to the Family Community Resource Center (FCRC).** One form per organization is required.

Work and Training Activity type/description: _____

Date	Time In	Time Out	Total Hours		Date	Time In	Time Out	Total Hours

Client Signature: _____ Date: _____

Name of Organization: _____

Authorized Signature: _____ Date: _____

Authorized Contact Name: _____

Authorized Contact phone and/or email address: _____