



SNAP Employment and Training (SNAP E & T) Conciliation Agreement

6A (3 YEARS)

Participant Name: _____

Case Number: _____ Date: _____

State the specific requirement which has NOT been met and the date(s) of non-compliance:

In order to continue participation in the SNAP Employment and Training (SNAP E & T) program you must complete the following specific act(s):

This act must be complete by: (date) _____

Participant's Signature: _____ Date: _____

Local Office Worker's Signature: _____ Date: _____

IF YOU HAVE QUESTIONS ABOUT THIS AGREEMENT. CONTACT YOUR LOCAL OFFICE WORKER AT: _____

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