Reset

South Carolina Department of Social Services
SNAP Employment and Training Program

ABAWD REFERRAL FORM

******** IMPORTANT NOTICE ********

SNAP applicants and recipients who are Able-Bodied Adults Without Dependents (ABAWDs) MUST PARTICIPATE in the SNAP Employment and Training Program. The individual listed below has been designated as a Mandatory ABAWD participant and is required to contact the E&T Program Provider indicated below by phone within 10 days of the date of this referral notice to begin participation. Failure to do so may result in a disqualification from receiving SNAP benefits.

Participant Information

Mandatory Participant Name: _____ DOB: _____

Mailing Address: _____

Telephone: _____ Referral Date: _____

Status:

❑ Mandatory ABAWD

CHIP No.: _____ County: Select County ... Case Name: _____

Referral Information

Eligibility Worker Name: _____ Telephone: _____

Mandatory Participant Referred to E&T Provider:

❑ Goodwill of SC Telephone: _____ | ❑ SC DEW Telephone: _____

Message to Eligibility Staff from E&T Provider

❑ Client failed to contact Provider to schedule initial appointment.

❑ Client failed to appear for initial scheduled appointment on: _____

❑ Client is exempt from Work Registration and/or E&T Requirements. (Document exemption reason below):

Reason for Exemption: _____

_____ _____

E&T Provider Staff Signature Date