## South Carolina Department of Social Services SNAP Employment and Training Program NONCOMPLIANCE NOTICE

Notice Date:	
CHIP Case No.:	
Case Name:	
Participant Name:	
Mailing Address:	
Subject: E&T Program Noncompliance	
Dear:	
The participant named above has failed to comply with the reas indicated below and may be disqualified from receiving or regular SNAP benefits, you must contact the E&T Provider provide a "good cause" reason to explain the cause of the notation 10 days, the Department of Social Service will be notified of initiate action to impose a disqualification of the participant for	ontinued SNAP benefits. In order to continue receiving your listed below within 10 days of the date of this notice and oncompliance. If "Good Cause" cannot be established within the failure to comply. The Department of Social Services will
☐ Participant failed to schedule or attend a required appointr	nent.
☐ Participant failed to complete an assigned E&T activity.	
<ul><li>□ Participant refused to accept possible employment.</li><li>□ Other:</li></ul>	
E&T Provider Contact Name	Phone No.