

CHOICES/SNAP E&T DAILY JOB SEARCH WORKSHEET

Week From _____ to _____

PROGRAM: TANF ___ SNAP E&T ___

NAME: _____ TWIST ID _____ TDS: _____ 325.653.2321 ext. _____

Required Contacts: _____ Due on _____ @ _____

TO RECEIVE CREDIT FOR JOB SEARCH, EACH CONTACT MUST BE COMPLETELY FILLED OUT.

I understand that this is the only and final notice that I will receive to remind me of when and where to report to be active in the program.

I understand that failure to report at the time and day above may result in a loss of all my TANF, Adult Medicaid, and/or SNAP benefits.

If I lose my TANF and Medicaid benefits, I understand that in order to reinstate my TANF and Medicaid benefits, I must cooperate in the Choices Program. I understand that if I disagree with the decision to remove my TANF, Adult Medicaid and/or SNAP benefits, I have the right to appeal by contacting my local Health and Human Services office or 2-1-1.

I understand that to receive credit for job contacts **every blank** in each row must be **completed**.

DATE	COMPANY NAME	JOB APPLIED FOR	IN PERSON or ONLINE (Person Contacted if in person)	WHAT DID YOU DO	STAFF ONLY
01/01/2019	ANYBODY HIRING	CASHIER	ONLINE	X APPLICATION __ INTERVIEW __ FOLLOW UP	
				__ APPLICATION __ INTERVIEW __ FOLLOW UP	
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Credit: Application Completed = 2.0 hours, Interview = 1.0 hour, Follow up = .5 hour

Client Certification I certify that the employer contacts listed are correct. I understand that falsifying any information will result in penalties/negative actions being taken.

Client Signature: _____ **DATE:** _____

Talent Development Specialist Signature: _____ **DATE:** _____