

## SNAP Employability Plan

**A. Participant Acknowledgments**

***This Employability Plan is entered into between the Seneca County Department of Job and Family Services and \_\_\_\_\_ (Participant Name).***

I understand that I am required to participate in the SNAP Employment and Training (SNAP E&T) program. As a required participant, I will participate in the appraisal process and assigned employment and training activities included in my Employability Plan. I understand the goal of my Employability Plan is to achieve self-sufficiency and personal responsibility.

***I acknowledge understanding and acceptance of the above statement and that:***

- I am required to participate in SNAP E&T.
- I am volunteering to participate in SNAP E&T.

(Check only one box)

Participant Initials:

Date:

Able-bodied adults without dependents (ABAWD) are required to complete twenty hours in one or more ABAWD allowable activities in accordance with 5101:4-3-20 of the Administrative Code.

Allowable activities includes:

- Working 20 hours per week (80 hours averaged monthly) in exchange for money, goods or services (in-kind work) or verified unpaid work averaged monthly (unpaid work is defined as doing or performing something for which no compensation is received and that benefits the community or a member of the community that you do not reside with);
- Participating in and comply with the requirements of a work program (e.g. the SNAP employment and training program, a workforce program through an OhioMeansJobs center) for twenty or more hours per week;
- Any combination of working and participating in a work program for a total of twenty hours or more per week; or
- Participating in and complying with a work experience program (WEP) as assigned by the county agency.

ABAWDs who do not meet this work requirement, without good cause, during any 3 months in a 36 month period, will be ineligible to receive SNAP benefits. If terminated or denied SNAP for receiving 3 of 36 months, you can regain eligibility during this time period by meeting the work requirement for 30 days or meeting an exemption, after which you remain eligible to receive SNAP for as long as you continue to meet the work requirements or meet an exemption. If your failure is related to SNAP employment and training requirement, you will be sanctioned.

***I acknowledge understanding and acceptance of the above statement and that:***

- I am an ABAWD work required individual.
- I am not an ABAWD work required individual.

(Check only one box)

Participant Initials:

Date:

***I acknowledge receipt or completion of each of the following:***

**Rights & Responsibilities:** I understand and have received a verbal explanation of the following rights and responsibilities concerning the employment and training program.

Rights of SNAP E&T Participants include, but are not limited to:

- Receiving copies of all employability plans
- Notification of the right to request a state hearing on issues related to participation in SNAP E&T and failure or refusal to participate
- Nondiscrimination in SNAP E&T program assignments
- Receiving supportive services for the authorized SNAP E&T activity
- Filing a conciliation request
- Accepting employment

Responsibilities of SNAP E&T Participants include, but are not limited to:

- Reporting to the appraisal and other appointments with the county agency program staff or providers
- Reporting to the WEP, education, training, supportive service, or job search sites at the scheduled dates and times
- Obeying the rules at the work site, following instructions, and otherwise demonstrating acceptable work habits and behavior
- Providing the county agency with information relevant to securing or retaining employment and providing supplemental information as requested
- Notifying the immediate supervisor, other designated individual, or the county agency staff of the reason for nonparticipation as scheduled
- Participating in SNAP E&T activities for the scheduled number of hours as assigned
- Accepting necessary supportive services determined to be needed for participation
- Reporting any changes which would affect the individual's ability to participate in SNAP E&T
- Providing the county agency with documentation of attendance and participation in a SNAP E&T activity as requested
- Providing a good cause reason for nonparticipation as required
- Contacting the county agency, unless otherwise instructed by the county agency, if a monthly scheduling notice or the participant expense allowance has not been received
- Reporting to a job site, to an employer for a scheduled job interview, or to any related subsequent interviews or testing appointments when referred by the county agency or its designee
- Accepting a bona fide offer of employment
- Signing and complying with the employability plan developed with the county agency

I understand that if I am a required SNAP E&T participant, failure or refusal without good cause to participate in an E&T program to the extent required by the county agency will result in a sanction. The good cause criteria for SNAP E&T failures is described later in the employability plan.

Participant Initials:

Date:

**Appraisal:** I have completed an assessment of my skills, needs and a screening for domestic violence to determine the assignments that will best help me achieve self-sufficiency. I understand that if I am a victim of domestic violence I may elect to participate in, or be excused from, employment and training activities.

Participant Initials:	Date:
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**B. Strengths**

**Employment**

**Current**

None

Current employer	Hours per week

**Work Experience**

None

Job Title	Years of Experience	Skills

**Education**

**Current**

None

Name of school/program	Expected graduation date

**Degrees & Certifications**

None

Type	Description	Receive date

**Additional Strengths**

None

List Additional:

Participant Initials:	Date:
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**C. Possible Barriers to Employment**

*I have the following disabilities and impairments that may be a barrier to employment. I understand that "disability" means a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.*

Check 'Yes' or 'No' for each.	YES	NO	If yes, explain:
1. Physical Impairment(s)			
2. Mental Impairment(s)			
3. Learning Disability			
4. Hearing/Visual Impairment(s)			
5. Developmental Disability			
6. Substance Abuse			
7. Other			

***I am experiencing difficulties in the following situations which may be a barrier to employment. Please list what they are and any current steps that you are taking to address the barrier(s):***

Check 'Yes' or 'No' for each.	YES	NO	If yes, explain:
1. Caring for disabled spouse, child or family member			
2. Child Care			
3. Domestic Violence or Abuse			
4. Educational or Training			
5. Language or Literacy			
6. Transportation			
7. Other			

Participant Initials:

Date:

**D. Goals and Steps**

<b>Short Term Goal 1:</b>	<b>Long Term Goal 1:</b>
Action Steps:	Action Steps:
1.	1.
2.	2.
3.	3.
<b>Short Term Goal 2:</b>	<b>Long Term Goal 2:</b>
Action Steps:	Action Steps:
1.	1.
2.	2.
3.	3.
<b>Short Term Goal 3:</b>	<b>Long Term Goal 3:</b>
Action Steps:	Action Steps:
1.	1.
2.	2.
3.	3.

**E. Activity Assignments**

***My county agency and I have determined that these activities will help me become self-sufficient:***

Activity	Location	Begin Date	End Date	Schedule	Frequency

Participant Initials:	Date:
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**F. Americans with Disabilities Act**

**Choose only one of the following statements:**

I DID NOT request a modification to any of the assignments identified above.

I DID request a modification to one or more of the assignments identified above.

Details:

Participant Initials:	Date:
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**G. County Support Services**

**Supportive services are benefits provided to assist SNAP employment and training participants with completing their assignments. Supportive services may include, but are not limited to, an expense allowance to cover the cost of transportation and other work, training or education related expenses and publicly funded child care. Based on the needs identified in my appraisal, I may receive support for the following:**

	YES	NO	If yes, explain:
1. Child Care			
2. Transportation			
3. Work/Training Expenses			
4. Other			

Participant Initials:	Date:
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**H. Good Cause**

It is my responsibility to provide written documentation to the county agency within 7 calendar days, from the date of the first occurrence, of each assigned day missed or failed in order to verify my claim of good cause. The county agency shall be responsible for determining good cause at any time when an individual fails or refuses to comply with an appraisal, an employment and training program assignment or when an individual voluntarily quits a job or reduces his or her work effort. In determining whether or not good cause exists, the county agency shall take into account the facts and circumstances, including information submitted by the employer and the individual involved.

- Good cause shall include circumstances beyond the member's control, such as, but not limited to:**
- 1) illness
  - 2) illness of another assistance group member requiring the presence of the member,
  - 3) an assistance group emergency
  - 4) the unavailability of transportation
  - 5) the lack of adequate child care for children who have reached age six but are under age twelve
  - 6) domestic violence

**When the county agency determines that good cause exists the individual shall be excused and a sanction shall not be imposed. Sanctions are not imposed on volunteer participants.**

Participant Initials:	Date:
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**I. Good Cause for Leaving Employment**

***In addition to the aforementioned Good Cause provisions, good cause for leaving employment also includes, but is not limited to, the following:***

- 1) Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin or political beliefs.
- 2) Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule.
- 3) Acceptance of employment by the individual, or enrollment by the individual in any recognized school, training program, or institution of higher education on at least a half time basis, that requires the individual to leave employment; or acceptance by any other assistance group member of employment or enrollment at least half time in any recognized school, training program, or institution of higher education in another county or similar political subdivision which requires the individual to move and thereby requires the individual to leave employment.
- 4) Resignations by persons under the age of sixty which are recognized by the employer as retirement.
- 5) Employment that becomes unsuitable, as specified in the county's Employment & Training Plan, after the acceptance of such employment.
- 6) Acceptance of a bona fide offer of employment of more than thirty hours a week or in which the weekly earnings are equivalent to the federal minimum wage multiplied by thirty hours that, because of circumstances beyond the control of the individual, subsequently either does not materialize or results in employment that meets criteria for unsuitable employment as defined in the county's Employment & Training Plan.
- 7) Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work.
- 8) If a county agency finds the information regarding an assertion of good cause is questionable, the county agency shall request verification of the individual's statement. It is the individual's responsibility to provide the necessary verification, however, if the county agency has access to the information needed it should be considered. If assistance in gathering the information is needed, it must be provided. If good cause is questionable and the individual fails or refuses to provide verification of the questionable information, good cause shall not be determined.

Participant Initials:	Date:
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**J. Sanctions**

***Failure or refusal to meet the one or more of the following employment and training program requirements will result in a sanction:***

- 1) Failure or refusal to complete the appraisal process.
- 2) Failure or refusal, without good cause, to participate in an employment and training program to the extent required by the county agency.
- 3) Failure or refusal, without good cause, to accept an offer of suitable employment.
- 4) Failure or refusal without good cause to provide the county agency with sufficient information to allow the county agency to determine the employment status or the job availability of the individual.
- 5) Voluntarily and without good cause: quits a job of thirty or more hours a week or reduces work effort and, after the reduction, the individual is working less than thirty hours per week.

***The individual shall be sanctioned from participation in the SNAP program as follows:***

- 1) For a first failure or refusal, the county agency shall sanction the individual by denying or terminating the individual's eligibility to participate in the SNAP program for a minimum of one benefit month.

2) For a second failure or refusal, the county agency shall sanction the individual by denying or terminating the individual's eligibility to participate in the SNAP program for a minimum of three benefit months.

3) For the third or subsequent failure or refusal, the county agency shall sanction the individual by denying or terminating the individual's eligibility to participate in the SNAP program for a minimum of six benefit months.

**Sanctions are not imposed on volunteer participants.**

Participant Initials:

Date:

**K. Conciliation Process**

***The CDJFS has a conciliation process to resolve disputes which arise concerning required SNAP employment and training participation. The conciliation process shall include, but is not limited to:***

- (1) Disputes over assignments.
- (2) Inappropriate treatment by a county agency employee or worksite supervisor.
- (3) Irregular work hours that create a severe hardship on the participant.
- (4) Worksite assignments that deviate from the normal duties of the job.
- (5) Disagreement with disciplinary action at the worksite involving the participant.
- (6) Other areas of concern to the participant relating to participation.
- (7) Disputes concerning working conditions and workers' compensation coverage.
- (8) Wage rate calculations to determine the hours of participation.
- (9) Disputes concerning failure to participate in the SNAP employment and training program.

The conciliation process can be initiated by any of the following:

- (1) A written notice from the county agency to the participant for a conciliation conference;
- (2) A written or verbal request from the participant to the county agency for a conciliation conference;
- or (3) A written or verbal request from the participant to the county agency for a conciliation conference when there is an act of nonparticipation. The conciliation process requires that such requests shall be made within seven calendar days which begins the day following the day of nonparticipation.

The county agency shall maintain an accurate record of all conciliation requests, including any pertinent facts and the resolution of the conciliation. Once a conciliation request is initiated, the county agency should attempt an informal resolution.

A resolution of the conciliation process initiated in accordance with paragraph (B) of OAC Rule 5101:4-3-38, shall be reached within a maximum of fifteen calendar days beginning with the date the conciliation process was initiated. No adverse action, as related to the SNAP employment and training program, may be proposed until the conciliation process, if requested, is concluded.

When a conciliation process is initiated, the county agency shall convene a conciliation conference which is presided over by the director or a designee. Both the county agency and the individual may bring whomever each reasonably wants to be at the conference in an attempt to informally resolve differences. When appropriate, the worksite supervisor may attend, or information from the worksite supervisor as requested by the county agency may be presented.

***The conciliation conference does not replace the right to request a county conference pursuant to the provisions of Chapters 5101:6-1 to 5101:6-9 of the Administrative Code and the conciliation process shall not in any way limit the participant's hearing rights.***

The individual shall be notified in writing of the outcome of the conciliation conference. The notification shall also contain an explanation of the right to a state hearing pursuant to the provisions of Chapters 5101:6-1 to 5101:6-9 of the Administrative Code. When the conciliation conference is to be followed by a proposal of an adverse action, the prior notice sent to the individual will fulfill this requirement.

Participant Initials:

Date:

**L. Adjustments to Plan**

The CDJFS and I will meet periodically to review the plan and to make adjustments to this plan as necessary. The next scheduled plan review date is:\_\_\_\_\_. I can always request to review the plan sooner than the scheduled review date.

Participant Initials:

Date:

**M. Final Agreement and Signature**

***I am aware of, and participated in the development of, my employability plan. I fully understand what is expected of me and agree to follow this plan. I also understand that this plan can be changed if something in my situation changes. Any plan changes will be in writing and signed by a representative of both the CDJFS and the participant.***

Participant:

Date:

On behalf of the CDJFS, I agree to follow this plan and understand that this plan can be changed if something in the recipient's situation changes. Any plan changes will be in writing and signed by a representative of both the CDJFS and the recipient. By signing this plan, I certify that I participated in the development of this plan; and that I participated in the assignment of at least one work eligible individual to at least one work activity.

County Agency Representative(s):

Date:

Your Civil Rights:

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm)

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