Food Stamp Employment & Training (FSET) Job Search Log

The FSET program may reimburse you for travel costs related to your job search. Reimbursement for miles traveled is payable at $0.30 per mile. You may be reimbursed for bus passes and/or taxi rides used for your job search. Copies of valid receipts **are required** for travel costs from transports other than your car (*taxis, buses, etc.*) You must give us logs and any required receipts within 90 days of travel. Travel costs are reimbursable up to $100 per month. Reimbursements will be made based on the receipt of federal funds appropriated for this program.

When traveling to multiple locations in one day, record miles from your home to the first location, then location-to-location, then last location to home. If you only travel to one location during the day record your miles round trip. While in the FSET program, you should make at least six job contacts per week. You can give us Job Search Logs weekly, bi-weekly, or monthly.

If you have gotten mileage reimbursement for **12 or more months** while getting Food Stamps, **to be reimbursed you must:**

1) Complete a job assessment every 6 months (Call FSET at the number below to set one up); **AND**
2) Give us monthly proof that you are using NH Works Offices in your job search.

If you have any questions, call 1-800-852-3345 x 9329, M-F 8:00 AM - 4:30 PM, to speak to an FSET Technician.

Date M/D/Y	Employer Name	Employer Address	Position/Type of Work	Employer Phone #	Person Contacted	Actions Taken*	Miles Traveled

*ACTIONS CAN BE: COMPLETED APPLICATION, GAVE RESUME, SEEN FOR AN INTERVIEW, ETC.

EXTRA ENTRY SPACE ON THE BACK

By signing below, you attest under penalty of unsworn falsification, pursuant to RSA 641:3, that each of the employer contacts listed is true and accurate. You understand that DHHS may contact employers to check the information entered on this log. DHHS may also check any recorded miles traveled for accuracy. Reimbursements will not be provided for false or illegible entries.

Participant Name (please print)	Participant Signature	Date	RID #

☐ **For DHHS to be able to accept this form electronically, you must provide an electronic signature. To do this, check the box to the left. Checking this box is the legal equivalent of signing this document in pen and ink. By checking the box, you attest under penalty of unsworn falsification, pursuant to RSA 641:3, that the information provided is true and complete to the best of your knowledge. To give us by email, please send this completed form as an attachment to your email.**

There are three ways to give us this log:

Email: fset@dhhs.state.nh.us
Fax: (603) 271-4637
Attn: FSET Technician

Mail: NH Department of Health and Human Services
Attn: FSET Technician
129 Pleasant St., Brown Building
Concord, NH 03301-3852

Additional logs can be downloaded at http://www.dhhs.nh.gov/dfa/foodstamps/index.htm

Date M/D/Y	Employer Name	Employer Address	Position/Type of Work	Employer Phone #	Person Contacted	Actions Taken*	Miles Traveled

TO BE COMPLETED BY FSET TECHNICIAN

☐ Approved or ☐ Denied

_____ Authorized Amount or Denial Reason

_____ Date

_____ FSET Signature