Jeffrey A. Meyers
Commissioner

Christine L. Santaniello
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF ECONOMIC & HOUSING STABILITY

BUREAU OF EMPLOYMENT SUPPORTS

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9474 Fax: 603-335-5993
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

PARTICIPANT EXPECTATIONS & COMMITMENT

NAME:_____ RID#:_____

The Supplemental Nutrition Assistance Program (SNAP) Employment & Training Program (SNAP E&T) is intended to help support you in achieving your educational and career goals. Please read and sign this form and return it to the SNAP E&T Program in the enclosed self-addressed and stamped envelope.

- I understand that the SNAP E&T Program is offered by the New Hampshire Department of Health and Human Services (DHHS), and that in order to join, I must be getting SNAP benefits from DHHS.
- I understand that participation in the SNAP E&T Program is voluntary, and will not affect my SNAP benefits in any way.
- I understand that the intent of the SNAP E&T Program is to help me get the skills I need to get a job.
- I am aware that there are resources that can help me in my job search, and the program will guide me through the process.
- I understand that I must be able to work upon completion of the program.
- I understand that SNAP E&T Case Technicians are here to help you Monday - Friday from 8:00am to 4:30pm. They can be reached at 603-271-9329 or 1-800-852-3345 x9329, or at snapet@dhhs.nh.gov.
- I understand that I cannot receive Family Assistance Program (FAP), Interim Disabled Parent (IDP) or Temporary Assistance for Needy Families (TANF) cash assistance and participate in SNAP E&T Program.
- I understand that in order to receive mileage reimbursement, all logs and receipts are due to the program within 90 days of travel.
- I understand that the SNAP E&T Case Technician will confirm my eligibility every month that I receive services. I will contact the SNAP E&T program if there are any changes to my employment goals. I will immediately notify Client Services 603-271-9700 of any changes to my address, phone number or email address.
- My success in the program is my responsibility and depends on my commitment to reach out to the referrals and resources provided to me.
- I understand that if I have not engaged with the program for 90 days, that my participation in the SNAP E&T Program will be over. However, I also understand that I can re-enroll in the SNAP E&T Program at any time.

My signature below confirms that I understand all of the above expectations and I am committed to the SNAP E&T Program.

PARTICIPANT SIGNATURE: _____ DATE: _____

CASE TECHNICIAN SIGNATURE: _____ DATE: _____