



ABAWD E&T Work Requirement Verification

Case Name:	Case No.:	Date:
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Name of Person:

PART I

To be completed by local workforce staff after initial outreach at application.

The person named above is participating in a satisfactory manner in the E&T program.

PART II

To be completed by local workforce staff to verify participation during the recertification process.

WIOA Program, Start Date: _____

Trade Adjustment Act Program, Start Date: _____

Average Weekly Participation:

20 or More Hours per Week

Less than 20 Hours per Week, client participates an average of _____

hours per week

SNAP E&T Program, Start Date: _____

Workfare

Education or Training 20 or More Hours per Week

The person named above is not participating in any Workforce Program

Name of Representative <i>(please type or print)</i>	Agency
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Signature	Date	Area Code and Phone No.
HHSC Address	Area Code and Fax No.	