

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Food Stamp Employment & Training (FSE&T) Notification Form

Client Name: _____ PIN: _____

Client is enrolled with FSE&T and is:

- ☐ Participating with FSE&T at least 20 hours per week, averaged monthly; or
- ☐ Working at least 20 hours per week, averaged monthly, for monetary compensation, in-kind services, or unpaid work including community service

Date activity began: _____

Client is claiming the following exemption to the ABAWD time-limit:

- ☐ Age 50 or older
- ☐ Resides with a child under age 18
- ☐ Responsible for the care of an incapacitated person
- ☐ Receives Unemployment Compensation as a result of being registered with the Bureau of Employment Programs (BEP)
- ☐ Medically-certified as unfit for work
- ☐ Pregnant
- ☐ Regular participant in a drug addiction or alcoholic treatment and rehabilitation program
- ☐ Student enrolled prior to FSE&T referral, at least half-time in any recognized school, training program, or institution of higher education
- ☐ Hired for work at least 30 hours per week or for work paying the equivalent of at least 30 hours times the minimum wage per week

Date activity began: _____

Client failed to keep scheduled appointment(s) on this date _____

Client failed to meet the work requirements for the month(s) of _____

FSE&T Worker's Signature

Date