

**SNAP E & T
Noncompliance Report**

TO: (Eligibility Staff)	
Address	Mail Code
BJN	

FROM: (Employment Contractor)	
Address	Mail Code

Case Name	Case No.	
Client Name	Client SSN	Client No.

PART I – MESSAGE FROM EMPLOYMENT CONTRACTOR TO ELIGIBILITY STAFF

<input type="checkbox"/> Client failed to report for interview.	<input type="checkbox"/> Client failed to report to a possible employer.	Date of Noncompliance
<input type="checkbox"/> Client failed to attempt employment offered.	<input type="checkbox"/> Client failed to complete assigned employment training/activity.	
<input type="checkbox"/> Client failed to provide supplemental information.		

We reviewed our noncompliance decision. Client DID DID NOT have good cause.

Comments: _____

Signature – Employment Contractor

Date

PART II – MESSAGE FROM ELIGIBILITY STAFF TO EMPLOYMENT CONTRACTOR

<input type="checkbox"/> Client has served his/her penalty period and agrees to participate in the Employment Service Program.
<input type="checkbox"/> Client wishes to claim good cause for noncompliance. We need your response by _____ (date)
Comments: _____ _____ _____ _____
_____ Signature – Eligibility Staff
_____ Date