

### ABAWD E&T Work Requirement Verification

Case Name:	Case Number:	Date:
Name of Person:	Social Security Number:	

**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):**

<input type="checkbox"/> <b>WIA Program;</b> Start Date .....	_____
<input type="checkbox"/> <b>Trade Adjustment Act Program;</b> Start Date .....	_____
Average Weekly Participation:	
<input type="checkbox"/> <b>20 or More Hours per Week</b>	
<input type="checkbox"/> <b>Less than 20 Hours per Week;</b> client participates an average of _____ hours per week.	
<input type="checkbox"/> <b>SNAP E&amp;T Program;</b> Start Date .....	_____
<input type="checkbox"/> <b>Workfare</b>	
<input type="checkbox"/> <b>Education or Training 20 or More Hours per Week</b>	
Name (please type or print)	Agency
_____	_____
Signature	Date
	Telephone No.
	_____

HHSC Address and Fax No.: