



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

HHSC Address and Fax No.: