Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Office for Family Independence
114 Corn Shop Lane
Farmington, Maine 04938
Tel.: (207) 778-8400; Toll-Free: (800) 442-6382
TTY: Dial 711 (Maine Relay); Fax: (207) 778-8429

SNAP Community Service Volunteer/Workfare Verification - Action Required

To certifying agency: Some SNAP recipients must meet work requirements to receive benefits. One way the work requirement can be met is by doing volunteer work (or workfare). Approved work sites may be non-profit sites that serve a useful public service such as health, social service, environmental protection, education, urban and rural development, welfare, recreation, public facilities, public safety, community service, services to aged or disabled citizens, and child care organizations. To meet this requirement, recipients may volunteer at one or more agencies. To calculate their required hours, recipients can divide their monthly household benefit by the State minimum wage available at maine.gov/labor/labor laws/minimumwagefaq/ to determine the number of hours necessary.

We ask that you complete and sign the statement below to verify the number of hours this SNAP recipient volunteered at your organization. Recipients must send this form to the address or fax above, e-mail it to Farmington.DHHS@Maine.gov or upload it to their account at MyMaineConnection.gov.

Volunteer hours will need to be verified at each application or annual eligibility review.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334

Alexandria, VA 22314; or

fax: (833) 256-1665 or (202) 690-7442; or email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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I certify that	is/was a volunteer for
(Name of	Volunteer)
(Name of Organization)	
During the Month(s) of:	Volunteer Hours
SIGNATURE	TITLE
DATE	PHONE NUMBER