

Janet T. Mills
Governor

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Commissioner



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**SNAP Employment and Training (SNAP E&T) Program
INITIAL SCREENING FORM
(Completed by Referring Agency with Release of Information Consent Form)**

Applicant Name (PRINT): _____

Social Security Number: _____ Client ID: Number _____

Date of Birth: _____ Address: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

Email address: _____

Best Way and Time to Contact: _____

Sex: Female Male

Marital Status: Married Single Divorced

Dependents: YES NO

Number and ages of Household Members: _____

Are you currently pregnant? YES NO N/A

Are you currently receiving Unemployment Benefits? YES NO

Are you caring for an incapacitated person? YES NO

Are you in school at least half-time? YES NO

Currently working: YES NO

IF YES, Number of Hours per week: _____

WHERE: _____

JOB: _____

Is the applicant legally able to work in the United States? * YES NO

*Applicants who are not legally able to work in the United States are not eligible for federal SNAP benefits and therefore not eligible for SNAP E&T.

Primary Language: _____

English Proficient? YES NO

Does Applicant have a valid driver's license? YES NO

Does Applicant have reliable transportation to get to and from work every day? YES NO

Highest grade completed in High School? _____

Has Applicant ever attended college or technical school? YES NO

Name of Institution: _____

Was Applicant ever a member of the U.S. Armed Forces? YES NO

Branch of Service: _____ Rank at Discharge: _____

Is Applicant currently involved with any other community agencies (Behavior Health, Vocation Rehabilitation, Refugee Resettlement, Municipal, Department of Labor, etc.)? YES NO

List agencies and Length of involvement:

What Benefits is the Applicant Currently Receiving (TANF, General Assistance, SSI, etc.):

Does Applicant have any medical problems (physical or mental) that would prevent working? YES NO

If YES, describe:

SCREENING QUESTIONS FOR RECIPIENTS INTERESTED IN CSSP or other Post-Secondary Degree/Certificate Program

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the Applicant currently receiving SNAP benefits? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is the Applicant at least 18 years old? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does the Applicant have a HS diploma or HS equivalency? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Is the Applicant interested in completing a degree or certificate program? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. What is the career the Applicant is interested in? | | |
| 6. Does the Applicant already have a post-secondary degree? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If yes, what is the degree?

Date Degree Obtained:

IF RESPONSES 1-6 ARE 'YES', THE APPLICANT APPEARS TO MEET PROGRAM ELIGIBILITY CRITERIA AND MAY BE REFERRED FOR FURTHER ASSESSMENT.

INTERESTED APPLICANTS MUST BE INFORMED THAT NUMBER OF SLOTS IS VERY LIMITED, AND REFERRAL FOR FURTHER ASSESSMENT DOES NOT INDICATE THAT THE APPLICANT HAS BEEN APPROVED FOR THE PROGRAM OR THAT SLOTS ARE CURRENTLY AVAILABLE.

DATE OF SCREENING:

PERSON and AGENCY COMPLETING SCREENING:
