DC | DEPARTMENT of HUMAN SERVICES

Verification of Employment or Qualifying Work Activity

DHS Only
Date Received: _____
SSR Name: _____

Use this form to tell the District of Columbia (District) Department of Human Services (DHS) about your employment and work activities. This information will help DHS determine if you are complying with (meeting) the Supplemental Nutrition Assistance Program (SNAP) work requirements or if you are exempt (excused). Each part you complete must be signed by you and your employer or organization.

How to Submit: Please return the completed and signed form to the DHS Economic Security Administration (ESA) using one of the following methods:

Electronically	Mail	Drop-Off at Service Center	Fax
Scan to visit Districtdirect.dc.gov *or* Scan to download **District Direct Mobile App** *iPhone & Android Compatible*	District of Columbia Department of Human Services Economic Security Administration Case Record Management Unit P.O. Box 91560 Washington, DC 20090	**Anacostia** 2100 Martin Luther King Avenue, SE **Congress Heights** 4049 South Capitol Street, SW **Fort Davis** 3851 Alabama Avenue, SE **H Street** 645 H Street, NE **Taylor Street** 1207 Taylor Street, NW	202-671-4400

What Parts Do You Need to Complete?

Review the following to determine the Part(s) of this form you must complete:

	I am...	*Complete...*
☐	Employed or self-employed and working 30 hours per week, averaged monthly, in order to be exempt from the work requirements	Part A
☐	Employed, self-employed, working in exchange for goods, and/or performing unpaid work to meet my Able Bodied Adult Without Dependents (ABAWD) work requirements	Part A
☐	Participating in an employment or training program 20 hours per week/averaged 80 hours per month in order to meet my ABAWD work requirements	Part A
☐	Working and participating in an employment or training program for 20 hours per week/ averaged 80 hours per month in order to meet my ABAWD work requirements	Part A & B
☐	16 or 17 years old and attend an employment or training program in order to be exempt from the work requirements	Part B
☐	Participating in a refugee training program at least half-time in order to be exempt from the work requirements	Part B
☐	Volunteering or conducting community service in order to meet my ABAWD work requirements	Part C

Warning: These forms will not be processed without a valid signature and date from your employer (Part A), program representative (Part B), or organization official (Part C)

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Part A: Proof of Work Hours

This part must be completed and signed by your employer, organization, or the person you work for. You must also sign below. A form without a valid signature from the employer/organization is incomplete. You can also provide us with pay stubs showing your work hours or a letter from your employer/organization that includes the work you do, the hours per week or month, along with your manager/supervisor's name and contact information (phone, email, etc.).

Your Information:

Full Name: _____ Case #: _____ Phone Number: _____

Address: _____

By signing this form, I hereby certify the information on this form is true and accurate

Signature: _____ Date: _____

To Be Completed by Employer/Organization/Person You Work For:

Full name of person (worker) doing the work:		
Job title and/or type of work being done:		
Date Work Began:	How many hours per week will the worker usually work?	
Is this worker paid with money? ☐ Yes ☐ No	Do you expect this work to continue? ☐ Yes ☐ No If NO, enter end date: _____ (mm/dd/yyyy)	
Is this worker paid with services given to the worker (such as work in exchange for rent)? If YES, what services? _____	☐ Yes ☐ No	
What is your full name (person filling out this form)?		
What is your contact information?		
Telephone:	Email:	Address:
If working/volunteering, what is the name of the company/organization?	What is your position in the company/organization?	
Signature of employer/person completing this form:	Date form completed and signed:	

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Part B: Proof of Participation in Qualifying Work Activity

The organization, program, or case manager, including E&T, where you participate in work activities can complete this form, "Part B," to provide us with proof of your participation and hours. A separate Part B is required for **each** organization/program. You can also provide us with a letter from the organization/programs that includes the work activities you participate in, the number of hours per week or month for each activity, along with the name and contact information (phone, email, etc.) of a representative from the organization/program.

Your Information:

Full Name: _____ Case #: _____ Phone Number: _____

Address: _____

By signing this form, I hereby certify the information on this form is true and accurate

Signature: _____ Date: _____

To Be Completed by Representative from the Organization/Work Program:

Full name of participant in work program(s):				
For each activity where the participant is participating, complete the following information:				
Activity	**Hours per Week**	**Avg Monthly Hours**	**Start Date**	**End Date**
E&T – Work Experience				
E&T – Education/Vocational Training				
E&T – Job Search Training				
Basic Education				
Vocational/Technical Training				
Job Search				
Occupational Skills Training				
On-the-Job Training				
Job Readiness Training				
Vocational Rehabilitation				
Adult Education / Literacy Activities				
Other				

Indicate which, if any, activities are under Workforce Innovation and Opportunity Act (WIOA):	Indicate which, if any, activities are Trade Act Programs:

Please check one of the following statements regarding the activities in which the participant is involved as indicated above:

- ☐ The activities are operated or supervised by a District government agency directly or through funded third-party vendors.
- ☐ The activities are approved by the District's Higher Education Licensure Commission, Maryland Higher Education Commission, or State Council of Higher Education for Virginia.

What is your full name?	Email:
Address:	Phone:
Name of Organization and/or program?	What is your position in the organization?
Signature of person completing this form:	Date form completed and signed:

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Part C: Volunteer/Community Service

Section 1: Volunteer and Eligible Organization Information

Your Information:

Name of Volunteer: _____ DHS Case #: _____ Hours Assigned: _____

Job Site/Eligible Organization: _____ Organization Phone #: _____

Organization Address: _____ City: _____ State: _____ ZIP Code: _____

Section 2: Volunteer/Community Service Hours By Week and Month

Enter the month, year, number of volunteer hours completed each week, and the total number of hours completed each month. See example.

Week		May	2021								
		Month #	Year	Month 1	Year	Month 2	Year	Month 3	Year	Month 4	Year
1	*Example*	4 hours									
2		3 hours									
3		4 hours									
4		1 hour									
5		2 hours									
Total:		14 hours									

I hereby certify the above information is true and accurate.

_____ _____ _____

Signature of Volunteer | Printed Name of Volunteer | Date

Section 3: Eligible Organization Certification

I hereby certify that our organization is a nonprofit with a 501(c)(3) or 501(c)(4) status OR a Federal, State, or local government agency and the above volunteer has completed the hours indicated above.

_____ _____ _____

Signature of Volunteer | Printed Name of Volunteer | Date

Signature (Official): _____ Printed Name: _____ Date: _____

Organization Type: ☐ 501(c)(3) ☐ 501(c)(4) ☐ Government Agency

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Part C: Volunteer/Community Service

Who may complete this form:	The form may be completed by any eligible organization that is providing volunteer and/or community service opportunities to the volunteer listed in Section 1. The volunteer may enter the hours for each week by month but the eligible organization must verify the hours by signing the certification statement in Section 3. An eligible organization is a nonprofit with a valid 501(c)(3) or 501(c)(4) status OR a Federal, State, local/county, or District government agency.
Who signs the form:	The volunteer listed in Section 1 must sign and date the form in Section 2. In addition, an official representing the eligible organization with knowledge of the volunteer's hours must sign and date the form in Section 3. The Department of Human Services (DHS) may contact the eligible organization to verify the information on this form.
General form completion requirements:	All sections on this form must be complete and legible and a signature and date from both the volunteer and official representing the eligible organization is required.