

**Affidavit for Supplemental Nutrition Assistance Program (SNAP)  
Work Registrants**

I understand I am currently exempt from mandatory participation in the SNAP Employment & Training Program. However, I also understand I must follow work registration requirements and that I will not be eligible to receive SNAP if I do not follow the work registration requirements listed below:

- Register to work
- Provide sufficient information of job status and availability
- Accept a suitable job, if offered
- Must continue the job, once hired
- Will not voluntarily reduce job hours.

Although I may not be required to report to the Department of Labor and Regulation (DLR) local office at this time, I understand that they will help me find a job if I contact them. I agree to report to the DLR local office and do a job search if directed to do so at a later time. I will accept a suitable job offer whether I receive the offer through a referral from DLR or find a job on my own. If I have good cause to reduce my hours on the job or quit my job, I will first discuss it with my Benefits Specialist to make sure a sanction will not be applied.

Failure to follow the above requirements may result in a loss of SNAP benefits for the following time periods:

- One month for the first occurrence;
- Six months for the second occurrence;
- Twelve months for each occurrence thereafter.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The following members of my household must also follow the above requirements:

\_\_\_\_\_

I understand and will explain their responsibilities to the above individuals. If one of the above household members fails to follow the requirements, I understand a loss of SNAP benefits may occur for the appropriate time periods listed above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Failure to sign this form will result in ineligibility for the entire household's benefits.