



Government of the United States Virgin Islands

Department of Human Services- Division of Family Assistance

St. Thomas	St. Croix	St. John
DHS, Certification Unit 1303 Hospital Ground, STE 1 St. Thomas, VI 00802-6672 Email: certoffice.stt@dhs.vi.gov Phone: 340-774-2399 or 340-774-0930 x4303	DHS, Certification Unit 4102 Mars Hill Frederiksted, VI 00840-3375 Email: certoffice.stx@dhs.vi.gov Phone: 340-772-7100 x 7072 or 7159	DHS, Certification Unit Multi-Purpose Building, 300 Enighed and Contant Cruz Bay, St. John Email: certoffice.stt@dhs.vi.gov Phone: 340-776-6334 or (340) 774-0930 x4275 Mail: Please use St. Thomas' mailing address

Date: _____

Dear Employer:

The individual identified on the reverse of this form is a participant in the Supplemental Nutrition Assistance Program (SNAP), which is a part of the Division of Family Assistance of the Virgin Islands Department of Human Services.

Participants in SNAP are required to verify that they are seeking employment. Failure to do so could adversely affect their SNAP benefits. We kindly request your assistance in verifying the participant's job search efforts by completing the reverse side of this form. Please provide as much detail as possible.

Should you have any further or confidential remarks, please contact the SNAP office at (340) 772-7100, extension 7072 or 7159 for St. Croix, and (340) 774-0930, extension 4303 or (340) 774-2399 for St. Thomas.

Sincerely,

Eligibility Specialist



Job Search Form

Name of SNAP Participant: _____ Case No: _____ Start Date: _____ End Date: _____

Activity Date	Hours Spent	Activity Type	Contact/Business Name	Signature of Representative
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		
		<input type="checkbox"/> Online Search <input type="checkbox"/> Interview <input type="checkbox"/> Submitted Application <input type="checkbox"/> Other		

*Other: (i.e. attending a job fair or making an in-person job inquiry, etc.)

Warning: This form is for official Department of Human Services business. Fabrication of information may result in closure of your case.