



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 x 4303	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

SNAP ABAWD / Employment & Training (E&T) Participation & Activity Verification Form

Participant Instructions

Purpose. Use this packet to document and verify your monthly participation in qualifying work activities and/or approved SNAP Employment & Training (E&T) activities. The information you provide may be used to determine whether you are meeting ABAWD work requirements and to support ongoing SNAP eligibility.

Who should use this form. Complete this form to report work hours, volunteer/community service hours, training hours, or SNAP E&T participation for a specific month.

What counts toward ABAWD participation. You may meet ABAWD participation by doing at least one of the following each month:

- Work (paid or unpaid), including in-kind work, for a total of 80 hours per month (about 20 hours per week averaged monthly).
- Participate in a qualifying work program for a total of 80 hours per month. Examples of a qualifying work program include SNAP Employment and Training (E&T), Job Opportunities and Basic Skills (JOBS) Program, and the Senior Community Services Employment Program (SCSEP).

** Please note that participation in the SNAP E&T Program only qualifies for 49 % or less of the time.*

- Combine work and participation in a qualifying work program to reach a total of 80 hours per month.

How to complete this packet

1. Fill in your name, the month/year you are reporting, and your SNAP case number.
2. Check the type of activity you are reporting (Employment, Volunteer/Community Service, or Training/E&T).
3. Enter the organization/employer name and address.
4. Record your activity each day in the Daily Hours Record (date, activity description, start time, end time, and total hours).
5. Ask your supervisor/site manager to initial each day you record.



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6. At the end of the month (or when instructed), sign the participant certification section and have the supervisor/site manager complete the certification and contact information.

7. *Attach supporting documents if available (examples: pay stubs, schedules, time sheets, attendance records).*

8. Submit the completed form using the instructions provided by VIDHS (in person, email, or mail—based on what your worker tells you).

If you have more than one activity or more than one supervisor. Use an additional copy of the form for each employer/organization or attach additional pages. Be sure each page includes your name and case number.

Good cause / changes. If you missed required hours for reasons beyond your control (for example: illness or injury, lack of transportation, unsafe conditions, a temporary crisis or emergency), contact VIDHS promptly to report the reason and discuss next steps.



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SNAP ABAWD / E&T Participation & Activity Verification

Participant Name:
Month / Year Reported:
SNAP Case Number:
Type of Activity (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer / Community Service <input type="checkbox"/> Training / E&T

Organization / Employer Name:
Organization / Employer Address:
Supervisor / Site Manager Name & Title:

Weekly Hours Record

Date	Activity Description	Start Time	End Time	Total Hours	Supervisor Initials

Participant Certification. I certify that the information provided on this form is true and accurate to the best of my knowledge.

Participant Signature: _____ **Date:** _____

Supervisor / Site Manager Certification. I certify that the participant's hours and activities recorded above are true and accurate as documented for the period reported.

Supervisor / Site Manager Signature: _____ **Date:** _____

Printed Name: _____

Contact Phone / Email: _____ Additional pages attached (if any): Yes No