



Massachusetts Department of Transitional Assistance
Supplemental Nutrition Assistance Program
**ABAWD Training Program
Information Request**

将此表提交至 DTA:

- 上传至 DTA Connect
- 传真至 617-887-8765
- 邮寄至 DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780
- 在当地 DTA 办公室扫描

第 1 部分: 由客户/参与者填写

姓名 _____

地址 _____

客户/参与者授权书

我特此授权向Department of Transitional Assistance披露经申请的培训信息和/或教育计划信息。

签名 _____ 日期 ____/____/____

机构 ID 或后四位 SSN 号码: _____

符合 Able-Bodied Adults Without Dependents (ABAWD) 规则的方法之一是每周参加 20 小时的特定培训或教育计划。

参加特定难民就业能力计划的人士符合工作规定的豁免资格。符合豁免资格的人不必遵守工作规定。

如果您**目前参加**的计划可以使您符合豁免资格或工作规定, 请要求所参加计划的工作人员填写本表的第 2 部分。

请勿使用本表证明您就读于高中或大学。如果您是高中生或大学生, 请拨打 877-382-2363 联系 DTA, 了解如何证明您的学生身份。

查看背面

Part 2: To be completed by the Education/Training program staff

I hereby certify that _____ is a current participant in:

Program Name: _____

Agency Name/Address: _____

This program is a/an: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> HiSet GED program | <input type="checkbox"/> English Language Acquisition/ESOL program | <input type="checkbox"/> Work-based learning program (Internships, Apprenticeship, On-the-job training, etc.) |
| <input type="checkbox"/> Adult basic education program | <input type="checkbox"/> Vocational or technical training program | |
| <input type="checkbox"/> Job readiness program | <input type="checkbox"/> Job search program | <input type="checkbox"/> Other: |

Start date: _____ **Anticipated Completion date:** _____

Number of hours per week that client participates in the program: _____

Of these hours, how many hours per week are devoted to job search/job readiness activities?

Note: To meet the ABAWD work rules, a client must participate in a total of 20 hours of allowable activity per week.

- This program is:
- ☐ A WIOA Title 1 program
 - ☐ A program under section 236 of the Trade Act of 1974
 - ☐ An employment and training program serving veterans that is offered by the Department of Labor or Veterans Affairs
 - ☐ A federally recognized refugee employability service (approved, funded, or operated by the federal Office of Refugee Resettlement)

Signature of Program Contact Person

Date

Printed Name of Program Contact Person

Telephone Number

该机构是平等机会提供者。

我们不得因种族、肤色、原国籍、性别（包括性别认同和性取向）、残疾、年龄或对先前民权活动的报复行为而进行歧视。如果您认为受到我方人员歧视，请致电 617-348-8555 了解如何提出投诉。