

## How to meet 80 Hours of Work/Training

If you get Food Stamps and are an Able-Bodied Adult Without Dependents (ABAWD), here are 3 ways you can meet the 80 hours:

- Show that you are **in school or working** – see attached for information
  - Bring proof to any Family Support Division (FSD) office, **OR**
  - Mail proof to: Family Support Resource Center, 3415 Division Drive, Suite 1, West Plains MO 65775
- Complete the attached **Job Search Log**. Report the Job Search hours **each week** by calling the Division of Workforce Development at 1-844-487-0498. Keep the log as the Family Support Division may ask you to send it in at a later date.
- Agree to **volunteer** in a program that promotes job readiness and builds work experience – fill out this form and bring it to the volunteer agency.
- Get **job and training services** through a Missouri Job Center – see attached for information.

If you have questions or want to learn more, call:

**1-855-373-4636**

To find office hours and locations:

[http://dss.mo.gov/dss\\_map/](http://dss.mo.gov/dss_map/)

### ABAWD Agreement to Volunteer

1. Fill out Section 1 below.
2. Ask the volunteer agency to fill out Section 2.
3. You or the volunteer agency can send the completed form to the FSD as shown in Section 3.

***The FSD will randomly contact the Volunteer Agency to verify the below information.***

#### Section 1: For the Food Stamp customer to fill out (please print)

Name: \_\_\_\_\_ DCN: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

#### I agree to:

- Call the volunteer agency if I cannot make it to work
- Contact the FSD if I quit the volunteer work or have excused absences

\_\_\_\_\_  
Signature to show you agree and authorize release of information

\_\_\_\_\_  
Date

#### Section 2: For the volunteer agency to fill out (please print)

Job title of volunteer: \_\_\_\_\_  
Briefly describe the position: \_\_\_\_\_  
\_\_\_\_\_  
Date the volunteer started: \_\_\_\_\_  
Projected hours per month: \_\_\_\_\_

#### Volunteer Agency Information

Agency Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Volunteer Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

#### Section 3: Send the completed form to the FSD:

- Scan and email it to: [DSS.FSD.Agreements@dss.mo.gov](mailto:DSS.FSD.Agreements@dss.mo.gov), or
- Mail it to: Family Support Resource Center, 3415 Division Drive, Suite 1, West Plains MO 65775