



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
DIVISION OF WORKFORCE DEVELOPMENT
EMPLOYMENT OR TRAINING INFORMATION

Appendix M



If you get Food Stamp benefits and you took part in work or training in the past 30 days:

Fill out this form to show all of your work and training activities during the past 30 days. Complete as much of this form as you can. If you need help filling out this form, contact the Job Center staff where you received this form.

If there is information you are unable to attain, the Family Support Division (FSD) will help you get the information. If you have questions contact FSD at (855) 373-4636, or visit any FSD Resource Center.

Attach copies of any papers that confirm your activities, such as paystubs or school schedule. Give the form to the Job Center staff and they will send to FSD.

YOUR INFORMATION

NAME	PHONE NUMBER	CASE DCN	LAST 4 DIGITS OF SSN	
ADDRESS (STREET NAME AND NUMBER)		CITY	STATE	ZIP CODE

WORK ACTIVITY #1

NAME	PHONE NUMBER	START DATE	END DATE
ADDRESS (STREET NAME AND NUMBER)		CITY	STATE ZIP CODE
CURRENT POSITION	AMOUNT EARNED PER PAY PERIOD BEFORE ANY DEDUCTIONS (I.E. TAXES)		
PAY PERIOD (CHOOSE ONE) <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Other			
TYPE OF WORK IF APPLICABLE (CHOOSE ONE) <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Work Study <input type="checkbox"/> Americorps/Visa Stipend <input type="checkbox"/> Tips or Bonus <input type="checkbox"/> In Kind <input type="checkbox"/> Self-Employment <input type="checkbox"/> Commission			

COMPLETE THE SECTION BELOW FOR EACH PAYMENT YOU HAVE RECEIVED IN THE LAST 30 DAYS

DATE CHECK RECEIVED	RATE OF PAY DO NOT INCLUDED TIPS OR SICK/VACATION PAY	TOTAL HOURS WORKED	EARNINGS BEFORE DEDUCTIONS	TIPS	SICK OR VACATION PAY	OVERTIME AMOUNT INCLUDED IN RATE OF PAY

WORK ACTIVITY #2

NAME	PHONE NUMBER	START DATE	END DATE
ADDRESS (STREET NAME AND NUMBER)		CITY	STATE ZIP CODE
CURRENT POSITION	AMOUNT EARNED PER PAY PERIOD BEFORE ANY DEDUCTIONS (I.E. TAXES)		
PAY PERIOD (CHOOSE ONE) <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Other			
TYPE OF WORK IF APPLICABLE (CHOOSE ONE) <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Work Study <input type="checkbox"/> Americorps/Visa Stipend <input type="checkbox"/> Tips or Bonus <input type="checkbox"/> In Kind <input type="checkbox"/> Self-Employment <input type="checkbox"/> Commission			

COMPLETE THE SECTION BELOW FOR EACH PAYMENT YOU HAVE RECEIVED IN THE LAST 30 DAYS

DATE CHECK RECEIVED	RATE OF PAY DO NOT INCLUDED TIPS OR SICK/VACATION PAY	TOTAL HOURS WORKED	EARNINGS BEFORE DEDUCTIONS	TIPS	SICK OR VACATION PAY	OVERTIME AMOUNT INCLUDED IN RATE OF PAY

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627). Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY Users can call (800) 735-2966 or dial 7-1-1. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the contracting agency and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it. Internal use by an organization and/or personal use by an individual for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner.

TRAINING PROVIDER NAME		NO. OF HOURS IN TRAINING PER MONTH	DATE TRAINING ENDED OR WILL END
ARE YOU RECEIVING ANY EARNINGS FROM TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, LIST AMOUNT \$ _____		IF TRAINING PROVIDED BY A COLLEGE, LIST NAME AND ADDRESS OF COLLEGE _____ _____	
FUNDING SOURCE			

TRAINING PROVIDER NAME		NO. OF HOURS IN TRAINING PER MONTH	DATE TRAINING ENDED OR WILL END
ARE YOU RECEIVING ANY EARNINGS FROM TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, LIST AMOUNT \$ _____		IF TRAINING PROVIDED BY A COLLEGE, LIST NAME AND ADDRESS OF COLLEGE	
FUNDING SOURCE			

I AM NOT AVAILABLE TO WORK OR TRAIN BECAUSE:

[illegible]

LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
		TOTAL HOURS

- _____ • I understand that it is against the law to obtain or attempt to obtain benefits to which I am not entitled. Any false claim, statement or concealment of any material fact whatever, in whole or in part, may subject me to criminal and/or civil prosecution.
- _____ • I authorize the Director of Family Support division or his/her appointee to investigate and verify these circumstances and statements.
- _____ • I understand if I disagree with the decision concerning our eligibility, I may request a fair hearing by contacting the local Family Support office. This request must be received within 90 days of the eligibility decision.
- _____ • I understand that I must report any changes in circumstances within ten days of when they happen.
- _____ • I understand that I am entitled to fair and equal treatment regardless of race, color, religion, national origin, sex, ancestry, age, sexual orientation, veteran status, or disability.

FOR INTERNAL USE ONLY	
JOB CENTER NAME OR UNIVERSITY OF MISSOURI LOCATION	CITY
STAFF NAME	STAFF EMAIL