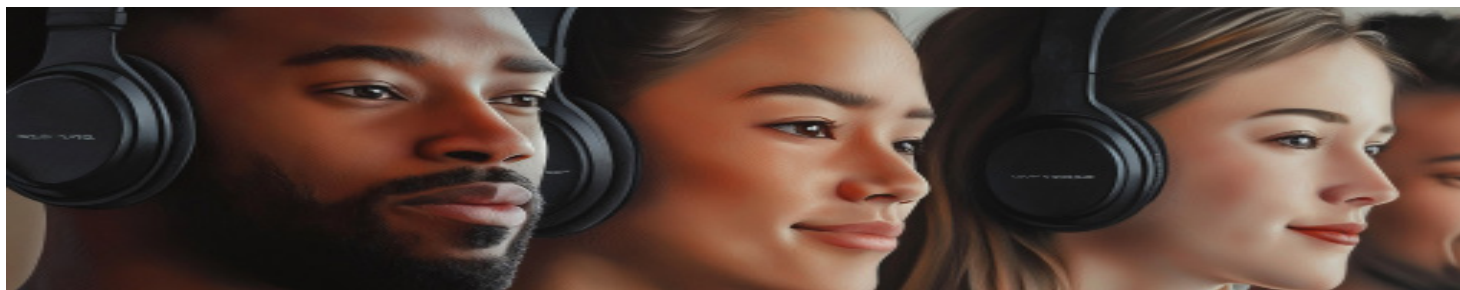


SNAP EARN PROGRAM



DID YOU KNOW THAT INDIVIDUALS WHO ARE RECEIVING SNAP BENEFITS, MAY BE ELIGIBLE FOR:

- Job Search Assistance
- Resume Preparation
- Training Assistance

- Childcare Assistance
- Transportation Assistance
- Resource Referrals



JOB SEARCH ASSISTANCE

Job Search Assistance includes career assessment, resume preparation and finding employment. Counselors provide guidance regarding job search strategies and techniques.



CASE MANAGEMENT

Participants work with EARN counselors that assist with identifying career objectives and provide referrals that address barriers to employment or training.



CHILDCARE & TRANSPORTATION

Childcare and transportation assistance is provided to program participants who are enrolled in a training program, obtaining employment or pursuing a professional credential.



TRAINING OPPORTUNITIES

We offer onsite and virtual workshops that focus on employment. Additionally, we partner with training providers to obtain professional credentials in multiple industries.



FAMILY ADVOCATE/ SOCIAL & EMOTIONAL SUPPORT

Family Advocates support participants and their family members as they transition through the EARN program. Plans focus on personal and family concerns. Interventions and strategies are shared. Intensive services are available for increased service level.

Contact: Kelley Thompson EARN Supervisor

Email: kthompson@buckscareerlink.org Phone: 267-580-3501 Ext. 3513



SNAP EARN Info Sessions Every
Tuesday at 1:00 PM Scan the
QR code to register
and learn more.

The Fast and Easy Way to Access
Benefits – Anytime, Anywhere.
Scan the QR code to register
and learn more.



REVERSE REFERRAL FORM

1. Client Name:	2. Social Security Number: _____ - _____ - _____
3. Client County of Residence:	4. Client Phone:
5. Referral Requested:	6. Date of Birth: ____/____/____
7. Receiving (please check one): TANF SNAP-only	8. CAO Case Record

Client Information

1. Program Name:	
2. Contact Name:	
3. Phone:	4. Fax:

Provider Information

By signing this Reverse Referral Form, I agree that all information provided is true and correct and permit the Program listed above to obtain the referral determination information requested, not to exceed a period of six (6) months following the date of my signature. Thank you for your cooperation.

CLIENT SIGNATURE

DATE

THIS SECTION TO BE COMPLETED BY THE CAO TO VERIFY REFERRAL STATUS

(Please fax this form to the program listed above once the CAO makes a referral determination)

Please check one: Referred Not Referred

Please provide a brief summary of reason for determination:

PRINT FIRST AND LAST NAME OF CAO STAFF

TITLE

DATE

CAO STAFF SIGNATURE

PHONE NUMBER

E-MAIL ADDRESS