BASIC EMPLOYMENT SKILLS TRAINING PROGRAM (BEST) REFERRAL

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICE
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
SFN 679 (Rev. 10-2010)

Clear Fields

DATE:	
☐ MANDATORY ☐ VOLUNTARY	ABAWD: ☐ YES ☐ NO
NAME AS SHOWN IN TECS:	
ADDRESS:	
TELEPHONE NUMBER:	
You have been provided the opportunity to attend the next regularly scheduled Supplemental Nutrition Assistance Program Orientation session. Time and location are:	
DATE:	TIME:
LOCATION:	
If you are unable to attend, please contact the person conducting the orientation session at the phone number below to be rescheduled. Failure to attend this orientation session may result in SNAP disqualification.	
NAME OF CONTACT PERSON:	TELEPHONE NUMBER:
ELIGIBILITY WORKER:	TELEPHONE NUMBER:
COUNTY SOCIAL SERVICE BOARD:	

DISTRIBUTION: **ORIGINAL** - SNAP Recipient **Copy 1** - Employment Communication Workshop **Copy 2** - File