



SNAP EMPLOYMENT AND TRAINING REFERRAL
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
 SFN 679 (9-2018)

County		Case Number		Date
<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary		Able-Bodied Adult Without Dependents <input type="checkbox"/> Yes <input type="checkbox"/> No		
Client Name				Date of Birth
Address		City	State	ZIP Code
E-mail Address			Telephone Number	

You have been referred to the BEST Program. You are scheduled to attend orientation as specified below. If you are unable to attend orientation, please contact the BEST Coordinator with Job Service North Dakota at the telephone number listed below to reschedule. Failure to attend this orientation may result in SNAP disqualification.

Date of Orientation	Time	Location	
Name of Contact Person			Contact Person Telephone Number
Name of Eligibility Worker			Eligibility Worker Telephone Number

You have been referred to the NDWORKS Program. The NDWORKS Program Case Manager at Community Options will contact you within seven (7) days to schedule an orientation. The NDWORKS Case Manager's name and contact information is listed below.

Name of Contact Person	Contact Person Telephone Number
Name of Eligibility Worker	Eligibility Worker Telephone Number