

**SNAP Employment and Training Program  
Participant Agreement**

Name: \_\_\_\_\_ Individual ID# \_\_\_\_\_ (RIBridges)

Date of Birth: \_\_\_\_\_ Phone# (cell/home) \_\_\_\_\_ (Email) \_\_\_\_\_

Program Picked/Agency \_\_\_\_\_ Desired Start Date \_\_\_\_\_

The Supplemental Nutrition Assistance Program's Employment and Training Program (SNAP E&T) has the goal of providing training, education, and related supports to enable SNAP E&T participants to build their skills to be able to secure and keep a job.

By signing below, I acknowledge that:

- 1) RI DHS has informed me about the Supplemental Nutrition Assistance Program Employment and Training Program (SNAP E&T) and how it operates including program rules and requirements.
- 2) I understand that if I volunteer to participate in the SNAP E&T Program, I am agreeing to allow the Department of Human Services to release and obtain information from the E&T agency as an active participant in the SNAP E&T program.
- 3) I am voluntarily agreeing to participate in the SNAP Employment and Training program.

**I understand that records are protected under the General Laws of Rhode Island and cannot be disclosed without written consent, except as otherwise specifically provided by the law. Any information released or received as a result of this consent shall not be further relayed in any way to any person, or organization without written consent from me, unless it is for the purpose of my participation in the SNAP Employment and Training Program. The consent terminates or ends at such time when I withdraw from E&T services, when my participation in SNAP ends, one (1) year from the date below, or at any time with my written request.**

**I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.**

Signed.

SNAP E&T Participant: \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date \_\_\_\_\_