

SCREENING AND REFERRAL TOOL

Participant Information (Note: Complete this form for all AU members who are: 18 years or older, 16 or 17 years of age AND the head of household, fit for employment, and not receiving TANF).						
SNAP Recipient Name		Work Registration Status (choose one)				
Client ID		Exempt				
Eligibility Worker		Mandatory Registrant				
Date		ABAWD				

Screening Questions (Employment) (choose one)					
Has the individual ever been employed?	Yes	No			
Is the individual interested in becoming employed?		No			

Screening Questions (Education)				
What is the individual's highest level of education completed? (choose one)				
Did not graduate high school or obtain GED		Certification or Vocational Training		
High School Diploma		Some College		
General Equivalency Diploma (GED)		Associates degree		
Bachelor's Degree		Master's Degree or higher		

SNAP Works Services		
Is the individual interested in any of the SNAP Works Services below? (choose one)	Yes	No

If yes, please indicate which services. Check all that apply.			
Work Experience		General Equivalency Diploma (GED)	
Self-Employment Training		Supervised Job Search	
Adult Literacy Classes		Work Readiness Training	
Pre-Apprenticeship		On-the-job Training	
Job Retention		Work-based Learning (WBL)	
Vocational Training		English as a Second Language (ESL)	
Career Technical Training		High School Education (HSE)	

Barriers to Participation		
Does the individual have any barriers (ie. transportation, childcare, training costs etc.) to	Yes	No
participation in the SNAP Works Program? (choose one)		

The SNAP Works Program provides these services free of cost to SNAP recipients that volunteer to participate in the SNAP Works Program. Participation is voluntary and the individual will not lose SNAP benefits if they choose not to participate. If the individual participates, we will help with the costs associated with SNAP Works participation. These costs can include but are not limited to tuition, transportation, books, tools, uniforms, and supplies.

Referral Result		
Is a referral being completed in the Georgia Gateway system? (please choose one)	Yes	No
If no, why is no referral being completed?		

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