PARTICIPANT NAME: _____ **CASE NUMBER:** _____ **PHONE NUMBER: (___)** _____

Supplemental Nutrition Assistance Program (SNAP) Activity Record

You must use this form to record how you have met the requirement to work (Including volunteer work at a non-profit agency), look for work using www.jobzone.ny.gov and/or http://newyork.us.jobs , participate in a qualifying work/training program approved by the Suffolk County Department of Social Services, or any combination of activities for at least 80 hours per month. You may contact (631) 853-6619 if you have questions or need assistance.

You may also include all time spent completing & submitting applications (online or in-person), attending job interviews or attending employment-related workshops sponsored by the Suffolk County One-Stop Employment Center, 725 Veterans Highway, Hauppauge, NY 11788
Please call 853-6600 to schedule an Information Meeting to register with the One-Stop Employment Center

Mail or fax your completed activity record by the 5th of the following month to:

Suffolk County Department of Labor
P.O. Box 6100
Hauppauge, NY 11788-9623
Attn.: SNAP Unit
Fax: (631) 853-6537

OR

Drop off your completed activity record by the 5th of the following month to:

Suffolk County Department of Labor
395 Oser Ave
Hauppauge, NY 11788

Suffolk County Department of Labor
310 Center Drive (County Center)
Riverhead, NY 11901

COMPLETE BELOW

Date	**Company or Employer Name**	**Company or Employer Address**	**List Activities:** Employment; Volunteer Work Training Program jobzone.ny.gov newyork.us.jobs	**Total Time Spent During Day (In hours & minutes)**	**Absence Reason (Only use if employed or performing volunteer work)**
(Sample) 12/1/2015	Randstad Inc	123 Main St, Huntington, NY 11743	Jobzone.ny.gov	1 hour	
(Sample) 12/1/2015	7-11	45 First St, Mastic Beach, NY 11951	Employment	4 hours	

I participated in the SNAP related activities for the amount of time listed above:

Signature: _____ Date: _____/____/2016

DOL-W156 (12/15)

PARTICIPANT NAME: _____ **CASE NUMBER:** _____ **PHONE NUMBER: (___)** _____

Supplemental Nutrition Assistance Program (SNAP) Activity Record

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COMPLETE BELOW

Date	**Company or Employer Name**	**Company or Employer Address**	**List Activities:** Employment Volunteer Work Training program jobzone.ny.gov newyork.us.jobs	**Total Time Spent During Day (In hours & minutes)**	**Absence Reason (Only use if employed or performing volunteer work)**

I participated in the SNAP related activities for the amount of time listed above:

Signature: _____ Date: _____/____/2016

DOL-W156 (12/15)