VERMONT

Department for Children and Families
Economic Services Division

218-EPV *(218AR in OnBase)*

Employment Program Verification Form

Customer name:_____ Last 4 of SSN: _____

Customer phone number:_____

To be completed by provider agency: Complete this form for the individual referred above for hours completed in your work program and volunteering only. Do not include paid employment hours. 3SVT participants who are aged 18 to 64, are able to work and have no children in their 3SVT household must meet a monthly work requirement to continue to receive 3SVT benefits. This work requirement is 20 hours per week (averaged 80 hours per month). This work requirement can be met with paid employment hours, work program hours and volunteer hours.

Name of provider agency:_____

1. Has the customer complied with work program requirements (*participated for 20 hours per week*)? ☐ Yes ☐ No
2. If this is the customer's first month participating, does the customer plan on continuing to participate past the first month? ☐ Yes ☐ No
3. If you answered NO above, when did the customer stop complying with work program requirements?

   Date*(mm/dd/yyyy)*:_____

Service Provider Signature:_____ Date:_____

Printed Name:_____ Title:_____

Service Provider Address:_____ Phone Number:_____