



SNAP E&T Referral Form

The customer listed below has requested to participate in the SNAP E&T Program listed below.

Customer Name: _____ Customer ID: _____

Date of Birth: _____

Cell Phone Number: _____

Residential Address: _____

Mailing Address: _____

County of Residence: _____

Primary language: English Spanish Other (specify): _____

SNAP E&T Program

Program:	Point of Contact:
	Date of enrollment::
Address:	

Additional comments: _____

Receiving SNAP: Yes No

ABAWD?: Yes No

DHS Signature: _____ Phone number: _____

Email: _____