

TO: Local Social Services District

RE: Verification of a refugee's participation in a recognized employment services program with an Authorized Refugee Service Provider

Dear Sir or Madam:

This letter is to verify that the refugee identified below is participating at least half-time in federally recognized employability services and/or training programs that are approved by, funded or operated by the Office of Refugee Resettlement (ORR).

Name of Refugee:

Alien Number:

Date of Arrival:

Address:

Date of Birth:

Agency Case Number (if applicable):

Name of ORR approved/funded program:

Date Participation Began:

Date Participation Reduced to Less Than Half Time or Ended (if applicable):

Statement of Verification

I, the Authorized Signatory of this agency, hereby verify that the refugee named above participates at least half-time (at least 50% of the total hours required per week by the program) in employability services and/or training programs approved by, funded or operated by the federal Office of Refugee Resettlement and based on this participation is exempt from SNAP work requirements and the ABAWD time limit because they are considered students enrolled half-time in a federally recognized training program.

Signature: _____

Date: _____

Printed Name of the Authorized Signatory

Title: _____

If further communication or information is required, please contact [insert name of agency contact person] at the number or email address indicated below.

Telephone: _____

Email: _____