

## COLORADO EMPLOYMENT FIRST ENROLLMENT FORM

Today's Date:	FA Tech:	Office:
Participant is: <input type="checkbox"/> Under Sanction <input type="checkbox"/> Expedited/Comply <input type="checkbox"/> ABAWD <input type="checkbox"/> Volunteer		
Name:		DOB:
Address:		SSN:
City/State/Zip:		CBMS#:
Phone Number:	Email Address:	
Currently Working: Yes / No	Date Last Worked:	Highest Grade Completed:

**You are scheduled for orientation with the Employment First (EF) Program on:**

Date: \_\_\_\_\_, at \_\_\_\_\_ (am / pm) Allow at least \_\_\_ hours for orientation.

Case Manager			
Location	Address:		
	City/State/Zip:		
	Phone #:	Fax #:	

I understand that I am required to attend all scheduled meetings, including my orientation meeting as specified above. At orientation I will receive further information on my participation requirements and options. My ongoing participation is required in order to be eligible for food assistance.

I understand that I must participate in this program until I am employed a minimum of 30 hours a week, or earning at least \$217.50 a week, or until I am exempt from participation, or no longer receiving food assistance.

**You are a mandatory participant in the EF program and are required to keep all scheduled appointments. Failure to do so without verifiable good cause will result in the immediate notice of non-participation to the Food Assistance Office. As a result you could lose your food assistance benefits for up to 6 months in all Colorado counties. Good cause may include, but is not limited to, a verifiable: illness, illness of a household member, death of a family member or household emergency. The EF office must receive verification within 10 calendar days of the missed appointment.**

I understand that allowances or reimbursements for costs that are reasonably necessary and directly related to my required participation may be available if I discuss this with EF before incurring any expense. Contact the Colorado Employment First Unit for additional information.

If you have found employment, protect your future benefits by notifying the EF Unit. Complete the information below and return this form to the address shown above. Or you may call or fax to the numbers listed above.

Employer:		Position:	
Phone #:	Start Date:	Hourly Wage:	Hours per Week:
Employment Type (Circle):    Permanent (over 90 days)    Temporary (30-90 days)    Temporary (under 30 days)			

I understand that by signing below, I authorize any person, agency, or employer to supply information about my employment or program participation to the Employment First Program. If I am another household member signing for the participant, I agree to inform the person being referred of their appointment date, time and location listed above and understand that failure to report may result in the reduction or loss of food assistance benefits for my household.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Phone Number