

Wake County Human Services
FNS Employment & Training Program (FNS E&T)

Food and Nutrition Service Employment and Training Program Pledge

Welcome to the Wake County FNS E&T Program! By volunteering and pledging to participate you will have access to information, resources and training that will help you improve your employment situation – with a new and/or better job.

In cooperation with Wake County Human Services and their partners, we are offering you the opportunity to receive appropriate services, such as:

- Job Search
- Job Search Training
- Basic Education
- Vocational Training
- Apprenticeship

Your participation in this program will increase your chance of getting a better job.

These services will be provided at no cost to you. These services will be funded by the Supplemental Nutrition Assistance Program (SNAP) (USDA) and participating agencies.

Should you choose to take this opportunity you may also receive assistance, such as:

- Transportation
- Books and supplies
- Other costs related to participating

When you get a job and continue to follow-up with the program staff the support services may continue for up to 90-days.

To enroll, please complete the following information, the application and release of information forms.

First & Last Name: _____

Date: _____

Wake County Human Services
FNS Employment & Training Program (FNS E&T)
Enrollment Application

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Address: _____

Social Security Number: _____ Phone Number: _____

Email Address: _____

What is your monthly income? _____ How many children are in your household? _____

Income Range:

- ☐ 10,000/year or less
- ☐ 10,001 – 20,000/year
- ☐ 20,001 – 30,000/year
- ☐ 30,001 – 40,000/year
- ☐ 40,001/year or more

Living Arrangement:

- ☐ Own/Mortgage
- ☐ Rent
- ☐ Living with family member/friend
- ☐ Homeless

Education Level:

- ☐ Less than High School Diploma
- ☐ High School Diploma or GED
- ☐ Some College
- ☐ Certification/Trade
- ☐ Associate Degree
- ☐ Undergraduate Degree
- ☐ Graduate Degree

Are you able to put money in savings each month? ☐ Yes ☐ Sometimes ☐ No

Are you currently receiving Work First Benefits? ☐ Yes ☐ No, but have applied ☐ No

Are you currently receiving FNS Benefits? ☐ Yes ☐ No, but have applied ☐ No

If you are receiving FNS Benefits, what is your recertification date/month? _____

Do you have a current resume? ☐ Yes ☐ No

The FNS E&T Program is a voluntary program. You are not required to participate in order to continue receiving FNS Benefits.

If you would like to be part of this program, please sign the statement below:

- I understand that this is a voluntary program and does not affect my FNS benefits.
- I understand that while this is a voluntary program, I agree to full participate in order to increase of chances of finding new employment or better employment.

Signature: _____ Date: _____

Caseworker Name: _____ Date: _____

Wake County Human Services
FNS Employment & Training Program (FNS E&T)

Employment Information

Name: _____

Employment Status:

- ☐ Unemployed
- ☐ Employed Part-time, seeking full-time.
- ☐ Employed but making living wage
- ☐ Employed but not using skills/education

Employment Barriers:

(Let us know challenges you are facing that make it hard for you to get and/or keep a job)

- ☐ Transportation ☐ Housing ☐ Child Care ☐ Education ☐ Training
- ☐ Other: _____

Employment History:

Current or Last Employer: _____

Current or Last Job Title: _____

Current or Last Occupation: _____

Skills Used Currently/Recently: _____

Current or most recent wages: _____

Longest Length of Employment: _____

Number of Employers in past 10 years: _____

If you have a resume, please include it with your application or email it to:

EmploymentFNS@wakegov.com

CONSENT FOR RELEASE OF INFORMATION

WAKE COUNTY DEPARTMENT OF SOCIAL SERVICES

Privacy Statement: Providing your social security number is voluntary. However, you may be required to sign consent for the release of information if needed to make a determination about your eligibility for benefits and services. Federal and State laws require health and human services agencies to protect the privacy and security of applicant/recipient information. Information released to another entity may potentially be shared with another agency, in which case state or federal law may not protect the information.

Please read this form carefully, and ask questions if you do not understand.

Name of Applicant/Recipient: (Last, First, Middle Initial)	SSN (optional)	Date of Birth:	
Street Address:	City:	State:	Zip code:

1. I Authorize: (Name of Person/Agency) Wake County Human Services, FNS Employment & Training Program			
Street Address: 220 Swinburne Street	City: Raleigh	State: NC	Zip Code: 27610
2. To Release Information to: (Name of Person/Agency to receive information) FNS E&T Program Partners (WCHS FNS; Wake Tech; Passage Home; Centre for Home Ownership; Interfaith Food Shuttle; Operation Hope)			
Street Address: Addresses on file	City: On file	State: NC	Zip Code: On file
3. The following information: (Be Specific) Assessment results, evaluations, resumes, barriers to employment, progress reports, attendance and other information related to participation in the FNS E&T Program.			
4. The information identified above will be used for: (list each purpose) The FNS E&T Program for compliance, reporting and monitoring.			
5. This authorization remains in effect until: (up to a maximum period of one year)			

WCHS FNS E&T Consent for Release of Information Form Continued

This consent is voluntary and remains in effect until the above date. I understand that if I do not give an expiration date or event, this authorization is valid for a period of up to one year. I also understand I may cancel my consent at anytime by contacting the agency and that I will be asked to sign the Written Cancellation of Consent Section below. The cancellation does not affect information already shared.

I understand that if my record contains information relating to health or medical conditions, substance abuse *, psychological or psychiatric conditions, this disclosure may include that information. I also understand that I may refuse to sign this authorization. (* separate consent required)

A photocopy of this consent is as effective as the original. The information may be shared in writing, orally, or by electronic transmission, unless otherwise stated.

Applicant/Recipient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Signature of witness (if needed): _____ Date: _____

Written Cancellation of Consent

I, _____, cancel my consent given
Applicant/Recipient Name (please print)

to _____ to share information. I understand that
cancellation does not affect information already shared.

Applicant/Recipient Signature: _____

Date

Witness (if needed): _____

Date

Date Consent was revoked: _____

Signature of Staff

(Completed by agency staff when request is made by telephone)

Verbal Cancellation of Consent

I do hereby attest to the verbal request for cancellation of this consent by:

_____ on _____
Applicant/Recipient's name Date

The applicant/recipient was informed that any action taken on this consent prior to the cancellation date is legal and binding.

Staff Signature

Date

Distribution: ☐ To agency/person from whom information is sought ☐ Case file ☐ Applicant/Recipient

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, age or political beliefs in the admission, treatment, or participation in its programs, services and activities, or in employment