



Georgia Department of Human Services
 Division of Family & Children Services
 SNAP WORKS CHECK REQUEST FORM

_____ COUNTY DFCS

DATE: ____/____/____

TO: REGIONAL ACCOUNTING: # _____

FROM: _____, SNAP WORKS CASE MANAGER

MONTH/YEAR OF SERVICE: ____/____

AMOUNT: \$ ____

VENDOR/ADDRESS: _____

CUSTOMER SOCIAL SECURITY NUMBER: _____

CUSTOMER/ADDRESS: _____

MAIL TO:

VENDOR

CUSTOMER

DFCS COUNTY OFFICE

FOR VENDOR PAYMENT, PLEASE PRINT INVOICE NUMBER ON CHECK PAYMENT, IF INDICATED BELOW:

Invoice#: _____

- 519 SNAP WORKS 2.0 SUPPORT SERVICES (FOR USE IN PILOT COUNTIES ONLY)**
- 25 E&T Transportation (\$85 per participant maximum - *includes arranged transportation, gas or MARTA cards*)
- 35 PWP Supportive Payment (\$50 per participant maximum)
- 59 EIS Transportation Payment (\$25 per month maximum, up to 3 months)
- 98 Work Support Payment (\$100 per participant maximum)

- 549 SNAP WORKS TRANSPORTATION SERVICES**
- 16 Recipient Transportation (\$5/day up to maximum \$110.00 per participant/month)
- 23 Arranged/Provider Transportation (\$110.00 maximum per month/provider)
- 25 E&T Transportation (\$25 per provider)
- 34 PRP Transportation - \$25 Up-Front Payment to Participate
- 59 EIS Transportation Payment (\$25 per month maximum, up to 3 months)

- 559 SNAP WORKS INCIDENTALS FOR PARTICIPANTS IN WORKFARE**
- 26 Recipient Incidentals

- 569 SNAP WORKS INCIDENTALS FOR PARTICIPANTS IN EDUCATION/TRAINING**
- 21 Adult Education/GED
- 22 Other Tuition
- 26 Recipient Incidentals
- 37 Books, Registration, & Testing Fees

- 589 SNAP WORKS INCIDENTALS FOR PARTICIPANTS IN OTHER ACTIVITIES**
- 37 Books, Registration, & Testing Fees
- 38 Required Wearing Apparel
- 39 Tools and Supplies
- 40 Occupational Licensing Fees
- 98 Work Support Payment (\$75 per participant maximum)

ATTACH SUCCESS SCREEN PRINTS: (ADDR, DEM1, AND ESSS)

 SNAP WORKS CASE MANAGER'S SIGNATURE/DATE

 SUPERVISOR'S SIGNATURE/DATE

 SNAP WORKS CASE MANAGER'S PRINTED NAME

 SUPERVISOR'S PRINTED NAME